

Trending in Telehealth: March 26 – April 1, 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
- Reimbursement requirements
- Professional standards

A CLOSER LOOK

Finalized Legislation & Rulemaking

- **West Virginia** enacted [SB 522](#), which specifies that an emergency medical services agency may triage and transport a patient to a destination other than a hospital, dialysis center, skilled nursing facility or residence within the state or treat the patient in place if the ambulance service is coordinating the care of the patient through medical command or telehealth services. The bill also requires insurance plans to provide coverage for those services. SB 522 further requires the West Virginia Office of Emergency Medical Services to establish related protocols by October 1, 2024.
- **West Virginia** also enacted [rulemaking](#) pertaining to the practice of medical imaging and radiation therapy technologists. The rulemaking includes a provision stating that telehealth practice is inapplicable to the practice of a medical imaging and radiation therapy technologist.
- **Maine** enacted [LD 1965](#), which provides telehealth standards for optometrists, including requirements for establishing an optometrist-patient relationship via telemedicine. While the bill establishes new flexibilities to allow for telehealth and provides relevant practice standards and definitions for telehealth practice, it also includes limiting language requiring either an in-person visit or an established relationship with the patient.
 - For example, an optometrist-patient relationship is established when an individual agrees to receive ocular or healthcare services from the licensee and there has been

an in-person encounter between the licensee and the individual, unless the standard of care requires that an individual be seen without an in-person visit, such as in an emergent situation as reasonably determined by the licensee.

- The bill also provides a pathway for an optometrist-patient relationship in which a licensee who uses telehealth in providing care and a patient who receives telehealth services through consultation with another licensee or other healthcare provider and who has an established relationship agrees to participate in, or supervise, the patient's care through telehealth.

Legislation & Rulemaking Activity in Proposal Phase

Highlights:

- Three states – Kansas, Tennessee and Colorado – either introduced or progressed legislation relating to the Social Work Licensure Compact.
 - In **Kansas**, [SB 2484](#) passed both chambers.
 - In **Tennessee**, [HB 2405](#) also passed both chambers.
 - In **Colorado**, [SB 24-1002](#) passed the first chamber.
- In **Arizona**, [SB 1173](#) passed both chambers. If enacted, the bill would adopt the Counseling Compact.
- In **Mississippi**, [SB 2157](#) passed the second chamber. If enacted, the bill would adopt the Psychology Interjurisdictional Compact.
- In **Tennessee**, [JB 2587](#) passed the second chamber. If enacted, the bill would revise the state's insurance code to remove from the definition of "provider-based telemedicine" the requirement that the healthcare service provider or the provider's practice group or healthcare system have an established provider-patient relationship that is documented by an in-person encounter within 16 months prior to the interactive visit, which is currently required for reimbursement.
- In **New Hampshire**, [HB 1095](#) passed the first chamber. If enacted, the bill would clarify certain defined terms and internal references found in the telemedicine standards for multiple categories of professionals, including alcohol and other drug use professionals, dentists and dental hygienists, ophthalmic dispensers and optometrists.
- In **Kentucky**, the following bills passed both chambers:
 - [SB 111](#): If enacted, the bill would require health benefit plans, limited health service benefit plans, Medicaid and state health plans to provide coverage for speech therapy provided in person or via telehealth.
 - [SB 255](#): If enacted, the bill would establish requirements and standards for the provision of social work services via telehealth.

Why it matters:

- **States continue to increase activity surrounding licensure compacts for a variety of health professionals.** 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. The newer compacts, such as the Social Work Licensure Compact and the Psychology Interjurisdictional Compact, continue to be areas of increased attention.
- **States continue to evaluate reimbursement standards related to care provided via telehealth.** State efforts, such as in Tennessee (highlighted above), are helping to provide reimbursement for telehealth services without also requiring burdensome in-person visits. Because reimbursement requirements often pose significant barriers to telehealth providers

and practices, removing them allows for increased access to covered telehealth services.

- **States continue to amend and clarify professional practice standards for telehealth.** With the increase in the delivery of care through virtual modalities, professional boards are adopting standards governing telehealth practice across multiple health professions and revising existing standards to reflect current technologies and practices and to ensure consistency across the professions.

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