



Advocacy Resource Center

Advocating on behalf of physicians
and patients at the state level

State	TELEMEDICINE Summary of state directives to expand telemedicine services in response to COVID-19. This chart includes Executive Orders, Department of Insurance directives, and Medicaid activity. To provide a complete picture of the telemedicine landscape in each state, existing state laws are noted in red. LAST UPDATED APRIL 27, 2020
Alabama	Medicaid extending coverage to medically necessary services that can be appropriately delivered via telecommunication services including telephone consultations. (source) DOI has asked insurers to make sure they have a robust telehealth program with enough providers (source)
Alaska	Coverage and payment parity; audio only; patient-physician relationship can be established via audio only telemedicine (source) Medicaid expanding covered telemedicine services and removing restrictions on member or provider location (source , source)
Arizona	Lower cost-sharing than same service in-office. (EO 2020-07); Extends coverage for all services provided by telehealth (including in the home); payment parity to in-person services; telephone or video allowed; (source) Medicaid permitting services by telephone, reimbursing at face-to-face rates (source)
Arkansas	Coverage parity and payment parity. Telephone allowed; Physicians licensed in Arkansas who have access to a patient’s personal health records may establish a patient-physician relationship using any technology deemed appropriate by the provider, including the telephone (source) Medicaid lifting the requirement to have an established professional relationship before utilizing telemedicine. Physician must have access to a patient’s personal health record. Service may be provided by any technology deemed appropriate, including telephone, but it must be provided in real time. Medicaid has waived originating site requirements (source)
California	Dept. Of Managed Health Care Directive: Expand coverage of telemedicine services; payment parity with in-person service; telephone only allowed; remove cost-sharing; specify in-network providers are part of telemedicine network. (source) Medicaid permitting services provided by telephone, Medicaid reimbursing at face-to-face rates (source)
Colorado	Coverage parity Telehealth services to cover COVID-19-related in-network telehealth services at no cost share, including co-pays, deductibles, and coinsurance that would normally apply to the telehealth visit. (source) Allow audio only and non-public facing live video technologies; telehealth services shall be reimbursed at rates not lower than in-person services. Carriers shall not require a covered person have a previously established patient-provider relationship with a specific provider in order for that person to receive telemedicine services from that provider. (source)
Connecticut	Coverage parity; Telehealth providers that are in-network providers for commercial fully insured health insurance providing covered telehealth services to patients with whom there is an existing provider-patient relationship, these providers may engage in telehealth through the use of audio-only telephone; Waive licensure for out-of-state providers to provide telehealth; (source) Medicaid waiving the homebound requirements for all otherwise coverable medical telemedicine services, adding specified “New Patient” E&M services, waiving the originating site, requirements for psychiatric diagnostic evaluations. (source) Medicaid covering certain behavioral health, including MAT, and pre- and post-surgical consultations (source); Medicaid reimbursing for additional services, reimbursing at face-to-face rates, permitting E&M services provided by telephone (source)
Delaware	Coverage parity; payment at same rate as in-person service. Suspend any provisions that require medical care to be provided in a specific location. May be provided through variety of platforms (including telephones, FaceTime, etc.); Medicaid reimburses for all covered services, permitting services provided by telephone, waiving requirements that patient be in state at time of services, (source)
DC	Coverage parity; Guidance on the use of telehealth in DC. Medicaid permitting patient’s home to be originating site (source); telephone only (source)
Florida	Medicaid waiving face-to-face provider site visit requirements (source), expanding coverage to behavior analysis services, therapy services, specified behavioral health services, early intervention services (source)
Georgia	Coverage parity; payment at same rate as in person service;

	<p>DEA registered practitioners may issue prescriptions during the Public Health State of Emergency related to COVID-19 for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met: (A) The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice.</p> <p>(B) The practitioner conducted a medical evaluation on the patient using telemedicine communication;</p> <p>(C) The telemedicine communication is conducted using an audio-visual or audio only, real time, two-way interactive communication system; and</p> <p>(D) The practitioner is acting within Federal and State law and otherwise following the provisions of Board Rule 360-3-.07. Medicaid FFS waiving the telehealth services originating site limitations, allowing telehealth via phone, webcam, cellphone video (source, source)</p>
Hawaii	<p>Payment at same rate as in person service</p> <p>Allows telehealth without prior existing patient-physician relationship. (source)</p> <p>Allows coverage of telehealth via telephone (source)</p>
Idaho	<p>FFS Medicaid expanded reimbursement for covered services at face-to-face payment rate (source)</p> <p>Audio only permitted;</p> <p>Allow provider-patient relationship to be established over telemedicine; Provide coverage of telehealth visits for all in-network providers; allow non-HIPAA compliant communications platforms to the extent the provider does not already have access to a HIPAA compliant platform (source)</p>
Illinois	<p>Expand coverage of telemedicine services; payment parity with in-person service; telephone only allowed; remove cost-sharing; remove prior auth; specify in-network providers are part of telemedicine network. (source)</p> <p>Medicaid reimbursement at face-to-face rates for all covered services, Medicaid waiving originating site requirements (source)</p>
Indiana	<p>Coverage parity</p> <p>Expands definition of telemedicine to include audio only.</p> <p>Medicaid: Suspend any restrictions on telehealth (source); Medicaid reimbursement for all covered services (source)</p>
Iowa	<p>Telephone only allowed; remove established patient physician relationship requirement (source) Medicaid reimbursing for covered services regardless of patient location (source)</p>
Kansas	<p>Coverage parity</p> <p>Physicians are encouraged to use telemedicine services. (source)</p>
Kentucky	<p>Coverage and payment same as in-person unless provider and plan contractually agree to lower rate; patient physician relationship can be established via telemedicine if requirements are met, however, the examination does not require an in-person visit if the technology is sufficient to provide the physician with pertinent information.</p> <p>Medicaid reimbursing for telephone calls and remote evaluation, including expanded behavioral health services (source, source)</p>
Louisiana	<p>All plans must cover telemedicine; Allow audio only; Health insurance issuers shall waive any coverage limitations restricting telemedicine access to providers included within a plan’s telemedicine network; Health insurance issuers shall waive any requirement that the patient and provider have a prior relationship in order to have services delivered through telemedicine; coverage for mental health provided via telemedicine; and coverage for provider to provider consultations. (source)</p> <p>Medicaid reimbursing for telephone calls and remote evaluation, including expanded behavioral health services (source) No Medicaid limits on originating site (source); Medicaid reimbursing for E&M by telephone (source)</p>
Maine	<p>Expand coverage of telemedicine services; payment parity with in-person service; telephone only allowed (source);</p> <p>Medicaid allowing prescribing via telemedicine (source); Medicaid permitting services by telephone (source); Medicaid permitting prescribing buprenorphine and buprenorphine combination products by telemedicine (source)</p>
Maryland	<p>Insurers must reimburse for the diagnosis, consultation and treatment that can be appropriately provided through telehealth.</p> <p>The Governor may consult with the DOH and Insurance Commissioner and Exchange to implement orders relating to COVID-19.</p> <p>Medicaid expanding originating site to facilitate reimbursement by carriers for telemedicine services (HB 1663)</p> <p>Expanding original site to include patient’s home (source); Medicaid permitting audio-only (source)</p>
Mass	<p>Expand coverage of telemedicine services; payment parity with in-person services; telephone only allowed; remove cost-sharing for COVID-19 services; remove prior auth for COVID-19 services; specify in-network providers are part of telemedicine network. (source);</p> <p>Medicaid reimbursement for all covered services at face-to-face rates (source)</p>
Michigan	<p>Coverage and payment the same as if the service were provided in person; audio only allowed;</p> <p>Medicaid waiving originating site requirement (source); Medicaid permitting services by telephone (source)</p>

Minnesota	Coverage and payment the same as if the service were provided in person; Expands definition of telemedicine to include health care services provided in a patient’s home (source) Medicaid allowing originating site to be the patient's home, allowing telephone delivery, lift the requirement that the first telemedicine visit occur in-person and face-to-face, and lifting cap on the number of telemedicine visits per week (source)
Mississippi	Coverage same as in-person; Medicaid waiving allowing home to be originating site, allowing services by telephone (source)
Missouri	Coverage same as in person, but may limit to health care providers that are in a network approved by the plan or the health carrier; audio only permitted; Existing patient-physician relationship prior to provision of telemedicine no longer required. (source); Medicaid allowing behavioral health services by telephone or telehealth and waiving requirement of existing patient-physician relationship (source)
Montana	Coverage parity Health care practitioners shall be allowed to perform health care services using all modes of telehealth, including video and audio, audio-only, or other electronic media, to treat the residents of the state of Montana for all medically necessary and appropriate services; Waives requirements in ARM § 24.156.813 (source); Medicaid reimbursing for all covered services at face-to-face rates, no requirements on technology (e.g. telephone acceptable), and home is acceptable originating site (source)
Nebraska	Coverage parity; telephone allowed; Medicaid reimbursing services by telephone for patients experiencing mild COVID-19 symptoms, patients needing routine follow-up, and behavioral health assessment and management (source)
Nevada	Coverage same as in-person; Medicaid lifting restriction on telephonic services (source)
New Hampshire	Coverage parity; (source); Allow all in-network providers to deliver clinically appropriate, medically necessary covered services to members via telehealth. This shall include reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary covered services; payment parity to in-person services; no-cost sharing for COVID-19 related care provided via telehealth; eliminates originating site restrictions; (source) Medicaid reimbursing for all covered services at face-to-face rates, no restriction on originating site, audio-only allowed (source)
New Jersey	Coverage parity; Telehealth includes telephone, but telemedicine does not. DOI has asked all plans to review their telemedicine and telehealth networks to ensure network adequacy; cover, without cost-sharing services or supplies delivered or obtained via telemedicine or telehealth; encourage their network providers to utilize telemedicine or telehealth services wherever possible and clinically appropriate; Allow audio-only; allow establish patient physician relationship via audio-only; payment same as in-person services; may not require physician to be licensed in state as long as they adhere to other requirements; may not impose prior auth on medical necessary treatment provided via telehealth (source); Legislation provides coverage parity for telehealth services and specifies no cost-sharing may be imposed for telemedicine (A.3843); Any health care practitioner is authorized to provide and bill for services via telemedicine; out-of-state practitioners may provide telemedicine services to patients for COVID-19 related care only, unless the practitioner has an existing relationship with the patient. (A.3860). Medicaid reimbursing for any appropriate, medically necessary service at face-to-face rates, waiving site or service requirements, waiving technology requirements (e.g. allowing audio-only); waiving requirement of existing patient-physician relationship (source)
New Mexico	Insurers shall treat telemedicine visits and in-person visits equally; Payment parity with in person services; for services to those with COVID-19 no prior auth or cost-sharing; telephone allowed. (existing law DOI Bulletin); Medicaid allowing telehealth in all settings, allowing telephonic behavioral health services and reimbursing at face-to-face rates (source)
New York	Coverage parity; audio only allowed Medicaid reimbursing for covered services; waiving co-pays for all telemedicine services; no limits on originating sites (source)(source) Medicaid telephone allowed for established patients or guardian of established patient.
North Carolina	Medicaid reimbursing for virtual patient communication and telephonic evaluation of patients with COVID-19 symptoms, routine follow-up, and behavioral health assessment. (source) Medicaid eliminating requirements on video cell phone interactions, restrictions on originating and distant sites, referral and prior auth requirements (source)
North Dakota	Coverage the same as in-person. Audio-only allowed; provide coverage of virtual check-ins and e-visits for established patients in accordance with CMS guidelines, but with no restrictions on technology; no deductible, coinsurance or copayment or other cost sharing for established patients (source) Medicaid reimbursing for covered services delivered via telehealth at face-to-face rates. (source)
Ohio	Coverage the same as in-person

	Medicaid permitting services by telephone, allowing telehealth services for both new and existing patients, no restrictions on patient or provider location, expanding coverage of behavioral health services (source)
Oklahoma	Coverage parity with in-person service limited to audio-video; Waive established patient-physician relationship requirement (source); Medicaid reimbursing for services via secure telehealth communication devices or telephone when necessary (source)
Oregon	Coverage parity to in person; The state encourages reimbursement rates for telehealth services that mirror payment rates for an equivalent office visit or that providers and health plans quickly agree on applicable reimbursement rates; allow coverage for telephone; cost sharing shall be the same as in-person services; waive requirements that a prior patient physician relationship must exist; (source) Medicaid Expanded coverage at face-to-face rates (source , source); Medicaid allowing services from any setting, services to new patients, audio-only services (source)
Pennsylvania	Medicaid reimbursing for covered services at face-to-face rates, services by telephone allowed when appropriate (source)
Rhode Island	Medicaid reimbursing for covered services, permitting telephone only services (source , source); Private Payor - Expand coverage of telehealth services; payment parity with in-person service; telephone only allowed; (1)
South Carolina	DOI bulletin encouraging insurers to increase access to medical care via telehealth (source) Insurer specific information can be found here . Medicaid reimbursing for E&M services regardless of originating site; referring site requirements waived (source)
South Dakota	Coverage parity to in person; Telephone only allowed; remove cost-sharing; suspend regulatory provisions which limit or restrict the provision of telehealth or telemedicine services and which require face-to-face treatment, visits, interviews and sessions with providers. (source) Medicaid aligned telehealth policy with Medicare for all covered services, permitting audio-only; originating size may be home; (source)
Tennessee	Coverage and payment parity to in-person service; Encourages health insurance carriers to provide coverage of telemedicine services to all providers, irrespective of network status or originating site; encourages all technologies allowed, including audio-only; Carriers are urged not to impose prior authorization requirements on medically necessary treatment related to COVID-19 delivered by in-network providers via telemedicine. Health care professionals licensed in another state who are authorized pursuant to this Order to temporarily practice in this state are permitted to engage in telemedicine services with patients in Tennessee to the extent the scope of practice of the applicable professional license in this state would authorize the professional to diagnose and treat humans. (source) Medicaid expanding behavioral health services, allowing home as originating site, telephone services (source)
Texas	Coverage parity to in-person Telephone only allowed; waive established patient requirement (source); Coverage and payment parity to in-person services. a health benefit plan may not limit, deny, or reduce coverage for a covered health care service or procedure delivered as a telemedicine medical service or telehealth service based on the health professional's choice of platform for delivering the service or procedure. For purposes of processing payment of a claim, a health benefit plan may not require a health professional to provide documentation of a health care service or procedure delivered as a telemedicine medical service or telehealth service beyond what is required for the same service or procedure in an in-person setting. The provisions of this section may not be waived, voided, or nullified by contract. (source)
Utah	Payment parity to in-person services. Temporarily suspend enforcement of requirements that telemedicine services must comply with HIPAA and HITECH and other laws and regulations that may limit a provider's ability to provide telemedicine services. (source)
Vermont	Coverage parity but only for services provided by audio-video; Medicaid services provided by telephone paid at face-to-face rates (source) Legislature encourages DOFR to adopt emergency regulation expanding patients' access to and providers' reimbursement for health care services, including preventive services, consultation services, and services to new patients, delivered remotely through telehealth, audio-only telephone, and brief telecommunication services (source)

	Vermont DOFR memo to providers
Virginia	<p>The treating provider or consulting provider must be reimbursed on the same basis that the insurer is responsible for coverage for the provision of services face-to-face.</p> <p>Medicaid covering expanded behavioral health services, allowing home to be originating site; allowing services by telephone, reimbursing at face-to-face rates (source, source)</p>
Washington	<p>Payment parity for telemedicine services and in-person medical services; prohibit plans from reimbursing in-network providers at a rate lower than the contracted rate would be if the services were provided in person; denying a telemedicine claim for an in-network provider due to an existing provider contract term that denies reimbursement for telemedicine services; establishing requirements for payment of telemedicine services that are inconsistent with EOs, rules or technical advisories to carriers issued by the OIC. Violators may be subject to criminal penalties (source)</p> <p>Medicaid SPA enables reimbursement for telemedicine at face-to-face rates (source)</p>
West Virginia	<p>CHIP allowing screenings via telehealth at “home” as originating site (source) https://www.cchpca.org/sites/default/files/2020-03/State%20Action%20COVID-19%20West%20Virginia.pdf</p> <p>For physicians who are evaluating and/or triaging COVID-19 patients, this emergency care falls within a statutory exception to the requirement for a face-to-face (in person or via video) initial encounter to establish a physician/patient relationship and may, consistent with the standard of care, occur through an audio-only encounter. All non-COVID-19 telemedicine practice must continue to comport with the requirement that a physician-patient relationship may not be established via audio-only. (source)</p> <p>Medicaid allowing telephone services (source)</p>
Wisconsin	<p>Medicaid reimbursing for currently covered services that can be delivered with functional equivalency to the face-to-face service, allowing any originating site, allowing audio-only (source, source, source)</p>
Wyoming	<p>DOI encourages insurers to liberalize telehealth benefits, Reminds insurers that Group insurance contracts cannot contain provision requiring services to be provided by a particular provider or facility and consumers should have access to telehealth benefits through their current health care provider or facility. (source)</p>

Disclaimer: This is a living document. As new state directives are being published at a rapid pace, the chart will be updated on a regular basis but may be incomplete. The omission of information does not necessarily mean no action has occurred. Please feel free to forward information to fill any gaps you notice and always consult the original source for additional information.