Summary of State Telehealth Survey

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NASHP | NATIONAL ACADEMY FOR STATE HEALTH POLICY

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Understanding the State of Telehealth Policy

- In 2021, NASHP engaged state officials and patient centered organizations to understand the evolving telehealth landscape
  - **State official survey**
    - 40 respondents, 28 States
    - Representatives from 4 programs/agencies responded
      - Insurance Department
      - Medicaid/CHIP
      - State Employee Health Plan
      - State-Based Marketplaces

Setting the Telehealth Context

- Prior to COVID PHE:
  - State and commercial payer telehealth policies varied
  - Patient and provider utilization of telehealth was mixed
- Stay at home orders required decisive action quickly to ensure patients had access to care and providers could bill for services provided
- State purchasers of care made significant changes to policies and payment
- Now states face critical questions about what telehealth changes to sustain, adapt, or eliminate post-PHE

State reported: Top significant actions taken to address COVID-19

- Acceptance of audio-only services as a reimbursable medical visit
- Allowing flexibilities in type of technology utilized for medical telehealth visits (ex. Apple Facetime, Google Hangouts, Zoom, Skype)
- Relaxing originating-site requirements
- Adoption of reimbursement parity for services via telehealth

State Reported: Top significant actions; Focus on behavioral health and substance use disorders (SUD)

- Major expansion of telemedicine to treat behavioral health and substance abuse needs including:
  - Medications
    - Waiver of in-person buprenorphine induction requirement (DEA/SAMHSA)
    - Allowance for longer take-home prescriptions for methadone, still requires in-person induction (SAMHSA)
  - Workforce
    - Removes requirement for additional licensure across state lines to prescribe and dispense controlled substances (DEA)
  - Data sharing and platforms
    - Allows clinicians to share SUD treatment data without patient consent at their discretion in an emergency situation (SAMHSA)
    - Allows non-HIPPA compliant platforms for telehealth (SAMHSA)

State reported: Most successful telehealth policy changes

1. Reimbursing for telephonic/audio-only services
   - Particularly in rural communities and for BH services
2. Greater access to behavioral health via telehealth
3. Technology and modality flexibilities
4. Telehealth as a means to support rural communities
5. Eliminating originating site requirements

State telehealth survey quotes

"Anything we have done has likely been secondary to the necessity of obtaining care in this way for members."

"Expanding options for behavioral health services has provided increased access to services, reduced patient "no-shows" for our providers and reduced the need for non-emergency transportation services."

"Simply stated members are getting some care for acute illnesses that they would have simply "waited out" adding to risk of complications."

State Reported: Pressing concerns for future telehealth policymaking

- Patient and provider capacity and willingness to use telehealth
- Access to quality broadband services
- Originating site and point of service requirements in state law
- Access to technological tools (for example, smart devices, EHRs)
- Physician shortages
- Understanding cost-benefit analysis, particularly using parity
- State Medicaid/EPSDT telehealth policy changes for well child visits and the impact on:
  - Childhood immunization rates (and other in person screenings)
  - Maternal depression screening
  - Developmental screenings

State Reported: Federal policy changes needed to further support telehealth

- Permanent relaxation of HIPAA restrictions
- Continued allowance of audio-only services/ broadening allowable technologies
- Relaxing originating site flexibilities (including for FQHCs)
- Actions to improve equitable access to technology
- Better telehealth definitions
- Payment parity with in-person services/ Broadening Medicare reimbursement(s) for telehealth services
- Clarity over post-PHE policies

State Reported: Further research/ support needed

- Evaluating telehealth quality/ efficiency. Especially to understand:
  - Cost-benefit analysis
  - Clinical outcomes for telehealth
  - Quality/ effectiveness of telephone-only services
  - If/ how telehealth can supplant (vs. supplement) in-person services
  - Effect of allowing out-of-state practitioners
  - Medical malpractice incidences
  - Patient satisfaction
- Better understanding of effect of cultural competencies/ patient-values on use of telehealth (including among persons with disabilities and English second language speakers)