

Trending in Telehealth: January 29 – February 5, 2024

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Trending in Telehealth highlights state legislative and regulatory developments that impact the healthcare providers, telehealth and digital health companies, pharmacists and technology companies that deliver and facilitate the delivery of virtual care.

Trending in the past week:

- Interstate compacts
- Medicaid coverage
- Private payor coverage

A CLOSER LOOK

Legislation & Rulemaking Activity in Proposal Phase

Highlights:

- In **Michigan**, [HB 4579](#) and [HB 4580](#) passed both chambers. If enacted, the bills would require coverage parity of telehealth services in health plans and Medicaid, respectively.
- In **New Hampshire**, [SB 318](#) passed the first chamber. If enacted, the bill would enter New Hampshire into the Social Work Licensure Compact.
- In **South Carolina**, [H 4159](#) passed both chambers. If enacted, the bill would create a new “South Carolina Telehealth and Telemedicine Modernization Act,” which would regulate all licensees providing services via telehealth. The bill would also revise the Medical Practice Act statutes related to telehealth, including addressing ongoing care provided by an out-of-state physician not licensed in telehealth, as well as implementing standards for licensees solely providing services via telehealth (including evaluation, recordkeeping, follow-up care and prescribing standards).
- In **South Dakota**, [HB 1012](#) and [HB 1015](#) passed the first chamber. If enacted, the bills would enter South Dakota into the Counseling Compact and Social Work Licensure Compact, respectively.
- In **Tennessee**, [SB 1862](#) and [HB 1863](#) passed the first chamber. If enacted, the bills would enter Tennessee into the Dietitian Licensure Compact.

- In **Tennessee**, [HB 2461](#) and [SB 1674](#) passed the first chamber. If enacted, the bills would allow for Tennessee's Medicaid program to reimburse qualifying remote ultrasound procedures and remote fetal nonstress tests when the patient is in a residence or other off-site location that is separate from the patient's provider and the same standard of care is met.
- In **Utah**, [HB 44](#) passed both chambers. If enacted, the bill would enter Utah into the Social Work Licensure Compact.
- In **Utah**, [SB 24](#) passed the first chamber. If enacted, the bill would amend the statute providing for Medicaid reimbursement for telepsychiatric consultations to require coverage for telepsychiatric consultations conducted by physician assistants.
- In **Virginia**, [SB 2500](#) passed the first chamber. If enacted, the bill would require the Virginia Department of Medical Assistance Services to modify the state plan for medical assistance to include a provision allowing for reimbursement for remote ultrasound procedures and remote fetal nonstress tests under certain conditions.

Why it matters:

- **There continues to be an increase in activity surrounding licensure compacts.** This includes established compacts, such as the Counseling Compact and Social Work Licensure Compact, as well as the Dietician Licensure Compact, which recently finalized its model legislation and has not yet been enacted in any states. In general, these state efforts ease the burdens of the licensing process and demonstrate a desire to facilitate multijurisdictional practice without giving up authority over professional licensure.
- **States continue to pass rules to regulate coverage of telehealth services, including for private health plans and state Medicaid programs.** As the use of telehealth services has risen, states have regulated how payors, including private plans and Medicaid programs, cover telehealth services. This regulation may include broad coverage parity (requiring coverage for services furnished via telehealth if such services would be covered if furnished in-person) and payment parity (reimbursing services via telehealth at the same rate such services would have been covered if furnished in person) mandates; or, for state Medicaid programs, may more specifically address particular telehealth services that must be covered and which practitioner can be reimbursed for such services.

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