

# Health care policy at the federal and state levels: telehealth

Telehealth policies vary greatly between states, and the CHRONIC Care Act of 2017 aims to amend telehealth access for individuals with chronic conditions



## The CHRONIC Care Act of 2017 has widespread bipartisan support

- Seeks to “increase convenience” for Medicare Advantage (MA) enrollees by providing additional telehealth
- Would expand telehealth access to all individuals with chronic conditions
- Has passed the Senate and is currently under review in the House

## Telehealth policies vary greatly by state

Factors regulating telehealth policy: Medicare, Medicaid, states, HIPAA, mobile health devices, health IT, electronic health records and medical malpractice lawsuits

- Medicare restricts reimbursable telehealth services to rural or underserved areas
- **48 states and DC** currently provide fee-for-service reimbursement for some form of live video for individuals with Medicaid
- **15 states** provide reimbursement for store-and-forward, a telecommunications technique in which information is sent to an intermediate station where it is kept and sent at a later time to the final destination
- **32 state Medicaid programs** have a transmission or facility fee when telehealth services are used
- **30 states** require some form of informed consent
- **9 states** require specific licenses or certificates for telehealth