

Trending in Telehealth: January 6 – 27, 2025

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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 weeks:

- Provider training
- Telepharmacy
- Licensure exceptions

A CLOSER LOOK

Proposed Legislation & Rulemaking:

- In **Ohio**, the Department of Mental Health and Addiction Services [proposed amendments](#) to the mobile response and stabilization services (MRSS) rule. The changes would clarify when telehealth is a “clinically appropriate” modality for delivering MRSS, such as when a clinician requests a mobile response and that clinician is not available to respond in person as part of the MRSS team.
- **New York’s** [FY 2026 budget](#) includes legislation to join the Nurse Licensure Compact (NLC). Joining the NLC would make it easier for certain categories of nurses licensed in other states to practice in New York either physically or through telemedicine, and for New York providers to offer virtual care to their patients who travel to other states.
- Also in **New York**, [Senate Bill 1430](#) passed the Senate and was referred to the Assembly. The proposed legislation would establish the New York state abortion clinical training program within the Department of Health. The curriculum would include training on the delivery of abortion and other reproductive healthcare services through telehealth.
- **Vermont’s** Office of Professional Regulation [proposed amendments](#) to the Administrative Rules of the Board of Pharmacy that further elaborate on the state’s telepharmacy practicing and licensure requirements. Under the proposed rules, telepharmacists would be subject to the same rules and standards applicable to all modalities of pharmacy practice. The proposed

rule also provides that pharmacists licensed in other jurisdictions who wish to provide only telepharmacy services from outside of Vermont to individuals located in Vermont may apply for an out-of-state telepharmacist license.

Finalized Legislation & Rulemaking Activity:

- **North Dakota** [adopted rule amendments](#) that provide exceptions to physician licensure for telehealth providers licensed in another state, including for continuation of care for an established patient, care while the patient is located within the state temporarily, preparation for a scheduled in-person visit, practitioner-to-practitioner consultations, and emergency circumstances.
- The **Ohio** governor signed [Senate Bill 95](#) into law. The legislation provides an exception to current state law that prohibits pharmacists from dispensing dangerous drugs through telehealth or virtual means.
- The **Texas** Medical Board repealed [22 Tex. Admin. Code § 170](#), which included regulations concerning the electronic prescribing of controlled substances. The board also repealed [22 Tex. Admin. Code § 174](#), concerning telemedicine generally, and replaced it with the new [22 Tex. Admin. Code § 175](#). These regulations state that a physician may not provide telemedicine medical services to patients in Texas unless the physician holds a full [Texas medical license or an out-of-state telemedicine license](#) as of September 1, 2022. The regulations also set [parameters](#) for the provision of telemedicine services and [requirements](#) for prescribing via telemedicine. Notably, [22 Tex. Admin. Code § 175.3](#) specifies requirements for prescribing for chronic pain via telemedicine, and states that a physician must use audio and video two-way communication for prescribing for chronic pain unless certain criteria are met.

Why it matters:

- **States continue to recognize the importance of training providers on the delivery of services via telehealth.** New York's inclusion of telehealth in its proposed provider training programs not only affirms telehealth as an effective care delivery method, but also illustrates an understanding of the modern trend of healthcare delivery through alternate means. Ohio's proposed rule amendments designating telehealth as a "clinically appropriate" care delivery modality for MRSS further underscores these principles.
- **Increased demand for telepharmacy services has prompted states to reevaluate their laws and regulations.** The legislation in Ohio and regulatory amendments and proposals in Texas and Vermont illustrate states' necessary responses to the increased demand for telepharmacy services.
- **States continue to enact legislation reflecting the importance of the ability to provide telehealth services across state lines.** While telemedicine is often viewed as an option for care delivery, it is important for states to recognize that in some instances, telemedicine is the optimal or exclusive modality available. North Dakota's adopted rule amendments and New York's proposal to join the NLC are prime examples of states recognizing the utility and periodic necessity of virtual care delivery.

Telehealth is an important development in care delivery, but the regulatory patchwork is complicated.

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