

S.B. 372: Preserve Telehealth Access Act of 2025
Senate Finance Committee Hearing
February 5, 2025
Favorable

Thank you for the opportunity to submit testimony in support of Senate Bill 372, which would remove the sunset on Maryland’s telehealth provisions to ensure continued access to audio-only telehealth and payment parity. The Legal Action Center (LAC) is a non-profit law and policy organization that fights discrimination, builds health equity, and restores opportunities for people with substance use disorders, arrest and conviction records, and HIV/AIDS. LAC convenes the Maryland Parity Coalition and works with its partners to ensure non-discriminatory access to mental health (MH) and substance use disorder (SUD) services through enforcement of the Mental Health Parity and Addiction Equity Act and other consumer protections that reduce health disparities.

The unmet need for MH and SUD care in Maryland is high and continues to rise. In 2023, [more than 27%](#) of Maryland adults reported symptoms of anxiety and/or depression, and over 30% of adults reporting such symptoms had an unmet need for counseling or therapy. Of the 252,000 Maryland adults who did not receive needed care for a MH condition, [1 in 3](#) did not because of cost. In 2022-23, [28%](#) of Maryland high school students and 22% of middle school students reported their MH was not good most of the time or always, and 18% of high school students and 24% of middle school students reported they had seriously considered suicide. Approximately [80%](#) of adults who were classified as needing SUD treatment in Maryland did not receive treatment in 2022. Maryland has experienced a 300% increase in overdose-related deaths in the last decade, with [over 2,000 overdose-related deaths each year](#) since 2016. Telehealth helps increase access to MH and SUD care, at a time when Marylanders need it the most.

S.B. 372 would help ensure Marylanders get the affordable and accessible MH and SUD care they need through telehealth, and we urge you to issue a favorable report on this bill.

1. The Maryland Health Care Commission recommends continuing audio-only telehealth and payment parity.

The Maryland Health Care Commission’s (MHCC) [2024 Report](#), as required by the Preserve Telehealth Access Act of 2023 and the Behavioral Health Care – Treatment and Access Act of 2023, made several key recommendations to the General Assembly, including:

- “Allow unrestricted use of **audio-only** for behavioral health telehealth services based on patient consent to receive care via audio-only technology. Allow use of audio-only for somatic care if the provider is technically capable of using telehealth, but the patient is not capable of, or does not consent to, the use of audiovisual technology” (Recommendation 2); and
- “Maintain **payment parity** for behavioral health and somatic care delivered using audiovisual and audio-only technologies” (Recommendation 3).

LAC strongly agrees with these recommendations, and the rationales put forth by MHCC. Audio-only technology ensures broad access to MH and SUD treatment, particularly for individuals who lack the capability to use audiovisual technologies or those who prefer audio-only, it helps to maintain continuity of care and address health concerns effectively, and it maintains patient choice in how they access care and can improve patient satisfaction. MHCC also notes that audio-only telehealth effectively serves underserved and vulnerable populations who lack the technological resources, financial means, or broadband access needed for audiovisual telehealth. Payment parity ensures that telehealth options remain practical for providers, removes financial disincentives and promotes equity, and acknowledges that telehealth involves the same level of clinical intensity and time as in-person care.

Additionally, as MHCC highlighted, the Medicare program continues to support telehealth flexibilities. CMS updated its definition of “interactive telecommunications system” in November 2024 to include “two-way, real time audio-only communication technology for any telehealth service furnished to a patient in their home if the distant site physician or practitioner is technically capable of using [audiovisual telehealth], but the patient is not capable of, or does not consent to, the use of video technology.” 42 C.F.R. § 410.78(a)(3). All Medicare beneficiaries, regardless of their geographic location, may use audio-only telehealth for the treatment of a SUD or a co-occurring MH condition. § 410.78(b)(3)(xii). Medicare also permits audio-only telehealth for MH services, following an in-person visit within the preceding six months and annually thereafter, though this in-person requirement can be waived if the risks and burdens associated with an in-person visit outweigh the benefits. § 410.78(b)(xiv). The U.S. Drug Enforcement Administration (DEA) and Department of Health & Human Services (HHS) also recently finalized a rule permitting health care practitioners to prescribe buprenorphine to treat opioid use disorder via audio-only telehealth, subject to a subsequent in-person visit within the following six months. 90 Fed. Reg. 6504 (Jan. 17, 2025). This movement at the federal level to permanently extend telehealth flexibilities promotes greater access to health care, particularly for SUD and MH services, and solidifies the importance for Maryland to do the same for individuals with Medicaid and private insurance.

2. The majority of states permit audio-only telehealth and require payment parity in both Medicaid and private insurance.

Based on LAC’s state survey as of July 2024, we found that the majority of the country permits audio-only service delivery and requires payment parity. (See attached)

- **Medicaid – audio-only:** Forty-four (44) states (including D.C.) permit audio-only telehealth in Medicaid. Thirty-three (33) of these states permanently permit audio-only telehealth for all services, three states (including Maryland) have a sunset, and eight states permit audio-only for some services.
- **Medicaid – payment parity:** Forty-two (42) states (including D.C.) require payment parity for telehealth services in Medicaid, four of which (including Maryland) have a sunset.
- **Private insurance – audio-only:** Thirty-six (36) states (including D.C.) permit audio-only telehealth in private insurance. Three of these states (including Maryland) have a sunset, and one state permits audio-only telehealth just for MH and SUD services.

- **Private insurance – payment parity:** Thirty-three (33) states require payment parity for telehealth services in private insurance. Three of these states (including Maryland) have a sunset. Two states require payment parity only for MH and SUD telehealth services, one of which currently requires payment parity for somatic services but with a sunset.

Maryland should not remove these telehealth protections, especially when the majority of the country – including our neighboring states – are continuing them.

3. Continuing audio-only telehealth is imperative for equitable access to MH and SUD care.

Audio-only telehealth visits are effective for many MH and SUD services and result in “high patient satisfaction, better care, and decreased no show rates” (See [MHCC Telehealth Recommendations](#) 2022, [Frost et al.](#) 2022, [Chen et al.](#) 2022, [Riedel et al.](#) 2021). Patients value the choice in service delivery model, and some prefer using audio-only technology because it reduces the stress related to whether audiovisual technology will not work, especially for those who have poor internet access, inadequate technology, or lower digital literacy (See [Kruis et al.](#), 2024). Research suggests that, due to ongoing challenges in accessing in-person and audio-visual telehealth services – especially for rural, older, low income, non-English speaking, and racial minority populations – ending access to audio-only treatment would hinder access to care and exacerbate health disparities (See [Frost et al.](#) 2022, [Kleinman & Sanches](#) 2022, [Chen et al.](#) 2022, [Bipartisan Policy Center](#) 2022, [Ellimoottil](#) 2021, [Campos-Castillo & Anthony](#) 2020). Given the attacks on equity and inclusion efforts at the federal level, it is imperative that Maryland not roll back this critical protection that ensures meaningful access to MH and SUD care for those who may not otherwise receive it.

4. Retaining payment parity ensures telehealth remains meaningfully available to Marylanders.

Many clinicians report that their ability to continue to offer telehealth will be dependent on equitable and sufficient reimbursement. (See [Kisicki et al.](#) 2022, [Payan et al.](#) 2021, [Riedel et al.](#) 2021, [Uscher-Pines et al.](#) 2020). For MH and SUD services in particular, research suggests that the same amount of clinician time and effort, office and overhead expenses, and support staff are necessary for telehealth visits compared to in-person visits (See [Ellimoottil](#) 2021). Payment parity is especially important for solo or small practices and those located in under-resourced communities, who are operating on thin margins and may not have the financial means to offer telehealth if reimbursement is substantially lower (See [Philip et al.](#) 2022, [Ellimoottil](#) 2021). Our state already has a severe provider shortage, particularly for MH and SUD, and we should do everything in our power to preserve their options to serve Marylanders in a way that is financially sustainable and sufficiently flexible for patients.

Thank you for considering our testimony, and we look forward to continuing to work with you to improve access to MH and SUD care in Maryland. We urge the Committee to issue a favorable report on S.B. 372 so Marylanders do not lose access to the telehealth services they need.

Thank you,

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States	Medicaid		Private Insurance	
	Audio-Only	Payment Parity	Audio-Only	Payment Parity
Alabama	Yes ¹	Yes ²		
Alaska	Yes ³	No ⁴	Yes ⁵	
Arizona	Yes ⁶	Yes ⁷	Yes ⁸	Yes ⁹
Arkansas	Yes ¹⁰	Yes ¹¹	Yes ¹²	Yes ¹³
California	Yes ¹⁴	Yes ¹⁵	Yes ¹⁶	Yes ¹⁷
Colorado	Yes ¹⁸	Yes ¹⁹	Yes ²⁰	Yes ²¹
Connecticut	Yes ²²	Yes ²³	Yes ²⁴	Yes ²⁵
Delaware	Yes ²⁶	Yes ²⁷	Yes ²⁸	Yes ²⁹
District of Columbia	Yes ³⁰	Yes ³¹	Yes ³²	No ³³
Florida	No ³⁴	No ³⁵	Yes ³⁶	No ³⁷
Georgia	No ³⁸		Yes ³⁹	Yes ⁴⁰
Hawaii	Yes, set to sunset on December 31, 2025 ⁴¹	Yes, set to sunset on December 31, 2025 ⁴²	Yes, set to sunset on December 31, 2025 ⁴³	Yes, set to sunset on December 31, 2025 ⁴⁴
Idaho	Yes ⁴⁵	Yes ⁴⁶		

Illinois	No ⁴⁷	Unclear ⁴⁸	Yes ⁴⁹	Yes, permanent for MH & SUD services, but set to sunset on January 1, 2028, for all other services ⁵⁰
Indiana	Some ⁵¹	Yes ⁵²	Yes ⁵³	No ⁵⁴
Iowa	Some ⁵⁵	Yes ⁵⁶	No ⁵⁷	Yes ⁵⁸
Kansas	Yes ⁵⁹	Yes ⁶⁰	Yes ⁶¹	Yes ⁶²
Kentucky	Yes ⁶³	Yes ⁶⁴	Yes ⁶⁵	Yes ⁶⁶
Louisiana	No ⁶⁷	Yes ⁶⁸	Yes ⁶⁹	Yes ⁷⁰
Maine	Yes ⁷¹	Unclear ⁷²	Yes ⁷³	No ⁷⁴
Maryland	Yes, set to sunset June 30, 2025 ⁷⁵	Yes, set to sunset June 30, 2025 ⁷⁶	Yes, set to sunset June 30, 2025 ⁷⁷	Yes, set to sunset June 30, 2025 ⁷⁸
Massachusetts	Yes ⁷⁹	Yes ⁸⁰	Yes ⁸¹	Yes, for behavioral health services ⁸²
Michigan	Some ⁸³	Yes ⁸⁴	Yes ⁸⁵	No ⁸⁶
Minnesota	Yes, set to sunset on July 1, 2025 ⁸⁷	Yes ⁸⁸	Yes, set to sunset on July 1, 2025 ⁸⁹	Yes ⁹⁰
Mississippi	No (but yes in state of emergency) ⁹¹	Yes ⁹²	No ⁹³	Yes ⁹⁴
Missouri	Some ⁹⁵	Yes ⁹⁶	No ⁹⁷	Yes ⁹⁸
Montana	Yes ⁹⁹	Yes ¹⁰⁰	Yes ¹⁰¹	No ¹⁰²
Nebraska	Yes ¹⁰³	Yes ¹⁰⁴	Yes ¹⁰⁵	Yes ¹⁰⁶
Nevada	Yes ¹⁰⁷	Yes ¹⁰⁸	Yes, for MH and SUD ¹⁰⁹	Yes ¹¹⁰

New Hampshire	Yes ¹¹¹	Yes ¹¹²	Yes ¹¹³	Yes ¹¹⁴
New Jersey	Yes ¹¹⁵	Yes ¹¹⁶	Yes ¹¹⁷	Yes ¹¹⁸
New Mexico	Some ¹¹⁹	Yes ¹²⁰		Yes ¹²¹
New York	Yes ¹²²	Yes, set to sunset April 1, 2026 ¹²³	Yes ¹²⁴	Yes, set to sunset April 1, 2026 ¹²⁵
North Carolina	Yes ¹²⁶	Yes ¹²⁷		
North Dakota	Some ¹²⁸		Yes ¹²⁹	Yes ¹³⁰
Ohio	Yes ¹³¹	Yes ¹³²	Yes ¹³³	No ¹³⁴
Oklahoma	Some ¹³⁵	Yes ¹³⁶	Unclear ¹³⁷	Yes ¹³⁸
Oregon	Yes ¹³⁹	Yes ¹⁴⁰	Yes ¹⁴¹	Yes ¹⁴²
Pennsylvania	Yes ¹⁴³	No ¹⁴⁴	Yes ¹⁴⁵	No ¹⁴⁶
Rhode Island	Yes ¹⁴⁷	Yes ¹⁴⁸	Yes ¹⁴⁹	Yes ¹⁵⁰
South Carolina	Some, including MH & SUD ¹⁵¹			
South Dakota	Yes ¹⁵²	Yes ¹⁵³	No ¹⁵⁴	Unclear ¹⁵⁵
Tennessee	No ¹⁵⁶	Yes ¹⁵⁷	No ¹⁵⁸	Yes ¹⁵⁹
Texas	Yes ¹⁶⁰	Yes, repealed effective April 1, 2025 ¹⁶¹	Yes ¹⁶²	
Utah	Yes ¹⁶³	Yes ¹⁶⁴	Unclear ¹⁶⁵	No ¹⁶⁶
Vermont	Yes ¹⁶⁷	Yes ¹⁶⁸	Yes ¹⁶⁹	Yes ¹⁷⁰
Virginia	No, with few exceptions ¹⁷¹	Yes ¹⁷²	No ¹⁷³	Yes ¹⁷⁴

Washington	Yes ¹⁷⁵	Yes ¹⁷⁶	Yes ¹⁷⁷	Yes ¹⁷⁸
West Virginia	Yes ¹⁷⁹	Yes ¹⁸⁰	Yes ¹⁸¹	Yes ¹⁸²
Wisconsin	Yes ¹⁸³	Yes ¹⁸⁴		
Wyoming	No ¹⁸⁵			

¹ Ala. Medicaid, *AL Medicaid Management Information System Provider Manual*, Chapter 112: Telehealth 10-12 (April 2024), https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.3G_July2024/Jul24_112.pdf (“Reimbursement for services provided via telemedicine, audio only, and audio and video telecommunications will be paid at parity to those services provided face-to-face.”).

² Ala. Medicaid, *AL Medicaid Management Information System Provider Manual*, Chapter 112: Telehealth 10-12 (April 2024), https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.3G_July2024/Jul24_112.pdf (“Reimbursement for services provided via telemedicine, audio only, and audio and video telecommunications will be paid at parity to those services provided face-to-face.”).

³ Alaska Stat. §47.07.069(a)(10)(“The department shall pay for all services covered by the medical assistance program provided through telehealth [...], including [...] (10) services provided through audio, visual, or data communications, alone or in any combination, or through communications over the internet or by telephone, including a telephone that is not part of a dedicated audio conference system, electronic mail, text message, or two-way radio”); Alaska Dept. of Health and Social Svcs., *Alaska Medical Assistance Provider Billing Manuals for Physician Services* 27 (May 2013), <https://extranet-sp.dhss.alaska.gov/hcs/medicaidalaska/Provider/Manuals/Physician.pdf> (“Alaska Medicaid will pay for telemedicine services delivered in the following manner: (a) Interactive method: Provider and patient interact in ‘real time’ using video/camera and/or dedicated audio conference equipment [...]”. However, Alaska Medicaid will not pay for services delivered by telephone when NOT part of a dedicated audio conference system.)

⁴ Alaska Stat. § 47.07.069(b) (“The department shall adopt regulations for services provided by telehealth, including setting rates of payment. The department may set a rate of payment for a service provided through telehealth that is different from the rate of payment for the same service provided in person. The department may exclude or limit coverage or reimbursement for a service provided by telehealth, or limit the telehealth modes that may be used for a particular service [...]”).

⁵ The private payer statutes cite to the meaning of “telehealth” as defined in Alaska Stat. § 47.05.270(e) (“[...] ‘telehealth’ means the practice of health care delivery, evaluation, diagnosis, consultation, or treatment, using the transfer of health care data through audio, visual, or data communications, performed over two or more locations between providers who are physically separated from the recipient or from each other or between a provider and a recipient who are physically separated from each other.”).

⁶ Ariz. Health Care Cost Containment System, *AHCCS Medical Policy Manual*, 320-I – Telehealth 4 (August 2023), <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-I.pdf> (“The Contractor and FFS Programs shall reimburse providers at the same level of payment for equivalent in-person office/facility setting for mental health and substance use disorder services, as identified by HCPCS, if provided through telehealth using an audio-only format.”).

⁷ Ariz. Health Care Cost Containment System, *AHCCS Medical Policy Manual*, 320-I – Telehealth 2 (August 2023), <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-I.pdf> (“T The Contractor and FFS Programs shall reimburse providers at the same level of payment for equivalent services as identified by Healthcare Common Procedure Coding System (HCPCS) whether provided via telemedicine or in-person office/facility setting.”).

⁸ Ariz. Stat. § 20-841.09.A.2. (“Except as otherwise provided in this paragraph, a corporation shall reimburse health care providers at the same level of payment for equivalent services as identified by the healthcare common procedure coding system, whether provided through telehealth using an audio-visual format or in-person care.”).

⁹ Ariz. Stat. § 20-841.09.A.2. (“A corporation shall reimburse health care providers at the same level of payment for equivalent in-person behavioral health and substance use disorder services as identified by the healthcare common procedure coding system if provided through telehealth using an audio-only format.”).

¹⁰ [Arkansas Medicaid Provider Manual, Section I](#). § 105.190 (“Telemedicine does not include the use of: Audio-only communication unless the audio-only communication is in real-time, is interactive, and substantially meets the requirements for a health care service that would otherwise be covered by the health benefit plan.”).

¹¹ [Arkansas Medicaid Provider Manual, Section I](#). § 105.190 (“Coverage and reimbursement for services provided through telemedicine will be on the same basis as for services provided in person.”).

¹² Ark. Code §23-79-1601 (7)(C)(i)(a) (Telemedicine includes audio-only communication as long as it is “real-time, interactive, and substantially meets the requirements for a healthcare service that would otherwise be covered by the health benefit plan”).

¹³ Ark. Code §23-79-1602(c)(1) (“A health benefit plan shall provide coverage and reimbursement for healthcare services provided through telemedicine on the same basis as the health benefit plan provides coverage and reimbursement for health services provided in person, unless this subchapter specifically provides otherwise.”).

¹⁴ Cal. Department of Health Care Services, *Medicine: Telehealth* 6 (January 2023), https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/D5289F68-C42E-4FE8-B59F-FA44A06D2863/mednetele.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO (“For Medi-Cal providers who do offer telehealth modalities, they are required to offer Medi-Cal recipients the ability to choose whether they want to receive covered Medi-Cal services via: (1) Synchronous, interactive audio/visual telecommunication systems, or (2) synchronous, telephone or other interactive audio-only telecommunications system.”).

¹⁵ Cal. Department of Health Care Services, *Local Education Agency (LEA): Telehealth* 3 (June 2023), https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/47202261-0725-482C-9E9B-9F2C4669C95D/locedtele.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO (“Allowable services delivered via telehealth are reimbursable in the same manner and at the same rate as face-to-face services as long as all other requirements are met.”).

¹⁶ Audio-only is not explicitly exempt from reimbursement or from the definition of telehealth under California law. *See* Cal. Business and Professions Code §2290.5(a)(6) (“‘Telehealth’ means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.”).

¹⁷ Cal. Ins. Code §10123.855(a)(2) (“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 insurer and the provider shall ensure the rate is consistent with subdivision (a) of Section 10123.137.”); *See also* Cal. Ins. Code 10123.855(a)(1) (“A contract between a health insurer and a health care provider for an alternative rate of payment pursuant to Section 10133 shall specify that the health insurer shall reimburse the treating or consulting health care provider for the diagnosis, consultation, or treatment of an insured or policyholder appropriately delivered through telehealth services on the same basis and to the same extent that the health insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment.”).

¹⁸ Colo. Rev. Stat. §25.5-5-320(1) (“Telemedicine may be provided through interactive audio, interactive video, or interactive data communication, including but not limited to telephone, relay calls, interactive audiovisual modalities, and live chat, as long as the technologies are compliant with the federal ‘Health Insurance Portability and Accountability Act of 1996.’”)

¹⁹ Colo. Rev. Stat. §25.5-5-320(2) (“The reimbursement rate for a telemedicine service shall, as a minimum, be set at the same rate as the medical assistance program rate for a comparable in-person service.”)

²⁰ Colo. Rev. Stat. §10-16-123(4)(e) (“‘Telehealth’ means a mode of delivery of health-care services through HIPAA-compliant telecommunications systems, including information, electronic, and communication technologies, remote monitoring technologies, and store-and-forward transfers, to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a covered person’s health care while

the covered person is located at an originating site and the provider is located at a distant site.”). See also Colorado Division of Insurance, [Revised Bulletin No. B-4.89](#): Policy Directives for Telehealth (“In Colorado, the use of HIPAA-compliant telecommunications technologies, including HIPAA-compliant telephone only and non-public facing communications, is now codified as an allowed mode of delivery of telehealth services, and will remain in place after the national public health emergency expires.”).

²¹ Colo. Rev. Stat. §10-16-123(b) (“Subject to all terms and conditions of the health benefit plan or dental 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.”)

²² Audio-only is a reimbursable telehealth service when certain requirements are met. Conn. Stat. §17b-245g(2)(b) (“Notwithstanding the provisions of section 17b-245c, 17b-245e or 19a-906 or any other section, regulation, rule, policy or procedure governing the Connecticut medical assistance program, the Commissioner of Social Services shall, to the extent permissible under federal law, provide coverage under the Connecticut medical assistance program for audio-only telehealth services when (1) clinically appropriate, as determined by the commissioner, (2) it is not possible to provide comparable covered audiovisual telehealth services, and (3) provided to individuals who are unable to use or access comparable covered audiovisual telehealth services.”).

²³ Conn. Stat. §17b-245g(2)(c) (“To the extent permissible under federal law, the commissioner shall provide Medicaid reimbursement for services provided by means of telehealth to the same extent as if the service was provided in person.”).

²⁴ C.G.S.A. §19a-906(a)(11) (“‘Telehealth’ means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient’s physical and mental health, and includes (A) interaction between the patient at the originating site and the telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store and forward transfers or remote patient monitoring. ‘Telehealth does not include the use of facsimile, texting or electronic mail.’); A 2024 amendment to this statute removes “audio-only” language from the exceptions section. (H.B. No. 5198).

²⁵ H.R. 5198 § 3. (b), Gen. Assemb., Reg. Sess. (Conn. 2024). (“Notwithstanding any provision of title 38a of the general statutes, no health carrier shall reduce the amount of a reimbursement paid to a telehealth provider for covered health care or health services that the telehealth provider appropriately provided to an insured through telehealth because the telehealth provider provided such health care or health services to the patient through telehealth and not in person.”).

²⁶ Del. Health & Social Services, Division of Medicaid & Medical Assistance, Delaware Medical Assistance Program, *Practitioner Provider Specific Policy Manual* §16.2.1 (January 2024), https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=887&language=en-US&PortalId=0&TabId=94 (“For purposes of DMAP, telehealth means the use of information and communication technologies consisting of telephones, remote patient monitoring devices, or other electronic means to provide or support health care delivery. It occurs when the patient is at an originating site and the health care provider is at a distant site.”); Del. Health & Social Services, Division of Medicaid & Medical Assistance, Delaware Medical Assistance Program, *Practitioner Provider Specific Policy Manual* §16.2.2 (January 2024),

https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=887&language=en-US&PortalId=0&TabId=94 (“Telemedicine is a subset of telehealth that is the delivery of clinical health care and other services, as authorized under Delaware Medicaid, by means of real-time two-way electronic interactive telecommunications systems between the patient at the originating site and the health care provider is at the distant site. Two-way electronic interactive communication systems include audio, visual, or other telecommunication or electronic communication [...]).

²⁷ Del. Health & Social Services, Division of Medicaid & Medical Assistance, Delaware Medical Assistance Program, *Practitioner Provider Specific Policy Manual* §16.6.2 (Jan. 2024), https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=887&language=en-US&PortalId=0&TabId=94 (“The same procedure codes and rates apply as for services delivered in person.”).

²⁸ 18 Del. Code. §3370(a)(4) (“‘Telehealth’ means the use of information and communications technologies consisting of telephones, remote patient monitoring devices or other electronic means which support clinical health-care provider consultation, patient and professional health-related education, public health, health administration, and other services as authorized in Chapter 60 of Title 24.”); 18 Del. Code. §3307(a)(5) (“‘Telemedicine’ is a subset

of telehealth which is the delivery of clinical health-care services and other services, as authorized in Chapter 60 of Title 24, by means of real time 2-way audio, visual, or other telecommunications or electronic communications [...]).

²⁹ 18 Del. Code §3370(e) (“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.”).

³⁰ D.C. Code §31-3861(4) (“‘Telehealth’ means the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment; provided, that services delivered through email messages or facsimile transmissions are not included.”).

³¹ D.C. Code § 31-3863 (“Medicaid shall cover and reimburse for healthcare services appropriately delivered through telehealth if the same services would be covered when delivered in person.”). See also D.C. Department of Health Care Finance, [Telemedicine Provider Guidance](#) (Jan. 2023) (“D.C. Medicaid enrolled providers are eligible to deliver telemedicine services, using fee-for-service reimbursement, at the same rate as in-person consultations.”).

³² D.C. Code § 31-3861(4) (“‘Telehealth’ means the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment; provided, that services delivered through email messages or facsimile transmissions are not included.”).

³³ There is no explicit requirement in the statute that insurers must reimburse equally whether the service was delivered in person or via telehealth. D.C. Code §31-3862(b) (“A health insurer shall reimburse the provider for the diagnosis, consultation, or treatment of the insured when the service is delivered through telehealth.”).

³⁴ Fla. Agency for Health Care Administration, F.L. Medicaid, Florida Medicaid Health Care Alert, *Ending of Federal Public Health Emergency: Updated Co-Payment and Telemedicine Guidance for Medical and Behavioral Health Providers* (May 2023), <https://www.icontact-archive.com/archive?c=227375&f=11179&s=13873&m=863154&t=850d8a08f66cb5c2e1e49656573dbe0caeb447b39b9d192096e732cbe37425f5> (“Effective May 11, 2023, Florida Medicaid will cover telehealth services in accordance with the Agency’s promulgated Telemedicine rule and will no longer cover audio-only telehealth services.”); Fla. Admin. Code. R. 59G-1.057 (2016) (“Exclusion, Florida Medicaid does not reimburse for: Telephone conversations, chart review(s) electronic mail messages or facsimile transmissions”).

³⁵ There is no explicit requirement that Medicaid will reimburse equally whether the service is delivered in person or via telehealth. Fla. Admin. Code. R. 59G-1.057(4) (2016) (“Florida Medicaid reimburses for telemedicine services using interactive telecommunications equipment that includes, at a minimum audio and video equipment permitting two-way, real time, interactive communication between a recipient and a practitioner.”); Fla. Admin. Code. R. 59G-1.057(6)(a) (2016) (“Florida Medicaid reimburses the practitioner who is providing the evaluation, diagnosis, or treatment recommendation located at a site other than where the recipient is located.”)

³⁶ Audio-only is not included in the exception language. Fla. Stat. § 456.47(1)(a) (“‘Telehealth’ means the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include e-mail messages or facsimile transmissions.”); *See also* S. Res. 312 (Fla. 2022) (removing a provision in the definition of “telehealth” that excludes audio-only telephone calls, effective July 1, 2022).

³⁷ Fla. Stat. § 627.42396 (“A contract between a health insurer issuing major medical comprehensive coverage through an individual or group policy and a telehealth provider, as defined in s. 456.47, must be voluntary between the insurer and the provider and must establish mutually acceptable payment rates or payment methodologies for services provided through telehealth. Any contract provision that distinguishes between payment rates or payment methodologies for services provided through telehealth and the same services provided without the use of telehealth must be initiated by the telehealth provider.”).

³⁸ Non-covered services modalities include telephone conversations. Ga. Department of Community Health, Division of Medicaid, *Telehealth Guidance* 16-17 (January 2024), https://setrc.us/wp-content/uploads/2024/02/GA-2024-Telemedicine-Guidance_12202023_NG-revision_Q1-2024_Final-20231221203701.pdf (“Interactive audio and video telecommunications must be used, permitting real time communications between the distant site provider or practitioner and the member.”).

³⁹ Audio-only is explicitly included in Georgia’s definition of services covered under telehealth, but audio-only reimbursement is only covered if the service is a mental or behavioral health service. *See* Off. Code of Ga. Ann. § 33-24-56(b)(6) (“‘Telehealth’ means the use of information and communications technologies, including, but not

limited to, telephones, remote patient monitoring devices or other electronic means which support clinical health care, provider consultation, patient and professional health related education, public health, and health administration.”); Off. Code of Ga. Ann. § 33-24-56(g) (“[...] provided, however, that nothing in this subsection shall require [...] an insurer to pay for a telemedicine service provided through an audio-only call for any service other than mental or behavioral health services.”).

⁴⁰ Off. Code of Ga. Ann. § 33-24-56.4(g) (“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 and 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 [...].”).

⁴¹ Haw. Department of Human Services, Med-QUEST Division, Health Care Services Branch, Memo No. QI-2338 2 (November 2023), [https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2023/QI-2338FFS%2023-22CCS-2311Telehealth%20Implementation\(part%201\)-signed\(5\)FINAL.pdf](https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2023/QI-2338FFS%2023-22CCS-2311Telehealth%20Implementation(part%201)-signed(5)FINAL.pdf) (“For services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder to a patient in their home, interactive telecommunications may include two-way, real-time audio-only communication technology if the distant site physician or practitioner is technically capable to use an interactive telecommunications system as defined in the previous sentence, but the patient is not capable of, or does not consent to, the use of video technology.”).

⁴² Haw. Rev. Stat. § 346-59.1(b) (“Reimbursement for services provided through telehealth via an interactive telecommunications system shall be equivalent to reimbursement for the same services provided via in-person contact between a health care provider and a patient; provided that reimbursement for the diagnosis, evaluation, or treatment of a mental health disorder delivered through an interactive telecommunications system using two-way, real-time audio-only communication technology shall meet the requirements of Title 42 Code of Federal Regulations section 410.78.”)

⁴³ Haw. Rev. Stat. § 431:10A-116.3(g) (“‘Telehealth’ means the use of telecommunications services, as defined in section 269-1, to encompass four modalities: store and forward technologies, remote monitoring, live consultation, and mobile health; and which shall include but not be limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purpose of delivering enhanced health care services and information while a patient is at an originating site and the health care provider is at a distant site. Except as provided through an interactive telecommunications system, standard telephone contacts, facsimile transmissions, or e-mail text, in combination or alone, do not constitute telehealth services.”)

⁴⁴ Reimbursement is at parity for interactive telecommunications systems, but not for audio-only communication technology, which is set to be 80% of reimbursement for the same service provided via in-person. Haw. Rev. Stat. § 431:10A-116.3(c).

⁴⁵ *Idaho Medicaid Provider Handbook* 9.12 126 (June 2024), <https://www.idmedicaid.com/General%20Information/General%20Information%20and%20Requirements%20for%20Providers.pdf> (“Virtual care or telehealth means providing medically necessary health care services without actual physical contact, using electronic means. Under Idaho Medicaid this means the participant and the provider are opting to interact in real-time or “live” from two physically different locations, by video or telephone.”).

⁴⁶ *Idaho Medicaid Provider Handbook* 9.12.3 127 (June 2024), <https://www.idmedicaid.com/General%20Information/General%20Information%20and%20Requirements%20for%20Providers.pdf> (“Claims for services delivered via virtual care will be reimbursed at the same rate as face-to-face services. A service is considered audio only if 50% or more of the service is provided via audio only.”).

⁴⁷ 89 Ill. Admin. Code § 140.403(a)(5) (“‘Interactive Telecommunication System’ means multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and the distant site provider. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunication system.”).

⁴⁸ 89 Ill. Admin. Code § 140.403(c)(2)(A) (“Participating providers shall be reimbursed for the appropriate AMA Current Procedural Terminology (CPT) code for the telehealth service rendered.”).

⁴⁹ 225 Ill. Stat. § 150.5 (“‘Interactive telecommunications system’ means an audio and video system, an audio-only telephone system (landline or cellular), or any other telecommunications system permitting 2-way, synchronous interactive communication between a patient at an originating site and a health care professional or facility at a distant site. ‘Interactive telecommunications system’ does not include a facsimile machine, electronic mail messaging, or text messaging.”).

⁵⁰ 215 Ill. Ins. Code § 356z.22(d) (“For purposes of reimbursement, an individual or group policy of accident or health insurance that is amended, delivered, issued, or renewed on or after the effective date of this amendatory Act of the 102nd General Assembly shall reimburse an in-network health care professional or facility, including a health care professional or facility in a tiered network, for telehealth services provided through an interactive telecommunications system on the same basis, in the same manner, and at the same reimbursement rate that would apply to the services if the services had been delivered via an in-person encounter by an in-network or tiered network health care professional or facility. This subsection applies only to those services provided by telehealth that may otherwise be billed as an in-person service.”)

⁵¹ Only certain services are reimbursed when they are delivered via audio-only; these services include antepartum care, postpartum care, psychotherapy, developmental screening and test administration, genetic counseling, health behavior assessments and interventions, nutrition therapy, education and training for patient self-management, smoking and tobacco use counseling, and alcohol and substance abuse screening and interventions. Ind. Health Coverage Programs, *Provider Code Tables: Telehealth and Virtual Services Codes* 1-14 (May 2024), https://provider.indianamedicaid.com/ihcp/Publications/providerCodes/Telehealth_Services_Codes.pdf (“The ICHP follows the rules laid out in *Indiana Code IC 25-1-9.5-6* for telehealth services.”).

⁵² Ind. Health Coverage Program, *Provider Reference Module: Telehealth and Virtual Services* 3 (February 2024), <https://www.in.gov/medicaid/providers/files/modules/telehealth-and-virtual-services.pdf> (“With the exception of services billed by a federally qualified health center (FQHC) or rural health clinic (RHC) or RPM services billed by a home health agency, the payment for telehealth services is equal to the current Fee Schedule amount for the procedure codes billed.”).

⁵³ The exception language does not include audio-only services. Ind. Code § 25-1-9.5-6.6(a) (“As used in this chapter, ‘telehealth’ means the delivery of health care services using interactive electronic communications and information technology, in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), including: (1) secure videoconferencing; (2) store and forward technology; (3) remote patient monitoring technology; between a provider in one location and a patient in another location. The term does not include the use of the following unless the practitioner has an established relationship with the patient: (1) electronic mail, (2) An instant messaging conversation. (3) Facsimile. (4) Internet questionnaire. (5) Internet consultation.”)

⁵⁴ Ind. Code § 27-8-34-6.6(b) (“Coverage for telehealth services required by subsection (a) may not be subject to a dollar limit, deductible, or coinsurance requirement that is less favorable to a covered individual than the dollar limit, deductible, or coinsurance requirement that applies to the same health care services delivered to a covered individual in person.”).

⁵⁵ Audio-only is reimbursed for services such as psychotherapy, psychiatric diagnostic evaluation, pharmacologic management, alcohol and/or substance abuse screening and interventions, advance care planning, diabetes outpatient self-monitoring training services, nutrition therapy, immunization counseling, and medication-assisted treatment (MOUD). Iowa Department of Health and Human Services, *Covered Services Rates and Payments* (May 2024), <https://hhs.iowa.gov/media/13025/download?inline=%20https://hhs.iowa.gov/programs/welcome-iowa-medicaid/policies-rules-and-regulations/covered-services-rates-and-payments>.

⁵⁶ Iowa Code § 441-78.55(249A) (“Health care services provided through in-person consultations or through telehealth shall be treated as equivalent services for the purposes of reimbursement.”).

⁵⁷ Iowa Code § 514C.34(1)(f) (“‘Telehealth’ does not include the delivery of health care services delivered solely through an audio-only telephone, electronic mail message, or facsimile transmission.”).

⁵⁸ Iowa Code § 514C.34(4)(a) (“A health carrier shall reimburse a health care professional and a facility for health care services provided by telehealth to a covered person for a mental health condition, illness, injury, or disease on the same basis and at the same rate as the health carrier would apply to the same health care services for a mental health condition, illness, injury, or disease provided in person to a covered person by the health care professional or the facility.”)

⁵⁹ Kan. Department of Health and Environment, Division of Health Care Finance, *Kansas Medical Assistance Program Fee-For-Service Provider Manual: General Benefits* 32 (January 2024), https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/Gen%20Benefits_24007_23311.pdf (“Telemedicine will be provided by means of real-time, two-way interactive audio, visual, or audio-visual communications [...]”).

⁶⁰ Kan. Department of Health and Environment, Division of Health Care Finance, *Kansas Medical Assistance Program Fee-For-Service Provider Manual: General Benefits* 31 (January 2024), https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/Gen%20Benefits_24007_23311.pdf (“Office visits, individual psychotherapy, and pharmacological management services may be reimbursed when provided via telecommunication technology. The consulting or expert provider at the distant site must bill an appropriate code

from the list below with place of service (POS) 02 - Telemedicine and will be reimbursed at the same rate as face-to-face services.”).

⁶¹ Kan. Stat. § 40-2,211(a)(5) (“Telemedicine shall be provided by means of real-time two-way interactive audio, visual, or audio-visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support healthcare delivery, that facilitate the assessment, diagnosis, consultation, treatment, education and care management of a patient’s healthcare. ‘Telemedicine’ does not include communication between: (A) Healthcare providers that consist solely of a telephone voice-only conversation, email, or facsimile transmission; or (B) a physician and a patient that consists solely of an email or facsimile transmission.”).

⁶² Kan. Stat. § 40-2,213(d) (“Payment or reimbursement of covered healthcare 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.”)

⁶³ 907 Ky. Admin. Regs. 3:170, Section 3(7)(a) (“If a telehealth service is delivered as an audio-only encounter and a telephonic code exists for the same or similar service, the department shall reimburse at the lower reimbursement rate between the two (2) types of services.”). See also 907 KAR 3:170 sec. 1(9) defining telehealth as defined by KRS 205.510(16), which defines telehealth as defined by KRS 211.332, which defines telehealth at (5)(a): “Means a mode of delivering healthcare services through the use of telecommunication technologies, including but not limited to synchronous and asynchronous technology, remote patient monitoring technology, and audio-only encounters, by a health care provider to a patient or to another health care provider at a different location”.

⁶⁴ 907 Ky. Admin. Regs. 3:170, Section 4(1)(a) (“The department shall reimburse an eligible telehealth care provider for a telehealth service in an amount that is at least 100 percent of the amount paid for a comparable in-person service.”); (1)(b) (“A managed care organization and provider may establish a different rate for telehealth reimbursement via contract as allowed pursuant to KRS 205.5591(a)(a)1...”).

⁶⁵ Ky. Stat. § 211.322(5)(a) (“‘Telehealth’ or ‘digital health’: means a mode of delivering healthcare services through the use of telecommunication technologies, including but not limited to synchronous and asynchronous technology, remote patient monitoring technology, and audio-only encounters, by a health care provider to a patient or to another health care provider at a different location.”); K.Y. Stat. § 304.17A-138(6) (“Providers and home health agencies are strongly encouraged to use audio-only encounters as a mode of delivering telehealth services when no other approved mode of delivering telehealth services is available.”).

⁶⁶ Ky. Stat. § 304.17A-138(2)(a) (“Telehealth coverage and reimbursement shall, except as provided in paragraph (b) of this subsection, 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.”); K.Y. Stat. § 304.17A-138(2)(b) (“Rural health clinics, federally qualified health centers, and federally qualified health center look-alikes shall be reimbursed as an originating site in an amount equal to that which is permitted under 42 U.S.C. sec. 1295m for Medicare-participating providers [...]”).

⁶⁷ La. Department of Health, *Professional Services: Chapter Five of the Medicaid Services Manual* 5.1 (September 2023), <https://www.lamedicaid.com/provweb1/providermanuals/manuals/PS/PS.pdf> (“The telecommunications system shall include, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the beneficiary at the originating site and the physician or other licensed practitioner at the distant site.”).

⁶⁸ La. Department of Health, Bureau of Health Services Financing, *Professional Services: Chapter Five of the Medicaid Services Manual* 167 (September 2023), <https://www.lamedicaid.com/provweb1/providermanuals/manuals/PS/PS.pdf> (“Louisiana Medicaid only reimburses the distant site provider for services provided via telemedicine/telehealth. Reimbursement for services provided by telemedicine/telehealth is at the same level as services provided in person.”).

⁶⁹ 22 L.A. Stat. § 1841 (“‘Telehealth shall have the same meaning as defined in R.S. 37:1262, may be provided as described in R.S. 37:1271(B)(4), and may include audio-only conversations as provided for in R.S. 37:1271(B)(4)(b).”).

⁷⁰ 22 La. Stat. § 1845.1(A) (“Telehealth coverage and payment shall be equivalent to the coverage and payment for the same service provided in person unless the telehealth provider and the health coverage plan contractually agree to an alternative payment rate for telehealth services.”).

⁷¹ Me. Department of Health and Human Services, *MaineCare Benefits Manual, Chapter 1, Section 4: Telehealth Services* 2 (November 2023), <https://www.maine.gov/sos/cec/rules/10/ch101.htm> (“Telehealth services may be either Telephonic or Interactive [...]”); Telephonic services are “the use of audio-only telephone communication by a Health Care Provider to deliver clinical services at a distance for the purpose of diagnosis, disease monitoring, or treatment.”

⁷² Me. Department of Health and Human Services, *MaineCare Benefits Manual, Chapter 1, Section 4: Telehealth Services* 10 (November 2023), <https://www.maine.gov/sos/cec/rules/10/ch101.htm> (“When billing for Telehealth Services, Health Care Providers at the Receiving (Provider) Site must bill for the underlying Covered Service using the same claims they would if it were delivered face-to-face [...] The only services that may be billed by the Health Care Provider at the Receiving (Provider) Site are the fees for the underlying Covered Service delivered with the GT or 93 modifier.”).

⁷³ 24-A M.E. Ins. Code § 4316(1)(C) (“‘Telehealth’ as it pertains to the delivery of health care services, means the use of information technology and includes synchronous encounters, asynchronous encounters, store and forward transfers and telemonitoring.”); 24-A M.E. Ins. Code § 4316(1)(B-2) (“‘Synchronous encounters’ means a real-time interaction conducted with interactive audio or video connection between an enrollee and the enrollee’s provider or between providers regarding the enrollee.”).

⁷⁴ There is no explicit payment parity requirement in Maine’s state laws. Maine’s Telehealth Act has a section on parity for telehealth services, which only requires coverage parity and not payment parity. *See* Me. Stat. tit. 24-A § 4316(2); *see also* Me. Department of Professional and Financial Regulation, Bureau of Insurance, *Bulletin 459: Insurance Coverage for Services Provided Through Telehealth* (August 2021) (“**Provider Compensation:** The telehealth coverage law requires parity for enrollee cost sharing, but it is silent about provider compensation. There are many factors that go into a fair, reasonable, and equitable charge. Strict parity could be appropriate in some cases but not others, and the Legislature did not impose any uniform formula or methodology.”).

⁷⁵ Md. Health Gen. Code § 15-141.2(a)(7)(ii)(2) (“‘Telehealth includes: [...] From July 1, 2021, to June 30, 2025, both inclusive, an audio-only telephone conversation between a health care provider and a patient that results in the delivery of billable, covered health care service;”); *Maryland Medicaid Synchronous Telehealth Policy Guide* (August 2023) (“Maryland Medicaid reimburses certain services rendered via audio-only depending on the program. Please contact your specific program for information on covered services via audio-only.”).

⁷⁶ Md. Health Gen. Code § 15-141.2(g)(3)(i) (“From July 1, 2021, to June 30, 2025, both inclusive, when appropriately provided through telehealth, the Program shall provide reimbursement in accordance with paragraph (1) of this subsection on the same basis and the same rate as if the health care service were delivered by the health care provider in person.”).

⁷⁷ Md. Ins. Code § 15-139(a)(2) (“‘Telehealth’ includes from July 1, 2021, to June 30, 2025, both inclusive, an audio-only telephone conversation between a health care provider and a patient that results in the delivery of a billable, covered health care service.”).

⁷⁸ Md. Ins. Code § 15-139(d)(2)(ii) (“From July 1, 2021, to June 30, 2025, both inclusive, when a health care service is appropriately provided through telehealth, an entity subject to this section shall provide reimbursement in accordance with paragraph (1)(i) of this subsection on the same basis and at the same rate as if the health care service were delivered by the health care provider in person.”).

⁷⁹ Mass. Stat. 118E § 79(a) (“‘Telehealth’, the use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology, including, but not limited to: (i) interactive audio-video technology, (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online adaptive interviews [...]”); M.A. Executive Office of Health and Human Services, Office of Medicaid, *All Provider Bulletin 379* (October 2023), <https://www.mass.gov/doc/all-provider-bulletin-379-access-to-health-services-through-telehealth-options-0/download> (“MassHealth will reimburse for such services at parity with their in-person counterparts [...]”).

⁸⁰ Mass. Executive Office of Health and Human Services, Office of Medicaid, *All Provider Bulletin 379* (October 2023), <https://www.mass.gov/doc/all-provider-bulletin-379-access-to-health-services-through-telehealth-options-0/download> (“MassHealth will reimburse for such services at parity with their in-person counterparts, including services provided through live-video, audio-only, or asynchronous visits that otherwise meet billing criteria, including use of required modifiers.”)

⁸¹ Mass. Stat. 175 § 47MM(a) (“‘Telehealth’, the use of synchronous or asynchronous audio, video, electronic media or other telecommunications technology, including, but not limited to: (i) interactive audio-video technology; (ii) remote patient monitoring devices; (iii) audio-only telephone; and (iv) online adaptive interview [...]”).

⁸² Payment parity only applies to behavioral health services. Mass. Stat. 175 § 47MM(g) (“Insurance companies organized under this chapter shall ensure that the rate of payment for in network providers of behavioral health services delivered via interactive audio-video technology and audio-only technology shall be no less than the rate of payment for the same behavioral health service delivered via in-person methods.”)

⁸³ Mich. Department of Health and Human Services, *Medicaid Provider Manual* 2123 (July 2024), <https://www.mdch.state.mi.us/dch-medicare/manuals/MedicaidProviderManual.pdf> (“MDHHS supports the use of simultaneous audio/visual telemedicine service delivery as a primary method of telemedicine service; however, in situations where the beneficiary cannot access services via a simultaneous audio/visual platform, either due to

technology constraints or other concerns, MDHHS will allow the provision of audio-only services for a specific set of procedure codes.”)

⁸⁴ Mich. Department of Health and Human Services, *Medicaid Provider Manual* 2126 (July 2024), <https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf> (“The reimbursement rate for allowable telemedicine services will be the same (also known as ‘at parity’) as in-person services. This means that all providers will be paid the equivalent amount, no matter the physical location of the beneficiary during the visit.”)

⁸⁵ Mich. Comp. Laws § 500.3476(2)(b) (“‘Telemedicine’ means the use of an electronic media to link patients with health care professionals in different locations. To be considered telemedicine under this section, the health care professional must be able to examine the patient via a health insurance portability and accountability act of 1996, Public Law 104-191, compliant, secure interactive audio or video, or both, telecommunications system, or through the use of store and forward online messaging.”)

⁸⁶ Mich. Comp. Laws § 500.3476(1) (“[...] Telemedicine services are subject to all terms and conditions of the health insurance policy agreed on between the policyholder and the insurer, including, but not limited to, required copayments, coinsurances, deductibles, and approved amounts.”).

⁸⁷ Minn. Department of Human Services, *Telehealth Services Provider Manual* (June 2023), https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-335178#ncls (“Audio-only communication will be covered if: (1) There is a scheduled appointment and the standard of care for that particular service can be met through the use of audio-only communication; (2) Substance use disorder (SUD) treatment services and mental health services delivered without a scheduled appointment when initiated by the member while in an emergency or crisis situation and a scheduled appointment was not possible due to the need of an immediate response.”).

⁸⁸ Minn. Stat. § 256B.0625 Subd. 3b(a) (“Medical assistance covers medically necessary services and consultations delivered by a licensed health care provider via telehealth in the same manner as if the service or consultation was delivered in person. Services or consultations delivered through telehealth shall be paid at the full allowable rate.”).

⁸⁹ Minn. Stat. 62A673 § Subd. 2(h) (“Until July 1, 2025, telehealth also includes audio-only communication between a health care provider and a patient in accordance with subdivision 6, paragraph (b)”).

⁹⁰ Minn. Stat. 62A673 § Subd. 5(a) (“A health carrier must reimburse the health care provider for services delivered through telehealth on the same basis and at the same rate as the health carrier would apply to those services if the services had been delivered by the health care provider through in-person contact.”).

⁹¹ Telehealth service interactions must be live, interactive, and audiovisual. Miss. Code R. § 23-225-1.1.

⁹² Miss. Code R. § 23-225-1.5(B) (“The Division of Medicaid reimburses all providers delivering a medically necessary telehealth service at the distant site at the current applicable Mississippi Medicaid fee-for-service rate for the service provided.”) (<https://medicaid.ms.gov/wp-content/uploads/2020/07/Title-23-Part-225-Telemedicine-eff-8.1.20-1.pdf>).

⁹³ Miss. Code R. § 83-9-351(1)(d) (Telemedicine, other than remote patient monitoring services and store-and-forward telemedicine services, must be “real-time” audio visual capable.”).

⁹⁴ Miss. Stat. § 83-9-351(2) (“All health insurance and employee benefit plans in this state must provide coverage for telemedicine services to the same extent that the services would be covered if they were provided through in-person consultation.”)

⁹⁵ Audio-only is only permitted and reimbursed for certain services. Mo. Department of Mental Health, *Guidance and Clarification on the Definition and Use of Telemedicine and Audio-Only Services* (July 2022) <https://dmh.mo.gov/media/pdf/guidance-and-clarification-definition-and-use-telemedicine-and-audio-only-services>.

⁹⁶ Mo. Department of Social Services, <https://mydss.mo.gov/mhd/hot-tips/telehealth-services> (January 11, 2022) (“Reimbursement to health care providers delivering the medical service at the distant site is equal to the current fee schedule amount for the service provided.”).

⁹⁷ The definition of telehealth does not cover audio-only technologies. Mo. Rev. Stat. § 191.1145.1(6) (“‘Telehealth’ or ‘telemedicine’, the delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while such patient is at the originating site and the health care provider is at the distant site. Telehealth or telemedicine shall also include the use of asynchronous store-and-forward technology.”).

⁹⁸ Mo. Rev. Stat. § 376.1900 4. (“[...] a health carrier shall reimburse a health care provider for the diagnosis, consultation, or treatment of an insured or enrollee when the health care service is delivered through telehealth on the same basis that the health carrier covers the service when it is delivered in person.”)

⁹⁹ Mont. Department of Public Health and Human Services, *Montana Healthcare Programs Notice: Coverage and Reimbursement Policy for Telemedicine / Telehealth Services* 1 (March 2023),

<https://medicaidprovider.mt.gov/docs/providernotices/2023/provnoticeCoverageandReimbursementPolicyforTelemedicineTelehealth63.pdf> (“There are no specific requirements for technologies used to deliver services via telemedicine/telehealth and can be provided using secure portal messaging, secure instant messaging, telephone conversations, and audio-visual conversations.”).

¹⁰⁰ Mont. Department of Public Health and Human Services, *Montana Healthcare Programs Notice: Coverage and Reimbursement Policy for Telemedicine / Telehealth Services 1* (March 2023),

<https://medicaidprovider.mt.gov/docs/providernotices/2023/provnoticeCoverageandReimbursementPolicyforTelemedicineTelehealth63.pdf> (“Rates of payment for services delivered via telemedicine/telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations.”)

¹⁰¹ Mont. Code § 33-22-138(8)(c)(i) (“‘Telehealth’ means the use of audio, video, or other telecommunications technology or media, including audio-only communication, that is: (A) used by a health care provider or health care facility to deliver health care services; and (B) delivered over a secure connection that complies with state and federal privacy laws.”).

¹⁰² Montana does not have an explicit payment parity law. The Montana legislature tabled a bill that would have required reimbursement parity for telehealth services. *See* S. Res. 196, 68th Leg., Reg. Sess. (Mont. 2023).

¹⁰³ Neb. Department of Health and Human Services, *Guidance Document 6*, <https://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%202023-38.pdf> (providing billing codes and modifiers for “synchronous telemedicine service rendered via telephone or other real-time interactive audio only”).

¹⁰⁴ 471 Neb. Admin. Code, ch. 10, § 004.09 (“Telehealth services are reimbursed by Medicaid at the same rate as the service when it is delivered in person in accordance with each service specific chapter in Title 471 NAC.”).

¹⁰⁵ Neb. Rev. Stat. § 44-312(1)(a)(iii) (“Telehealth also includes audio-only services for the delivery of individual behavioral health services for an established patient, when appropriate, or crisis management and intervention for an established patient as allowed by federal law.”).

¹⁰⁶ Neb. Rev. Stat. § 44-312(4) (“Except as otherwise provided in section 44-793, the reimbursement rate for any telehealth service shall, at a minimum, be the same as a comparable in-person health care service if the licensed provider providing the telehealth service also provides in-person health care or is employed by or holds medical staff privileges at a licensed facility in Nebraska and such facility provides in-person health care services in Nebraska.”); Neb. Rev. Stat. § 44-793 (requiring payment parity for mental health services delivered via telehealth if the patient is insured).

¹⁰⁷ Nevada Medicaid Services Manual Transmission Letter (Nov. 2023),

https://dhcfnv.gov/uploadedFiles/dhcfpnv.gov/content/Resources/AdminSupport/Manuals/MSM/C3400/MSM_3400_23_11_29_ADA.pdf (“‘Telehealth’ is defined as the delivery of service from a provider of health care to a patient at a different location through the use of telecommunication technologies, not including facsimile or electronic mail... Audio only telehealth must be delivered based on medical necessity and clinical appropriateness for the recipient as documented within the recipient’s medical record.”).

¹⁰⁸ Nevada Medicaid Services Manual Transmission Letter (Nov. 2023),

https://dhcfnv.gov/uploadedFiles/dhcfpnv.gov/content/Resources/AdminSupport/Manuals/MSM/C3400/MSM_3400_23_11_29_ADA.pdf (“Services provided via telehealth have parity with in-person health care services.”).

¹⁰⁹ Nev. Rev. Stat. 695G.162(2) (“A health care plan issued by a managed care organization for group coverage must provide reimbursement for services described in subsection 1 in the same amount as though provided in person or by other means: (b) For counseling or treatment relating to a mental health condition or a substance use disorder, including, without limitation, when such counseling or treatment is provided through audio-only interaction.”).

¹¹⁰ Nev. Rev. Stat. § 695G.162(2) (“A health care plan issued by a managed care organization for group coverage must provide reimbursement for services described in subsection 1 in the same amount as though provided in person or by other means [...]”).

¹¹¹ N.H. Stat. § 167:4-d(III)(3)(e) (“The Medicaid program shall provide 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 services.”).

¹¹² N.H. Stat. § 167:4-d(III)(3)(b) (“The Medicaid program shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the Medicaid program provides coverage and reimbursement for health care services provided in person.”).

¹¹³ N.H. Stat. § 415-J:2(III) (“‘Telemedicine,’ as it pertains to the delivery of health care services, means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of facsimile.”).

¹¹⁴ N.H. Stat. § 415-J:3(III) (“An insurer offering a health plan in this state shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the insurer provides coverage and reimbursement for health care services provided in person.”).

¹¹⁵ N.J. Stat. § 30:4D-6k(b)(2) (“[...] In no case shall the State Medicaid and NJ FamilyCare programs: [...] (2) restrict the ability of a provider to use any electronic or technological platform to provide services using telemedicine or telehealth, including, but not limited to, interactive, real-time, two-way audio [...].”).

¹¹⁶ N.J. Stat. § 30:4D-6k(a) (“The State Medicaid and NJ FamilyCare programs shall provide coverage and payment for health care services delivered to a benefits recipient through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey, provided the services are otherwise covered when delivered through in-person contact and consultation in New Jersey.”).

¹¹⁷ N.J. Stat. § 45:1-61 (“‘Telehealth’ means the use of information and communication technologies, including telephones, remote patient monitoring devices, or other electronic means, to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services in accordance with the provisions of P.L.2017, c. 117(C.45:1-61 et al.)”).

¹¹⁸ N.J. Stat. § 26:2S-29(a) (“A carrier that offers a health benefits plan in this State shall provide coverage and payment for health care services delivered to a covered person through telemedicine or telehealth, on the same basis as, and at a provider reimbursement rate that does not exceed the provider reimbursement rate that is applicable, when the services are delivered through in-person contact and consultation in New Jersey, provided the services are otherwise covered under the plan when delivered through in-person contact and consultation in New Jersey.”).

¹¹⁹ N.M. Code § 8.310.2.12(M)(2) (“Telephone visits: MAD will reimburse eligible providers for limited professional services delivered by telephone without video.”).

¹²⁰ N.M. Code § 8.310.2.12(M)(1) (“[...] If real-time audio/video technology is used in furnishing a service when the MAP eligible recipient and the practitioner are in the same institutional or office setting, then the practitioner should bill for the service furnished as if it was furnished in person as a face to face encounter [...].”).

¹²¹ N.M. Stat. § 59A-22-49.3(I) (“An insurer shall reimburse for health care services delivered via telemedicine on the same basis and at least the same rate that the insurer reimburses for comparable services delivered via in-person consultation or contact.”).

¹²² N.Y. Department of Health, *New York State Medicaid Fee-for-Service Provider Policy Manual: Telehealth Policy Manual 7* (May 2024),

https://health.ny.gov/health_care/medicaid/redesign/telehealth/docs/provider_manual.pdf (“NYS Medicaid covers audio-only visits for NYS Medicaid members when all the following conditions are met: audio visual telehealth is not available to the patient due to lack of patient equipment or connectivity or audio-only is the preference of the patient; the provider must make either audio-visual or in-person appointments available at the request of the patient; the service can be effectively delivered without a visual or in-person component, unless otherwise stated in guidance issued by the NYS DOH (this is a clinical decision made by the provider); **and** the service provided via audio-only visits contains all elements of the billable procedures or rate codes and meets all documentation requirements as if provided in person or via an audio-visual visit.”); N.Y. C.R.R. § 538.2(a) (“An “audio-only visit” is reimbursable when the service can be effectively delivered without a visual or in-person component; and it is the only available modality or is the patient’s preferred method of service delivery; and the patient consents to an audio-only visit; and it is determined clinically appropriate by the ordering or furnishing provider; and the provider meets billing requirements, as determined and specified by the commissioner in administrative guidance. Services provided via audio-only visits shall contain all elements of the billable procedures or rate codes and must meet all documentation requirements as if provided in person or via an audio-visual visit.”).

¹²³ N.Y. Department of Health, *NYS Medicaid Telehealth*, (December 2023),

https://www.health.ny.gov/health_care/medicaid/redesign/telehealth/index.htm (“There are no different fees for telemedicine services provided in Medicaid Fee-For-Service; they are paid the same fee as if they were delivered in-person.”).

¹²⁴ 11 N.Y. C.R.R. § 52.16(q)(3) (“*Telehealth* means the use of electronic information and communication technologies, including the telephone, by a health care provider to deliver health care services to an insured while such insured is located at a site that is different from the site where the health care providers is located [...].”).

¹²⁵ N.Y. Stat. § 4306-g(a)(2) (“A corporation that provides comprehensive coverage for hospital, medical or surgical care shall reimburse covered services delivered by means of telehealth on the same basis, at the same rate, and to the same extent that such services are reimbursed when delivered in person;”).

¹²⁶ N.C. Medicaid, *Telehealth, Virtual Communications and Remote Patient Monitoring, Clinical Coverage Policy No: 1H 2* (June 2023) <https://medicaid.ncdhhs.gov/1h-telehealth-virtual-communications-and-remote-patient->

[monitoring/download?attachment](#) (“Virtual communications is the use of technologies other than video to enable remote evaluation and consultation support between a provider and a beneficiary or a provider and another provider. As outlined in Attachment A and program specific clinical coverage policies, covered virtual communication services include: telephone conversations (audio only); virtual portal communications (secure messaging); and store and forward (transfer of data from beneficiary using a camera or similar device that records (stores) an image that is sent by telecommunication to another site for consultation.”).

¹²⁷ N.C. Medicaid, *NC Medicaid 2021 Provider Playbook: Fact Sheet Telehealth Program 1* (June 2021), <https://medicaid.ncdhhs.gov/telehealth-program/open#:~:text=HOW%20IS%20TELEHEALTH%20PAYMENT%20DIFFERENT,COVERAGE%20CONTINUE%20AFTER%20COVID%2D19> (“Medicaid and NC Health Choice will continue to cover and reimburse all telehealth interactions at a rate that is equal to in-person care as long as they meet the standard of care and are conducted over a secure HIPAA-compliant technology with live audio and video capabilities.”); N.C. Medicaid, *Clinical Coverage Policy No: 1H: Telehealth, Virtual Communications and Remote Patient Monitoring 16*, <https://medicaid.ncdhhs.gov/1h-telehealth-virtual-communications-and-remote-patient-monitoring/download?attachment> (“Provider Provider(s) shall bill their usual and customary charges. When the GT modifier is appended to a code billed for professional services, the service is paid at the allowed amount of the fee schedule.”).

¹²⁸ N.D. Medicaid, *Telehealth* (July 2024), <https://www.hhs.nd.gov/sites/www/files/documents/Medicaid%20Policies/telehealth.pdf>. (“Audio-Only Telephone Services can be delivered by using older-style “flip” phones or a traditional “land-line” phones that only support audio-based communication. Only certain services are covered using audio-only telephone services (see linked list of covered services below).”).

¹²⁹ N.D. Cent. Code § 26.1-36-09.15.1(j)(3) (“Telehealth”: [...] Does not include the use of electronic mail, facsimile transmissions, or audio-only telephone unless for the purpose of e-visits or a virtual check-in.”).

¹³⁰ N.D. Cent. Code § 26.1-36-09.15.3 (“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 establishes payment or reimbursement of expenses for covered health services that are delivered by in-person means.”).

¹³¹ Ohio Admin. Code 5160-1-18(A)(3) (“Telehealth” is the direct delivery of health care services to a patient related to diagnosis, treatment, and management of a condition. (a) Telehealth is the interaction with a patient via synchronous, interactive, real-time electronic communication comprising both audio and video elements; or (b) The following activities that are asynchronous or do not have both audio and video elements: (i) Telephone calls;”).

¹³² Ohio Admin. Code 5160-1-18(E)(4) (“[T]he payment amount for a health care service delivered through the use of telehealth is the lesser of the submitted charge or the maximum amount shown in appendix DD to rule 5160-1-60 of the Administrative Code for the date of service.”).

¹³³ Ohio Admin. Code § 4731-37-01(B)(3) (“Telephone calls, as a synchronous communication technology, may only be used for telehealth services when all of the elements of a bona fide health care visit meeting the standard of care are performed.”).

¹³⁴ Ohio Rev. Code § 3902.30(B)(3) (“A health plan issuer shall reimburse a health care professional for a telehealth service that is covered under a patient’s health benefit plan. Division (B)(3) of this section shall not be construed to require a specific reimbursement amount.”); O.H. Rev. Code § 3902.30(E)(2) (“This section shall not be construed as doing any of the following: [...] (2) Requiring a health plan issuer to reimburse a telehealth provider for telehealth services at the same rate as in-person services;”).

¹³⁵ Okla. Admin. Code § 317:30-3-27.1(c)(1) (“Health service delivery via audio-only telecommunications is applicable to medically necessary covered primary care and other approved health services. Refer to the Oklahoma Health Care Authority (OHCA) website, www.okhca.org, for a complete list of the SoonerCare-reimbursable audio-only health services codes.”).

¹³⁶ Okla. Admin. Code § 317:30-3-27.1(e)(3) (“Health care services delivered via audio-only telecommunications are reimbursed pursuant to the fee-for-service fee schedule approved under the Oklahoma Medicaid State Plan.”).

¹³⁷ 36 Okla. Stat. Ann. § 6802.

¹³⁸ Okla. Stat. § 36.6803(E) (“An insurer shall reimburse the treating health care professional or the consulting health care professional for the diagnosis, consultation or treatment of the patient delivered through telemedicine services on the same basis and at least at the rate of reimbursement that the insurer is responsible for coverage of the provision of the same, or substantially similar, services through in-person consultation or contact.”).

¹³⁹ Or. Stat. § 414.723(2) (“[...] the Oregon Health Authority shall reimburse the cost of health services delivered using telemedicine, including but not limited to: (a) Health services transmitted via landlines, wireless communications, the Internet and telephone networks; (b) Synchronous or asynchronous transmissions using audio only, video only, audio and video and transmission of data from remote monitoring devices;”).

¹⁴⁰ Or. Stat. § 414.723(3)(a) (“The authority shall pay the same reimbursement for a health service regardless of whether the service is provided in person or using any permissible telemedicine application or technology.”); Note: paragraph (b) states that paragraph (a) does not prohibit the use of value-based payment methods.

¹⁴¹ Or. Stat. § 743A.058(3) (“Except as provided in subsection (4) of this section, permissible telemedicine applications and technologies include: (a) Landlines, wireless communications, the Internet and telephone networks; **and** (b) Synchronous or asynchronous transmissions using audio only, video only, audio and video and transmission of data from remote monitoring devices.”).

¹⁴² Or. Stat. § 743A.058(8)(a) (“A health benefit plan and dental-only plan must pay the same reimbursement for a health service regardless of whether the service is provided in person or using any permissible telemedicine application or technology.”); Note: paragraph (b) of this subsection states that paragraph (a) does not prohibit the use of value-based payment methods.

¹⁴³ S. Res. 739, Gen. Assemb., Reg. Sess. §4802 (Pa. 2023) (“‘Telemedicine.’ The delivery of health care services to a patient by a health care provider who is at a different location, through synchronous interactions [...]”); (“‘Synchronous interaction.’ A two-way or multiple-way exchange of information between a patient and a health care provider that occurs in real time via audio or video conferencing.”).

¹⁴⁴ S. Res. 739, Gen. Assemb., Reg. Sess. § 4804(a)(2) (Pa. 2023) (“The MA or CHIP managed care plan shall pay a participating network provider for covered health care services delivered through telemedicine in accordance with the terms and conditions of both:(i) the contract negotiated between the MA or CHIP managed care plan and the participating network provider; and (ii) the agreement with the Department of Human Services.”).

¹⁴⁵ S. Res. 739, Gen. Assemb., Reg. Sess. § 4802 (Pa. 2023) (“‘Telemedicine.’ The delivery of health care services to a patient by a health care provider who is at a different location, through synchronous interactions [...]”); (“‘Synchronous interaction.’ A two-way or multiple-way exchange of information between a patient and a health care provider that occurs in real time via audio or video conferencing.”).

¹⁴⁶ S. Res. 739, Gen. Assemb., Reg. Sess. §4803(a)(2) (Pa. 2023) (“Subject to paragraph (1), an insurer shall pay or reimburse a participating network provider for covered health care services delivered through telemedicine and pursuant to a health insurance policy in accordance with the terms and conditions of the contract as negotiated between the insurer and the participating network provider.”).

¹⁴⁷ R.I. Gen. Laws § 27-81-3(15) (“‘Telemedicine’ means the delivery of clinical healthcare services by use of real time, two-way synchronous audio, video, telephone-audio-only communications or electronic media or other telecommunications technology [...]”).

¹⁴⁸ R.I. Gen. Laws § 27-81-4(b)(2) (“All medically necessary and clinically appropriate telemedicine services delivered by in-network primary care providers, registered dietitian nutritionists, and behavioral health providers shall be reimbursed at rates not lower than services delivered by the same provider through in-person methods.”); R.I. Gen. Laws § 27-81-3(7)(“‘Health insurer means any person, firm, or corporation offering and/or insuring healthcare services on a prepaid basis, including [...] the Rhode Island Medicaid program [...]”).

¹⁴⁹ R.I. Gen. Laws § 27-81-3(15) (“‘Telemedicine’ means the delivery of clinical healthcare services by use of real time, two-way synchronous audio, video, telephone-audio-only communications or electronic media or other telecommunications technology [...]”).

¹⁵⁰ R.I. Gen. Laws § 27-81-4(b)(2) (“All medically necessary and clinically appropriate telemedicine services delivered by in-network primary care providers, registered dietitian nutritionists, and behavioral health providers shall be reimbursed at rates not lower than services delivered by the same provider through in-person methods.”)

¹⁵¹ S.C. Dep’t of Health & Human Services, “Updates to Telehealth Flexibilities Issued During the COVID-19 Public Health Emergency,” <https://www.scdhhs.gov/communications/updates-telehealth-flexibilities-issued-during-covid-19-public-health-emergency>.

¹⁵² S.D. Department of Social Services, *South Dakota Medicaid Billing and Policy Manual: Telemedicine and Audio-Only Services* 9 (July 2024), <https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Telemedicine.pdf> (“South Dakota Medicaid covers real time, two-way audio-only behavioral health services delivered by a Substance Use Disorder (SUD) Agency or a Community Mental Health Center (CMHC) when the recipient does not have access to face-to-face audio/visual telemedicine technology.”).

¹⁵³ S.D. Department of Social Services, *South Dakota Medicaid Billing and Policy Manual: Telemedicine and Audio-Only Services* 12 (July 2024),

<https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Telemedicine.pdf> (“The maximum allowable amount for services provided via telemedicine is the same as services provide in-person.”).

¹⁵⁴ S.D. Stat. § 58-17-167(4) (“‘Telehealth’ [...] does not include the delivery of health care services through audio-only telephone [...].”).

¹⁵⁵ S.D. Stat. § 58-17-169 (“A health insurance policy, contract, or plan providing for third-party payment may not discriminate between coverage benefits for health care services that are provided in person and the same health care services that are delivered through telehealth as long as the services are appropriate to be provided through telehealth. Nothing in §§ 58-17-167 to 58-17-170, inclusive, prohibits a health insurer and a health care professional from entering into a contract for telehealth with terms subject to negotiation.”).

¹⁵⁶ Tenn. Code § 56-7-1002(a)(7)(B)(i) (“‘Telehealth’: [...] Does not include: (i) An audio-only conversation;”).

¹⁵⁷ Tenn. Code § 56-7-1012(a) (“Notwithstanding § 56-7-1002(e), a health insurance entity shall provide reimbursement for healthcare services provided during a telehealth encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service [...].”); Tenn. Code § 56-7-1012(b) (“Notwithstanding § 56-7-1003(e), a health insurance entity shall provide reimbursement for healthcare services provided during a provider-based telemedicine encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service [...].”).

¹⁵⁸ Tenn. Code § 56-7-1002(a)(7)(B)(i) (“‘Telehealth’: [...] Does not include: (i) An audio-only conversation;”).

¹⁵⁹ Tenn. Code § 56-7-1012(a) (“Notwithstanding § 56-7-1002(e), a health insurance entity shall provide reimbursement for healthcare services provided during a telehealth encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service [...].”); Tenn. Code § 56-7-1012(b) (“Notwithstanding § 56-7-1003(e), a health insurance entity shall provide reimbursement for healthcare services provided during a provider-based telemedicine encounter in a manner that is consistent with what the health insurance policy or contract provides for in-person encounters for the same service [...].”).

¹⁶⁰ Audio-only services are reimbursed for behavioral health services if the provider is enrolled in Texas Medicaid, if the provider has obtained informed consent from the client or client’s representative to deliver services via audio-only, if the service is provided in compliance with licensing board standards, and if the service is designated for reimbursement by HHSC. Tex. Admin. Code § 354.1435.

¹⁶¹ Tex. Code § 531.0217(d) (“The commission shall require reimbursement for a telemedicine medical service at the same rate as Medicaid reimburses for the same in-person medical service.”).

¹⁶² Tex. Code tit. 8 subtitle F § 1455.004(2)(c).

¹⁶³ Utah Code § 26B-3-123(4) (“The Medicaid program shall reimburse for audio-only telehealth services as specified by division rule.”).

¹⁶⁴ Utah Code § 26B-3-123(3) (“The Medicaid program shall reimburse for telemedicine services at the same rate that the Medicaid program reimburses for other health care services.”).

¹⁶⁵ Utah Code § 31A-22-649.5. Limited to audio-visual, but also requires coverage for telemedicine services that are covered by Medicare, which does include audio-only for SUD and MH.

¹⁶⁶ Utah Code § 31A-22-649.5(2)(b) (“Notwithstanding the provisions of Section 31A-22-618.5, a health benefit plan offered in the individual market, the small group market, or the large group market shall: [...] (b) reimburse a network provider that provides the telemedicine services described in Subsection (2)(a) at a negotiated commercially reasonable rate.”).

¹⁶⁷ Department of Vt. Health Access, *Telehealth*, <https://dvha.vermont.gov/providers/telehealth> (“Vermont Medicaid will provide reimbursement at the same rate for medically necessary, clinically appropriate services delivered by telephone.”).

¹⁶⁸ *Id.*

¹⁶⁹ Vt. Department of Financial Regulation, *In Re: Coding and Reimbursement for Audio-Only Telephone Services Required by Act of 2021 3* <https://dfr.vermont.gov/sites/finreg/files/regbul/dfr-order-docket-23-011-i-audio-only-coding.pdf> (“Beginning on January 1, 2024: Health insurance plans shall provide reimbursement for audio-only telephone services billed using accepted CPT language and definitions including both CPT codes for in-person services and telephone-specific E/M codes.”).

¹⁷⁰ 8 V.S.A. § 4100k(a)(2)(A) (“A health insurance plan shall provide the same reimbursement rate for services billed using equivalent procedure codes and modifiers, subject to the terms of the health insurance plan and provider contract, regardless of whether the service was provided through an in-person visit with the health care provider or through telemedicine.”); Exceptions apply. *See* 8 V.S.A. § 4100k(2)(B) (“The provisions of subdivision (A) of this subdivision (2) shall not apply: (i) to services provided pursuant to the health insurance plan’s contract with a third-party telemedicine vendor to provide health care or dental services; or (ii) in the event that a health insurer and

health care provider enter into a value-based contract for health care services that include care delivered through telemedicine or by store-and-forward means.”).

¹⁷¹ Table 6 of this document provides billing codes for audio-only services. Va. Department of Medical Assistance Services, *Provider Manual Title: Telehealth Services Supplement*, Attachment A (January 2024), https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-01/Telehealth%20Services%20Supplement%20%28updated%201.10.24%29_Final.pdf.

¹⁷² Va. Department of Medical Assistance Services, *Telehealth Questions & Answers* v.8.5.2021, <https://www.dmas.virginia.gov/media/3738/telehealth-q-and-a-v-8-5-21.pdf> (“At this time, the reimbursement rate for services delivered via telemedicine is the same as for those delivered face-to-face.”).

¹⁷³ Va. Code § 38.2-3418.16(B) (“Telemedicine services’ does not include an audio-only telephone [...]).

¹⁷⁴ Va. Code § 38.2-3418.16(D) (“[...] however, such insurer, 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 that the insurer, corporation, or health maintenance organization is responsible for coverage for the provision of the same service through face-to-face consultation or contact.”).

¹⁷⁵ R.C.W. § 74.06.327(9)(j) (“[...] telemedicine includes audio-only telemedicine [...]).

¹⁷⁶ R.C.W. § 74.06.327(1)(b)(i) (“Except as provided in (b)(ii) of this subsection, a managed care organization [contracted with the authority for the medicaid program] shall reimburse a provider for a health care service provided to a covered person through telemedicine the same amount of compensation the managed care organization would pay the provider if the health care service was provided in person by the provider.”).

¹⁷⁷ R.C.W. § 48.43.735(1)(a)(v) (“For health plans issued or renewed on or after January 1, 2017, a health carrier shall reimburse a provider for a health care service provided to a covered person through telemedicine or store and forward technology if: [...] (v) Beginning January 1, 2023, for audio-only telemedicine, the covered person has an established relationship with the provider.”).

¹⁷⁸ R.C.W. § 48.43.735(1)(b)(i) (“Except as provided in (b)(ii) of this subsection, a health carrier shall reimburse a provider for a health care service provided to a covered person through telemedicine the same amount of compensation the carrier would pay the provider if the health care service was provided in person by the provider.”); However, there is an exception. *See* R.C.W. 48.43.735(b)(ii) (“Hospitals, hospital systems, telemedicine companies, and provider groups consisting of eleven or more providers may elect to negotiate an amount of compensation for telemedicine services that differs from the amount of compensation for in-person services.”).

¹⁷⁹ W.V. Dep’t of Health & Human Resources, 519.17 Telehealth Services: as of Jan. 1, 2022, deleted telephones under the Non-Covered Services. https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20519%20Practitioner%20Services/Policy_519.17_Telehealth1.1.22.pdf.

¹⁸⁰ W.V. Dep’t of Health & Human Resources, 519.17 Telehealth Services, https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20519%20Practitioner%20Services/Policy_519.17_Telehealth1.1.22.pdf (“Medicaid will reimburse according to the fee schedule for services provided.”).

¹⁸¹ W.Va. Code § 33-57-1(a)(6) (“Telehealth services” means the use of synchronous or asynchronous telecommunications technology or audio only telephone calls by a health care practitioner to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include e-mail messages or facsimile transmissions.”).

¹⁸² W.Va. Code § 33-57-1(d) (“An insurer subject to §33-15-1 et seq., §33-16-1 et seq., §33-24-1 et seq., §33-25-1 et seq., and §33-25A-1 et seq. of this code which issues, renews, amends, or adjusts a plan, policy, contract, or agreement on or after July 1, 2021, shall provide reimbursement for a telehealth service for an established patient, or care rendered on a consulting basis to a patient located in an acute care facility whether inpatient or outpatient on the same basis and at the same rate under a contract, plan, agreement, or policy as if the service is provided through an in-person encounter rather than provided via telehealth.”).

¹⁸³ ForwardHealth, “Covered and Noncovered Services: Telehealth,” <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=50&s=2&c=676> (“Telehealth may include real-time interactive audio-only communication.”)

¹⁸⁴ ForwardHealth, “Covered and Noncovered Services: Telehealth,” <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=50&s=2&c=676> (“ForwardHealth reimburses the service rendered by distant site providers at the same rate as when the service is provided face-to-face.”).

¹⁸⁵ Acentra Health, *WY BMS CMS-1500 Provider Manual 137* (July 2024) (“Telehealth does not include a telephone conversation [...]”).