

Trending in Telehealth: May 14 – May 20, 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:

- Reimbursement requirements
- Professional standards

A CLOSER LOOK

Finalized Legislation & Rulemaking

- **Iowa's** Board of Physical and Occupational Therapy amended two rules, [Chapter 201](#), relevant to physical therapists and [Chapter 208](#), relevant to occupational therapists. These rules establish standards for telehealth visits for physical therapy and occupational therapy, permitting the use of audio or video equipment, or both, at the discretion of the licensee. In connection with the adoption of the revised rules, the board noted that the expansion was a response to public comment from ATA Action, the American Telemedicine Association's affiliated trade association, which urged the board to expand the modalities that can be used for telehealth appointments in the interest of expanding Iowa patients' access to affordable, high-quality healthcare.
- **Maryland** enacted [HB 1127](#), which authorizes certain healthcare providers to provide sexual assault forensic exams conducted through "peer-to-peer telehealth" without charge to victims and makes those services eligible for reimbursement by the Criminal Injuries Compensation Board (CICB). The peer-to-peer telehealth modality permits the performance of a forensic examination using interactive audio, video, or other telecommunications or electronic technology by a forensic nurse examiner to assist in the performance of a forensic examination when the forensic nurse examiner is in one location and the patient is with a qualified healthcare provider in another location.
- **Maryland** also enacted [HB 1078](#), which requires Medicaid to provide remote ultrasound

procedures and remote fetal nonstress tests in certain circumstances.

- **South Carolina** enacted [S 858](#). This bill adds acute hospital care at home programs as exempt from Certificate of Need review by the SC Department of Health and Environmental Control. “Acute hospital care at home” includes the utilization of technology to provide continuous remote patient monitoring and connectivity to the patient.

Legislation & Rulemaking Activity in Proposal Phase

Highlights:

- In **Colorado**, [SB 24-054](#) passed the first chamber. The bill requires all private insurance companies to provide coverage for the treatment of the chronic disease of obesity and the treatment of pre-diabetes, including coverage for intensive behavioral or lifestyle therapy, bariatric surgery, and FDA-approved anti-obesity medication. The definition of intensive behavioral or lifestyle therapy includes interventions virtually through telehealth.
- In **Michigan**, [HB 4580](#) and [HB 4213](#) passed the second chamber. If enacted, HB 4580 would require telemedicine services to be covered under Medicaid if the originating site is an in-home or in-school setting, in addition to any other originating site allowed in the Medicaid provider manual. HB 4213 would also require Medicaid to cover telemedicine services, however, further clarifies the requirements for Medicaid coverage. First, HB 4213 requires Medicaid coverage parity for telehealth services. Additionally, HB 4213 requires coverage of telemedicine services both when a distant provider’s synchronous interactions occur using an audio and video electronic media or when using an audio-only electronic media. Under HB 4213, telemedicine services are permitted as an appropriate modality of care at a federally qualified health center, rural health clinic or tribal health center.
- In **Michigan**, both [HB 4579](#) and [HB 4131](#) passed the second chamber. If enacted, HB 4579 would require coverage parity of telehealth for health plans. Similarly, HB 4131 will also update the state’s private payor laws to require payment parity for telehealth services. However, HB 4131 also prohibits health plans from requiring providers to deliver services through telemedicine unless under a contract for telemedicine first or telemedicine-only products.
- In **Alaska**, [HB 126](#) passed the second chamber. If enacted, this bill would authorize associate counselors to provide certain services via telehealth.
- **New Hampshire** [SB 403](#) passed the second chamber. This bill would establish requirements for community health workers, including permitting certified community health workers to provide services through the use of telemedicine.
- The **Washington** Office of the Insurance Commissioner [released a Rules Agenda](#) that includes a proposed rule to establish a uniform standard for creating an established relationship for the purposes of audio-only telemedicine services. The rule will address the implementation of [SB 5821](#), which is effective as of June 6, 2024.
- Several states saw activity related to interstate compacts.
 - In **Alaska**, [SB 75](#) passed two chambers, which would enact the Audiology and Speech Pathology Compact.
 - In **Alabama**, [SB 207](#) passed the second chamber, which would enact the Dietitian Licensure Compact.
 - In **Louisiana**, [HB 888](#) passed the second chamber, which would enact the Social Work Licensure Compact.

Why it matters:

- **States continue to evaluate reimbursement standards as they relate to delivery of care provided via telehealth.** The proposed Michigan laws are examples of state efforts to promote access to telehealth through implementing reimbursement parity for Medicaid and health plans for telehealth services. In addition to reimbursement parity, Maryland HB 1078, South Carolina S 858 and Colorado 24-054 reflect the growing emphasis on expanding coverage of different types of telehealth services.
- **States continue to amend and clarify professional practice standards for telehealth.** States continue to adopt and revise standards that govern the practice of telehealth across a variety of medical professions. In some instances, states have sought to permit additional types of providers to provide services via telehealth, such as associate counselors and certified community health workers under Alaska HB 126 and New Hampshire SB 403. Other states, such as Iowa, have clarified the standards by which certain types of providers may provide telehealth services, such as physical therapists and occupational therapists.

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National Law Review, Volume XIV, Number 150

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