



**Women Neurologist Group**  
& The Alliance for Advancement of  
Neuroscience

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The Women Neurologist Group and the Alliance for Advancement of Neuroscience is a nonprofit organization of over 3500 female neurologists from around the world, with 3000 active members in the United States. Our mission is to promote superior healthcare for patients through clinical practice, education, and advocacy. **We are advocating for the continued use of telemedicine focusing on establishing the foundation of SERVICE and PAYMENT parity across all 50 states and the District of Columbia.**

While telemedicine was used previously with solid data to support its widespread effectiveness, the public health emergency (PHE) of the pandemic has seen an exponential rise in use. National organizations such as the American Academy of Neurology (AAN) believe that telemedicine will continue to play a vital role in the delivery of healthcare long after the PHE and we agree. This level of increased use has presented a unique opportunity to promote greater access to care for both urban and rural patients, implement new capabilities, advance chronic care management, and reduce disparities.

**DESPITE THE ONGOING PHE, STARTING JUNE 1, 2020 COMMERCIAL PAYERS ARE REDUCING OR STOPPING REIMBURSEMENT FOR TELEMEDICINE ACROSS STATES.**

The Women's Neurology Group, in keeping with national level advocacy efforts, and with the support of state societies and patient advocacy groups, would ask that state government and insurance representatives continue the current policies established by the Department of Health CARES-Act waiver:

- Payment parity for evaluation and management (E/M) services for NEW and ESTABLISHED patients delivered via real-time interactive audio-video technology with in-person E/M services. <sup>1</sup>
- Elimination of the originating site requirement for telehealth services. <sup>2</sup>
- Removal of frequency limitations for subsequent inpatient and nursing facility visits, to instead determine frequency based on medical necessity and with clear definitions of what is appropriate and reasonable. <sup>3</sup>
- Modification of direct supervision requirements so that direct supervision can be performed via real-time interactive audio-video technology. <sup>4</sup>
- Addition of telehealth services that were added on a category 2 basis for the duration of the PHE. <sup>5</sup>
- Coverage of the remote physiologic monitoring codes. <sup>6</sup>
- Coverage of the telephone services E/M codes 99441-99443. <sup>7</sup>

The American Academy of Neurology is advocating to federal entities like CMS to support continuation of expanded telemedicine services made possible by the CARES-Act, we expand that advocacy to states since similar legislative actions are needed for state and commercial insurance carriers to ensure appropriate and uniform standard of care.

**Prior to the CARES-Act, 29 states and the District of Columbia had laws in place addressing service or payer parity. These laws need to be fortified and enforced reliably as many are conditional, policy dependent or address service parity but not payment parity.**

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<sup>1</sup> 85 Fed. Reg. at 19233 / Medicare Telemedicine Health Care Provider Fact Sheet. Centers for Medicare & Medicaid Services, 17 Mar. 2020, [www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet](http://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet).

<sup>2</sup> Id.

<sup>3</sup> 85 Fed. Reg. at 19246.

<sup>4</sup> 85 Fed. Reg. at 19234-19241

<sup>5</sup> 85 Fed. Reg. at 19264.

<sup>6</sup> 85 Fed. Reg. at 19265.

<sup>7</sup> 85 Fed. Reg. at 19265

AL, AK, AR, ID, KY, NC, OH, PA, SC, UT, WV, WI, WY have NO commercial parity telemedicine law in place.<sup>8</sup>

**Much of the history taking, discussion, and development of plan of care can be accomplished via a telemedicine platform in an equitable way to face to face encounters and reimbursement should reflect this.** Research conducted by the Alliance for Connected Care and Children’s Hospital of Philadelphia has shown:

- A March survey found that 59% of the 500 U.S. consumers surveyed said they are more likely to use telehealth services now than previously, and 36% said they would switch their physician in order to have access to virtual care.
- A new poll of more than 1,000 seniors found 52% are comfortable using telehealth to receive health care. Of those who have used telehealth during the coronavirus, 91% reported a favorable experience, and 78% are likely to complete a medical appointment via telehealth again in the future.
- The latest Modern Healthcare CEO Survey finds that health system CEOs see a wave of innovation in telehealth over the next year. In addition, 92.9% of CEOs cited telehealth as a technology with the most potential to support response to the COVID-19 pandemic.
- A survey of more than 1,300 physicians found that more than 90% are treating some or all of their patients via telehealth. Additionally, roughly 60% of physicians currently using telemedicine tools during the public health emergency said they plan to use telemedicine more often than they were pre-COVID.<sup>9</sup>
- Research conducted by the Children’s Hospital of Philadelphia analyzed 2,589 during the Covid-19 pandemic and results suggested telemedicine is feasible and effective for a large proportion of child neurology care.<sup>10</sup>

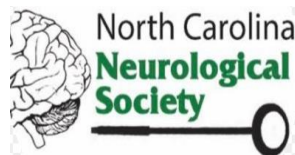
Telemedicine has not only allowed continuity of care while maintaining social distancing restrictions but has also had a practical impact on the family life of many physicians. With the reality that schools, daycare facilities and camps will be affected long-term by the PHE, it is highly probably that physicians will not be able to resume a fully functional clinic in the traditional office setting. If telemedicine does not continue to be a viable option and doctors are restricted to face to face office visits only, healthcare access will be impacted, and patient health and quality of life will suffer. Without telemedicine there is the potential risk of practices being closed completely. The voids in care this would present nationally would significantly impact a system already limited by a shortage of physicians.

Telemedicine is a new frontier in the advancement of clinical care. It is practical and is arguably one of the best ways to greater healthcare access. It was a necessity during the pandemic, but its pragmatic application for those with mobility, transportation limitations and who are medically vulnerable across the spectrum of age and disease cannot be overstated: **reducing access to telemedicine WILL reverse gains made in improved access for patients.** As doctors and healthcare advocates we want to see, hear and care for our patients effectively. **The support shown below spanning professional neurological and medical societies and patient advocacy groups across disease states emphasize the necessity and urgency of parity in the new standard of medical care.** Telemedicine allows us to see patients in their homes, harkening back to fundamentals of house calls and Hippocrates, “Into whatever homes I go, I will enter them for the benefit of the sick.”

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<sup>8</sup> Center for Connect Health Policy/ The National Telehealth Policy Resource Center – summary included for reference

<sup>9</sup> <http://connectwithcare.org/studies-reports/>

<sup>10</sup> <https://n.neurology.org/content/early/2020/06/09/WNL.000000000010010>



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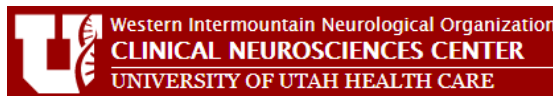
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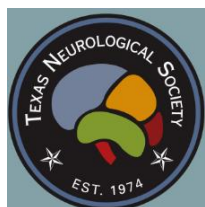
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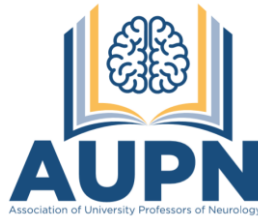


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Reference: State Parity Laws as compiled from: Center for Connect Health Policy/ The National Telehealth Policy Resource Center <https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies>

<b>Private Payer</b>
<b>Alabama</b>
<ul style="list-style-type: none"> <li>No legislative reference</li> </ul>
<b>Alaska</b>
<ul style="list-style-type: none"> <li>Limited to mental health</li> </ul>
<b>Arizona</b>
<ul style="list-style-type: none"> <li>No parity, conditional</li> </ul>
<b>Arkansas</b>
<p><b>Service Parity</b> Health plans must reimburse “on the same basis” if the service were delivered in-person. A health benefit plan is not required to reimburse for a healthcare service provided through telemedicine that is not comparable to the same service provided in-person.</p> <p><b>Payment Parity</b> The combined amount of reimbursement that a health benefit plan allows for the compensation to the distant site and the originating site shall not be less than the total amount allowed for healthcare services provided in-person.</p>
<b>California</b>
<p><b>Recently Passed Legislation (Effective Jan. 1, 2021):</b> A contract issued, amended, or renewed on or after January 1, 2021, between a health care service plan and a health care provider for the provision of health care services to an enrollee or subscriber shall specify that the health care service plan shall reimburse the treating or consulting health care provider for the diagnosis, consultation, or treatment of an enrollee or subscriber appropriately delivered through telehealth services on the same basis and to the same extent that the health care service plan is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment. Does not apply to Medi-Cal managed care.</p> <p><b>Payment Parity</b> <b>Recently Passed Legislation (Effective Jan. 1, 2021):</b> Services that are the same, as determined by the provider’s description of the service on the claim, shall be reimbursed at the same rate whether provided in person or through telehealth. When negotiating a rate of reimbursement for telehealth services for which no in-person equivalent exists, a health care service plan and the provider shall ensure the rate is consistent with subdivision (h) of Section 1367. Does not apply to Medi-Cal managed care.</p>
<b>Colorado</b>
<p><b>Service Parity</b> CO insurers cannot deny coverage solely because the service is provided through telehealth rather than in-person consultation or contact between the participating provider or, subject to section 10-16-704, the nonparticipating provider and the covered person where the health care service is appropriately provided through telehealth; or based on the communication technology or application used to deliver the telehealth services pursuant to this section. However, use of the word solely, may mean they can find other reasons, such as the service doesn’t meet the appropriate standard of care in the insurer’s view.</p> <p><b>Payment Parity</b> Subject to all terms and conditions of the health benefit plan, a carrier shall reimburse the treating participating provider or the consulting participating provider for the diagnosis, consultation, or treatment of the covered person delivered through telehealth on the same basis that the carrier is responsible for reimbursing that provider for the provision of the same service through in-person consultation or contact by that provider.</p>
<b>Connecticut</b>
<p><b>Service Parity</b> Coverage must be provided for telehealth if it would be covered in-person, subject to the terms and conditions of all other covered benefits under such policy.</p> <p><b>Payment Parity</b> No explicit payment parity.</p>
<b>Delaware</b>
<p><b>Service Parity</b> A payer must reimburse the provider for the diagnosis, consultation, or treatment of the patient on the same basis as in-person services for telemedicine.</p> <p><b>Payment Parity</b> An insurer, health service corporation, or health maintenance organization shall reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis and at least at the rate that the insurer, health service corporation, or health maintenance organization is responsible for coverage for the provision of the same service through in-person consultation or contact. Payment for telemedicine interactions shall include reasonable compensation to the originating or distant site for the transmission cost incurred during the delivery of health-care services.</p>
<b>Florida</b>
<p><b>Service Parity</b> Insurers and providers must mutually agree on payment rates and payment methodologies for telehealth delivered services.</p> <p><b>Payment Parity</b> Payment between telehealth delivered services and in-person services can differ, but it must be in the contract between the health maintenance organization and telehealth provider.</p>
<b>Georgia</b>
<p><b>Service Parity</b></p>

<p>An insurer shall reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis for services provided via telemedicine. An insurer cannot exclude a service solely because it was delivered as a telemedicine service.</p> <p><b>Payment Parity</b>  Payment must be at least at the rate that the insurer is responsible for coverage for the provision of the same service through in-person consultation or contact; provided, however, that nothing in this subsection shall require a health care provider or telemedicine company to accept more reimbursement than they are willing to charge. Payment for telemedicine interactions shall include reasonable compensation to the originating or distant site for the transmission cost incurred during the delivery of health care services.</p>
<b>Hawaii</b>
<p><b>Service Parity</b>  Coverage may be subject to all the terms and conditions of the plan agreed upon among the enrollee or subscriber, the insurer and the health care provider.</p> <p><b>Payment Parity</b>  Reimbursement for services provided through telehealth must be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and patient.</p>
<b>Idaho</b>
<ul style="list-style-type: none"> <li>• No Legislative Reference</li> </ul>
<b>Illinois</b>
<p><b>Service Parity</b>  Payers are not required to cover telehealth services, they are only required to meet certain requirements if they choose to do so.</p> <p><b>Payment Parity</b>  No reference found.</p>
<b>Indiana</b>
<p><b>Service Parity</b>  Coverage must be provided in accordance with the same clinical criteria as would be provided in-person.</p> <p><b>Payment Parity</b>  No reference found.</p>
<b>Iowa</b>
<p><b>Service Parity</b>  Health care services that are delivered by telehealth must be appropriate and delivered in accordance with applicable law and generally accepted health care practices and standards prevailing at the time the health care services are provided, including all rules adopted by the appropriate professional licensing board having oversight of the health care professional providing the health care services.</p> <p><b>Payment Parity</b>  No explicit payment parity.</p>
<b>Kansas</b>
<p>For Medicaid – Private Payer reference not found</p> <p><b>Service Parity</b>  Payment can be limited to only services that are medically necessary, subject to the terms and conditions of the covered individual’s health benefits plan.</p> <p><b>Payment Parity</b>  Payment or reimbursement for covered services delivered through telemedicine may be established by an insurance company, nonprofit health service corporation, nonprofit medical and hospital service corporation or health maintenance organization in the same manner as payment or reimbursement for covered services that are delivered via in-person contact are established.</p>
<b>Kentucky</b>
<p><b>Service Parity</b>  Payers are not required to provide coverage for telehealth services that are not medically necessary.</p> <p><b>Payment Parity</b>  Telehealth coverage and reimbursement shall be equivalent to the coverage for the same service provided in-person unless the telehealth provider and the health benefit plan contractually agree to a lower reimbursement rate for telehealth services.  Payers are not required to reimburse any fees charged by a telehealth facility for transmission of a telehealth encounter.</p>
<b>Louisiana</b>
<p><b>Service Parity</b>  No reference found.</p> <p><b>Payment Parity</b>  The payment, benefit, or reimbursement to such a licensed physician at the originating facility or terminus shall not be less than seventy-five percent of the reasonable and customary amount of payment, benefit, or reimbursement which that licensed physician receives for an intermediate office visit.</p>
<b>Maine</b>
<p><b>Service Parity</b>  Coverage for health care services provided through telehealth must be determined in a manner consistent with coverage for health care services provided through in-person consultation. If an enrollee is eligible for coverage and the delivery of the health care service through telehealth is medically appropriate, a carrier may not deny coverage for telehealth services.  A carrier may not exclude a health care service from coverage solely because such health care service is provided only through a telehealth encounter, as long as telehealth is appropriate for the provision of such health care service.</p> <p><b>Payment Parity</b>  No explicit payment parity.</p>
<b>Maryland</b>

<p><b>Service Parity</b> Insurers must reimburse a health care provider for the diagnosis, consultation and treatment of an insured patient that can be appropriately provided through telehealth.</p> <p><b>Payment Parity</b> No explicit payment parity.</p>
<b>Massachusetts</b>
<p><b>Service Parity</b> Private payers may provide coverage of telemedicine services.</p> <p><b>Payment Parity</b> No explicit payment parity. Coverage shall be consistent with coverage for health care services provided through in-person consultation.</p>
<b>Michigan</b>
<p><b>Service Parity</b> Insurers and health care corporations must cover services appropriately provided through telemedicine, as determined by the insurer or health care corporation.</p> <p><b>Payment Parity</b> No explicit payment parity.</p>
<b>Minnesota</b>
<p><b>Service Parity</b> A health carrier shall reimburse the distant site licensed health care provider for covered services delivered via telemedicine on the same basis and at the same rate as the health carrier would apply to those services if the services had been delivered in person by the distant site licensed health care provider.</p> <p><b>Payment Parity</b> A health carrier shall reimburse the distant site licensed health care provider for covered services delivered via telemedicine on the same basis and at the same rate as the health carrier would apply to those services if the services had been delivered in person by the distant site licensed health care provider.</p>
<b>Mississippi</b>
<p><b>Service Parity</b> All health insurance plans must provide coverage for telemedicine services, including live video and store-and-forward, to the same extent as in-person consultations. Remote patient monitoring is also reimbursed based on the criteria outlined in MS code. A health insurance plan may charge a deductible, co-payment, or coinsurance for a health care service provided through telemedicine so long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation. A health insurance or employee benefit plan can limit coverage to health care providers in a telemedicine network approved by the plan.</p> <p><b>Payment Parity</b> No explicit payment parity.</p>
<b>Missouri</b>
<p><b>Service Parity</b> A health carrier may not exclude an otherwise covered health care service from coverage solely because the service is provided through telehealth rather than face-to-face consultation or contact between a health care provider and a patient. A health carrier or health benefit plan may limit coverage for health care services that are provided through telehealth to health care providers that are in a network approved by the plan or the health carrier.</p> <p><b>Payment Parity</b> No explicit payment parity.</p>
<b>Montana</b>
<p><b>Service Parity</b> Private payers are required to provide coverage for services delivered through telemedicine if the services are otherwise covered by the policy, certificate, contract, or agreement. Coverage must be equivalent to the coverage for services that are provided in person by a health care provider or health care facility.</p> <p><b>Payment Parity</b> No explicit payment parity.</p>
<b>Nebraska</b>
<p><b>Service Parity</b> Private payers and self-funded employee benefit plans are prohibited from excluding a service from coverage solely because the service is delivered through telehealth and is not provided through in-person consultation or contact between a licensed health care provider and a patient. This does not apply to policies, certificates, contracts, or plans that provide coverage for a specified disease or other limited-benefit coverage.</p> <p><b>Payment Parity</b> No explicit payment parity.</p>
<b>Nevada</b>
<p><b>Service Parity</b> Every health plan policy issued must include coverage for services provided through telehealth to the same extent as through provided in-person or by other means.</p> <p><b>Payment Parity</b> No explicit payment parity.</p>
<b>New Hampshire</b>
<p><b>Service Parity</b></p>

<p>Insurers may not deny coverage for services on the sole basis that the coverage is provided through telemedicine if the health care service would be covered if it were provided through in-person consultation between the covered person and a health care provider. Covered services This includes remote patient monitoring and store-and-forward.</p> <p><b>Payment Parity</b> No explicit payment parity.</p>
<b>New Jersey</b>
<p><b>Service Parity</b> Insurers must provide coverage and payment for health services delivered through telemedicine or telehealth on the same basis as when the services are delivered through in-person contact and consultation. A health care plan is not prohibited from providing coverage only for services that are medically necessary, subject to the terms and conditions of the plan. A health care plan may not require a covered person to use telemedicine or telehealth in lieu of receiving an in-person service from an in-network provider.</p> <p>The above also applies to contracts purchased by the State Health Benefits Commission and the School Employees' Health Benefits Commission.</p> <p><b>Payment Parity</b> Reimbursement must be made for health care services delivered through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate for in-person contact. A health care plan may limit coverage to services that are delivered by health care providers in a plan's network, but may not charge any deductible, copayment, or coinsurance for a health care service in an amount that exceeds the deductible, copayment, or coinsurance amount that is applicable to an in-person consultation.</p> <p>The above also applies to contracts purchased by the State Health Benefits Commission and the School Employees' Health Benefits Commission.</p>
<b>New Mexico</b>
<p><b>Service Parity</b> An insurer shall provide coverage for services provided via telemedicine to the same extent that the health insurance plan, policy or contract covers the same services in-person. An insurer shall reimburse for health care services delivered via telemedicine on the same basis and at least at the same rate that the insurer reimburses for comparable services delivered via in-person consultation or contact.</p> <p><b>Payment Parity</b> An insurer shall reimburse for health care services delivered via telemedicine on the same basis and at least at the same rate that the insurer reimburses for comparable services delivered via in-person consultation or contact.</p>
<b>New York</b>
<p><b>Service Parity</b> A health plan shall not exclude from coverage services that are provided via telehealth if they would otherwise be covered under a policy, provided that an insurer may exclude coverage of a service by a health care provider where the provider is not otherwise covered under the policy or contract.</p> <p><b>Payment Parity</b> No explicit payment parity.</p>
<b>North Carolina</b>
<ul style="list-style-type: none"> <li>• No Legislative Reference</li> </ul>
<b>North Dakota</b>
<p><b>Service Parity</b> An insurer must provide coverage for telehealth delivered services to the same extent as the same coverage for in-person services. They are not required to provide coverage for health services that are not medically necessary.</p> <p><b>Payment Parity</b> Payment or reimbursement of expenses for covered health services delivered by means of telehealth under this section may be established through negotiations conducted by the insurer with the health services providers in the same manner as the insurer with the health services providers in the same manner as the insurer establishes payment or reimbursement of expenses for covered health services that are delivered by in-person means.</p>
<b>Ohio</b>
<ul style="list-style-type: none"> <li>• No Legislative Reference</li> </ul>
<b>Oklahoma</b>
<p><b>Service Parity</b> If a provider determines that telemedicine is an appropriate way to deliver care, an insurer cannot require person-to-person contact.</p> <p><b>Payment Parity</b> No explicit payment parity.</p>
<b>Oregon</b>
<p><b>Service Parity</b> Oregon requires a health benefit plan to provide coverage of a health service that is provided using synchronous two-way interactive video conferencing if:</p> <ul style="list-style-type: none"> <li>• The plan provides coverage of the health service when provided in-person by a health professional;</li> </ul>

- The health service is medically necessary;
- The health service is determined to be safely and effectively provided using synchronous two-way interactive video conferencing according to generally accepted health care practices and standards; and
- The application and technology used to provide the health service meet all standards required by state and federal laws governing the privacy and security of protected health information.

Plans may not distinguish between originating sites that are rural and urban in providing coverage.

Coverage is subject to the terms and conditions of the health benefit plan and the reimbursement specified in the contract between the plan and the health professional.

**Treatment of Diabetes**

A health benefit plan must provide coverage of a telemedical health services provided in connection with the treatment of diabetes if:

- The plan provides coverage of the health service when provided in-person by the health professional;
- The service is medically necessary;
- The telemedical health service relates to a specific patient; and
- One of the participants in the telemedical health service is a representative of an academic health center.

A health benefit plan may subject coverage of a telemedical health service to all terms and conditions of the plan, including but not limited to deductible, copayment or coinsurance requirements that are applicable to coverage of a comparable health service when provided in-person.

**Payment Parity**

No explicit payment parity.

**Pennsylvania**

- No Legislative Reference

**Rhode Island**

**Service Parity**

A health insurer shall not exclude a health care service for coverage solely because the health care service is provided through telemedicine and is not provided through in-person consultation or contact, subject to the terms and conditions of a telemedicine agreement between the insurer and provider.

**Payment Parity**

No explicit payment parity.

**South Carolina**

- No Legislative Reference

**South Dakota**

**Service Parity**

Health insurers cannot exclude a service for coverage solely because the service is provided through telehealth and not provided through in-person consultation or contact between a health care professional and a patient.

Health insurers are not required to provide coverage for health care services that are not medically necessary.

Health insurers are NOT prohibited from:

- Establishing criteria that a health care professional must meet to demonstrate the safety and efficacy of delivering a particular health care service via telehealth that the health insurer does not already reimburse other health care professionals for delivering via telehealth so long as the criteria are not unduly burdensome or unreasonable for the particular services;
- Requiring a health care professional to agree to certain documentation or billing practices designed to protect the health insurer or patients from fraudulent claims so long as the practices are not unduly burdensome or unreasonable for the particular services;
- Including a deductible, copayment, or coinsurance requirement for a health care service provided via telehealth, if the deductible, copayment, or coinsurance is not in addition to and does not exceed the deductible, copayment, or coinsurance applicable if the same services were provided through in-person contact.

**Payment Parity**

No reference found.

**Tennessee**

**Service Parity**

Health insurance entities (including managed care organizations) participating in the medical assistance program are required to provide coverage for telehealth (which includes live video) delivered services in a manner that is consistent with the health insurance policy or contract provided for in-person services.

**Payment Parity**

Health Insurance entities are required to reimburse for the diagnosis, consultation, and treatment of an insured patient for a healthcare service covered under a health insurance policy or contract provided through telehealth without distinction of the geographic location or any federal, state, or local designation, or classification of the geographic area where the patient is located. The reimbursement is not required to exceed the cost of reimbursement for the same service provided in-person.

Out-of-network providers providing healthcare services through telehealth must be reimbursed under the same policies applicable to other out-of-network healthcare service providers.

A health insurance entity is not required to pay total reimbursement for a telehealth encounter, including the use of telehealth equipment, in an amount that exceeds the amount that would be paid for the same service provided by a healthcare services provider in an in-person encounter.

**Texas**

**Service Parity**

<p>Prohibits a health benefit plan from excluding from coverage a service delivered as a telemedicine medical service or a telehealth service solely because the service is not provided in-person. A health plan is not required to provide coverage for services provided by only synchronous or asynchronous audio interaction including audio-only telephone; email or facsimile.</p> <p><b>Payment Parity</b> No reference found.</p>
<b>Utah</b>
<p><b>Service Parity</b> No service parity.</p> <p><b>Payment Parity</b> No reference found.</p>
<b>Vermont</b>
<p><b>Service Parity</b> For live video, plans are required to cover services provided through telemedicine to the same extent the plan covers services provided in-person. For store-and-forward, plans are allowed but not required to reimburse for tele-ophthalmology and tele-dermatology.</p> <p><b>Payment Parity</b> No explicit payment parity.</p>
<b>Virginia</b>
<p><b>Service Parity</b> 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><b>Payment Parity</b> No explicit payment parity.</p>
<b>Washington</b>
<p><b>Service Parity</b> Services must be considered an essential health benefit under the ACA and be determined to be safely and effectively provided through telemedicine or store-and-forward.</p> <p><b>Payment Parity</b> No explicit payment parity.</p>
<b>Washington, D.C.</b>
<p><b>Service Parity</b> A health insurer must reimburse a provider for the diagnosis, consultation or treatment of the patient when the service is delivered by telehealth.</p> <p><b>Payment Parity</b> No explicit payment parity.</p>
<b>West Virginia</b>
<ul style="list-style-type: none"> <li>• No Legislative Reference</li> </ul>
<b>Wisconsin</b>
<ul style="list-style-type: none"> <li>• No Legislative Reference</li> </ul>
<b>Wyoming</b>
<ul style="list-style-type: none"> <li>• No Legislative Reference</li> </ul>