

ROUNDUP OF 2017 APPROVED STATE TELEHEALTH LEGISLATION

State	Bill #	Summary
ARIZONA	HB 2197	Removes language requiring that “telemedicine audio and video capability meets the element required by the centers for Medicare and Medicaid services” in order for a physical or mental health status exam (needed to issue a prescription) can be conducted through telemedicine. <i>(Effective August 9, 2017)</i>
ARKANSAS	SB 146	Provides a new definition for telemedicine and stipulates requirements around establishing a “professional relationship” through telemedicine. It also specifies detailed requirements for cases in which a healthcare professional is delivering healthcare services to a minor through telemedicine in a school setting and the minor is enrolled in the Arkansas Medicaid program. <i>(Effective Jan. 1, 2018)</i>
ARKANSAS	SB 78	Requires the Arkansas State Medical Board to perform an analysis of the Interstate Medical Licensure Compact to determine whether the state of Arkansas should participate. <i>(Effective July 30, 2017)</i>
CALIFORNIA	AB 205 & SB 171	Allows Medi-Cal managed care plans to request alternative access standards, if they have exhausted all other reasonable options to obtain providers to meet either time and distance or timely access standards. It would allow telemedicine or e-visits as a means of alternative access standards. <i>(Effective Jan. 1, 2018)</i>
CALIFORNIA	AB 401	Establishes requirements for registered pharmacy technicians working at a remote dispensing site. <i>(Effective Jan. 1, 2018)</i>
COLORADO	HB 1094	Clarifies that a health plan cannot restrict or deny coverage of telehealth services based on the communication technology or application used to deliver the telehealth service. It also clarifies that a facility fee/transmission fee is not required when a patient receives services in their home or private residence. <i>(Effective 3/16/17)</i>
COLORADO	HB 1353	Requires the state department’s implementation of the accountable care collaborative to include promoting telehealth and telemedicine, among other elements. <i>(Effective 5/23/17)</i>
COLORADO	SB 207	Creates a Behavioral Health Crisis Response System and Crisis Service Facilities Walk-In Centers Mobile Response Units, and addresses the role telehealth can play in these situations. <i>(Effective Jan. 1, 2018)</i>
DC	B22-0341 & B22-0244	Instructs the Director of the Department of Health Care Finance to award four grants to the development and application of telehealth services. <i>(Effective Dec. 9, 2017)</i>
DELAWARE	HB 201	Clarifies that certain requirements needed to establish a physician-patient relationship over telemedicine or telehealth for the initial encounter, does not apply for subsequent visits. <i>(Effective Jul. 12, 2017)</i>
HAWAII	SB 387	Creates Health Benefit Plan Network and Access and Adequacy standards. The text defines telehealth, and requires health carriers to describe in their access plan their network, including how the use of telehealth or other technology may be used to meet network access standards, if applicable. <i>(Effective for plan year commencing on or after Jan. 1, 2019)</i>

IDAHO	HB 250	Removes language providing that no drug may be prescribed through telehealth services for the purposes of causing an abortion. <i>(Effective Apr. 4, 2017)</i>
ILLINOIS	HB 311	Requires insurers to file a description of the services offered through a network plan, which must include a description of how the use of telemedicine or telehealth or mobile care services may be used to partially meet the network adequacy standards, among other elements. <i>(Effective Sept. 15, 2017)</i>
ILLINOIS	HB 2907	Stipulates that the Department must not require a physician or health care professional be physically present in the same room as the patient for the entire time during which the patient is receiving telepsychiatry services. <i>(Effective Jan. 1, 2018)</i>
ILLINOIS	SB 1811	Establishes practice standards for providers engaging in the practice of telehealth in Illinois, including the need to be licensed and follow the same standard of care that is applied to in-person services. <i>(Effective Jan. 1, 2018)</i>
INDIANA	HB 1337	Requires Indiana Medicaid to cover telemedicine services under certain circumstances and prohibits the Department from imposing distance restrictions, and stipulates conditions under which a provider can issue a prescription for a controlled substance. <i>(Effective Jul. 1, 2017)</i>
IOWA	HB 653	Requests that the legislative council create a legislative interim committee to study and make recommendations regarding telehealth parity. <i>(Effective May 12, 2017)</i>
LOUISIANA	HB 338	Regulates telehealth in the delivery of speech-language pathology or audiology. It would require Louisiana licensure for in-state practitioners and telehealth registration for out-of-state practitioners. <i>(Effective Aug. 1, 2017)</i>
MAINE	SB 467	Adopts the Interstate Medical Licensure Compact. <i>(Effective October 1, 2017)</i>
MAINE	SB 515	Requires the Department of Health and Human Services to adopt rules related to telemonitoring, including qualifying criteria. It also requires an annual report be submitted to the legislature on the use of telehealth in the MaineCare program, and establishes the Maine Telehealth and Telemonitoring Advisory Group charged with evaluating technical difficulties related to telehealth and telemonitoring and making recommendations to the department to improve telehealth and tele-monitoring services statewide. <i>(Effective October 1, 2017)</i>
MARYLAND	HB 983	Requires that all insurers cover counseling for substance use disorders as a health care service delivered through telehealth. <i>(Effective Oct. 1, 2017)</i>
MARYLAND	SB 1106	Establishes practice standards for the use of teletherapy to deliver behavioral health services. <i>(Effective Oct. 1, 2017)</i>
MICHIGAN	HB 4323	Requires the Department to continue and expand where appropriate use of telemedicine and telepsychiatry to increase services to Medicaid recipients in medically underserved areas. <i>(Effective Jul. 14, 2017)</i>
MICHIGAN	SB 213	Establishes criteria around prescribing drugs, including controlled substances, while delivering services through telehealth. <i>(Effective Mar. 31, 2017)</i>
MINNESOTA	SB 562	Modifies certain provisions governing the autism early intensive intervention benefit and requires coverage when delivered through telemedicine, the same as it would be if it were delivered in person. <i>(Effective Jul. 1, 2017)</i>
MINNESOTA	SB 1353	Establishes requirements for the practice of telemedicine and allows a physician-patient relationship to be established through telemedicine. <i>(Effective Aug. 1, 2017)</i>
MONTANA	HB 386	Provides for practice of physical therapy through telehealth. <i>(Effective Oct. 1, 2017)</i>
MONTANA	SB 129	Requires insurance coverage of dental services offered by telemedicine. <i>(Effective Jan. 1, 2018)</i>

NEBRASKA	LB 88	Enacts the Interstate Medical Licensure Compact. <i>(Effective July 25, 2017)</i>
NEBRASKA	LB 92	Requires certain health carriers to provide coverage for certain services delivered through telehealth. <i>(Effective July 27, 2017)</i>
NEVADA	AB 429	Enacts the Psychology Interjurisdictional Compact. <i>(Effective Oct. 1, 2017 – Compact is not active until seven states have enacted Compact language)</i>
NEVADA	SB 53	Requires the Director of the Office of Science, Innovation and Technology to coordinate activities in the state related to the planning, mapping and procurement of broadband services which must include the expansion of telehealth services to reduce health care costs and increase health care quality and access in the state, especially in rural and unserved and underserved areas. <i>(Effective Jul. 1, 2017)</i>
NEW HAMPSHIRE	SB 237	Allows medical providers who practice in metropolitan areas to be reimbursed by Medicaid for telehealth services. <i>(Effective Jul. 8, 2017)</i>
NEW JERSEY	SB 291	Authorizes health care providers to engage in telehealth and telemedicine under certain conditions, requires an in-person visit before the prescription of a Schedule II controlled substance, and requires that the State Medicaid and NJ FamilyCare programs provide coverage for services delivered via telemedicine. It also requires private payers cover services delivered through telemedicine on the same basis as in-person services. <i>(Effective July 21, 2017)</i>
NEW YORK	AB 4703	Adds elementary or secondary schools, or child care programs or centers within the state of New York to the definition of originating site. <i>(Effective Sept. 12, 2017)</i>
NEW YORK	SB 4285	Adds assisted living facilities, adult homes, continuing care retirement communities and other senior living residences within the state of New York to the definition of originating site. <i>(Effective Aug. 21, 2017)</i>
NORTH CAROLINA	HB 283	Requires the Department of Health and Human Services to study and recommend a telemedicine policy. <i>(Effective Jul. 20, 2017)</i>
NORTH DAKOTA	SB 2052	Requires individual and group health insurance provide coverage of telehealth. Payment may be established through negotiations conducted by the insurer with the health services provider. <i>(Effective Aug. 1, 2017)</i>
OKLAHOMA	SB 726	Establishes standards for forming a physician-patient relationship by an allopathic or osteopathic physician through telemedicine. <i>(Effective Nov. 1, 2017)</i>
OREGON	HB 3261	This bill establishes information collection requirements for the Authority to collect in the Financial Incentive Program, which is intended to recruit providers to practice in rural and medically underserved areas. One of the reporting requirements would be to track the percentage of services provided through telemedicine. <i>(Effective: October 5, 2017)</i>
OREGON	SB 786	Allows dental care providers to use telehealth if they determine it is appropriate and within their scope of practice. The Oregon Board of Dentistry is required to treat services delivered through telehealth the same as it would those delivered in person. <i>(Effective: Jan. 1, 2018)</i>
SOUTH DAKOTA	HB 1183	Creates a jail mental health screening pilot program that reports to an oversight council which, among other items, evaluates the need for and feasibility and cost effectiveness of telehealth options for jail mental health assessments and consultations. It also creates a new definition for telehealth. <i>(Effective July 1, 2017)</i>
TENNESSEE	HB 664	Enacts the Interstate Medical Licensure Compact. <i>(Effective July 1, 2018)</i>
TENNESSEE	SB 195	Adds healthcare services provided to a patient at a public elementary or secondary school to the current definition of telehealth services for which health insurance entities

		are required to reimburse in a manner that is consistent with reimbursement for in-person encounters. <i>(Effective April 19, 2017)</i>
TEXAS	HB 1697	Requires the Commission to establish a pediatric tele-connectivity resource program for rural Texas to award grants to nonurban health care facilities to connect the facilities with pediatric specialists and pediatric subspecialists who provide telemedicine medical services. <i>(Effective September 1, 2017)</i>
TEXAS	SB 922	Expands reimbursement under the Medicaid program to social workers, occupational therapists, speech language pathologist, licensed professional counselor, marriage and family therapist and licensed specialist in school psychology. Requires reimbursement for telehealth services provided to school districts or charter schools under certain circumstances. <i>(Effective September 1, 2017)</i>
TEXAS	SB 1107	Provides for definitions of telehealth and telemedicine and defines a practitioner-patient relationship for telemedicine medical services. <i>(Effective May 27, 2017; Sec. 5, 6 and 7 effective Jan. 1, 2018)</i>
TEXAS	SB 1849	Directs regulations to be created and adopted that require county jails to have 24 hour access to a mental health professional through a telemental health service, among other components. <i>(Effective September 1, 2017)</i>
UTAH	HB 154	Requires the Medicaid program to cover personal mental health therapy office visits, and authorizes the practice and coverage of telemedicine and establishes certain standards of care, training, and other requirements with which a physician must comply to practice telemedicine. <i>(Effective May 9, 2017)</i>
UTAH	HB 345	Establishes a telehealth pilot project in order to determine how telehealth services can best be used in the state. <i>(Effective May 9, 2017)</i>
UTAH	SB 106	Enacts a multi-state compact for psychologist telehealth, titled the “Psychology Interjurisdictional Compact”. <i>(Effective May 9, 2017)</i>
VERMONT	SB 50	Requires Medicaid and health insurance coverage for telemedicine services delivered in or outside a health care facility by several types of health care providers. It also establishes requirements for informed consent. <i>(Effective October 1, 2017)</i>
VIRGINIA	HB 1500	Requires the Joint Commission on Health Care to study options for increasing the use of telemental health services in the commonwealth. <i>(Effective November 1, 2017)</i>
VIRGINIA	HB 1767/SB 1009	Provides that a health care practitioner who performs or has performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment, for the purpose of establishing a Bona fide practitioner-patient relationship may prescribe Schedule II through VI controlled substances to the patient, provided that the prescribing of such controlled substance is in compliance with federal requirements. <i>(Effective Feb. 21, 2017)</i>
WASHINGTON	HB 1337	Creates the interstate medical licensure compact. <i>(Effective July 23, 2017)</i>
WASHINGTON	HB 1713	Requires a behavioral health organization, upon initiation of a contract with the Department to reimburse a provider for behavioral health services to a covered person who is under eighteen years of age through telemedicine or store and forward, under certain circumstances. <i>(Effective July 23, 2017)</i>
WASHINGTON	SB 5436	Expands private payer reimbursement requirement to include an originating site of “any location determined by the individual receiving the service”. <i>(Effective Jan. 1, 2018)</i>
WEST VIRGINIA	HB 2459	States that a person may provide telehealth services without obtaining a certificate of need or applying to the authority for approval. It also provides a definition for telehealth. <i>(Effective March 30, 2017)</i>
WEST VIRGINIA	HB 2503	Requires the Board of Osteopathic Physicians and Surgeons to create standards for and limitations upon the utilization of telemedicine technologies. <i>(Effective July 5, 2017)</i>

WEST VIRGINIA	HB 2509	Restricts physicians or podiatrists from prescribing a narcotic listed in Schedules II through V of the Uniform Controlled Substance Act while practicing via telemedicine. <i>(April 7, 2017)</i>
WEST VIRGINIA	SB 188	Corrects definition of telehealth in medication assisted treatment programs. <i>(Effective June 6, 2017)</i>
WYOMING	HB 164	Allows licensure boards to promulgate rules related to telemedicine/telehealth as specified. <i>(Effective Mar. 6, 2017)</i>