

## COVID-19 State Policy Guidance on Telemedicine

The use of telemedicine has expanded widely across the country in response to COVID-19, allowing physicians and other health care professionals to continue providing health care to patients while minimizing the spread of the coronavirus. This document outlines the AMA's policy recommendation for telemedicine in response to COVID-19, provides examples of best practices adopted by states, summarizes licensure laws that impact a physician's ability to practice telemedicine across state lines and provides links to other AMA resources.

### Telemedicine policy recommendations & best practices

Prior to the COVID-19 pandemic, many states had laws in place that allowed broad coverage of telemedicine services and payment parity with in-person services. In response to the pandemic and need to quickly scale and expand the reach of telemedicine, Governors, regulators and legislators in many states have taken steps to amend or modify existing telemedicine laws through Executive Orders, agency directives or legislation. These measures have been instrumental in allowing more patients to access telemedicine by expanding the types of modalities that can be used to provide telemedicine, eliminating any originating site or other restrictions on coverage for telemedicine and ensuring telemedicine is reimbursed at the same rate as in-person services. Yet, more needs to be done to ensure more patients have access to telemedicine and more physicians have the ability to provide care to their patients through telemedicine. For example, we understand that many insurers have a separate network for telemedicine or select telemedicine provider which may not include contracted physicians who provide in-person services. Not only is this confusing for patients, but it fragments continuity of care and the patient physician relationship, both of which are critical for care provided to patients with chronic conditions and those seeking mental health services.

The AMA's [state policy options](#) document includes these and other policy recommendations for telemedicine. **At a minimum, the AMA encourages state policymakers to require payers to align with the telemedicine policies now in place for Medicare. (AMA Summary) To protect continuity of patient care, states must also take steps to eliminate insurer practices of creating separate telemedicine networks or incentivizing patients to use a separate telemedicine provider, which may not include contracted physicians who provide in-person care to patients.** Following each recommendation are links to state action already taken, which have been identified as best practices for others to follow.

- States should ensure broad coverage and payment for all medically necessary services that can be appropriately delivered via telemedicine by all plans and payers, including Medicaid, fully-insured plans, self-insured plans, association health plans (AHPs) and short-term, limited duration insurance (STLDI) plans. (See [Alabama](#) (Medicaid Bulletin); [Arizona](#) (sec 1))
- Telemedicine services should be treated the same as in-person visits and paid at the same rate as an in-person services. (See [Massachusetts](#); [Arizona](#) (sec. 3); [Maine](#) (Insurance ERO); [New Jersey](#) (DOI Bulletin); and [Washington](#))
- Temporarily allow coverage and payment for all telemedicine modalities, including voice only. (See [Massachusetts](#); [Illinois](#) (sec. 1); [Arizona](#) (sec. 4); [Louisiana](#) (§3307); [Maine](#) (Insurance ERO); [Iowa](#) (Medicaid); [New Jersey](#) (DOI Bulletin); and [Texas](#))

- Suspend requirements that an existing patient-physician relationship must be established prior to the provision of telemedicine services. (See [Louisiana](#) (§3309); [New Jersey](#) (DOI Bulletin); [Oklahoma](#) (EO sec. 11); and [Texas](#))
- Ensure patients have access to telemedicine from the physician of their choice, if that physician makes it available. Allow any willing contracted physician to provide telemedicine services directly to new and established patients, without requiring they contract with a specific telemedicine service. (See [Massachusetts](#); [Illinois](#) (sec. 5); and [Washington](#))
- Provide coverage and payment of COVID-19 related telemedicine services with no cost-sharing. (See [New Hampshire](#) (EO sec. 4); [New York](#) (Medicaid Bulletin))
- Suspend any restriction on telemedicine, including types of services, originating sites and geographic limitations on telemedicine services. (See [Montana](#) (Medicaid Bulletin); [North Carolina](#) (Medicaid Bulletin))
- Physicians should temporarily be permitted to provide services via telemedicine across state lines. (See licensure section below)

## Licensure

In preparation for potential workforce shortages in areas of the country experiencing a surge in coronavirus patients, **the AMA is encouraging Governors, legislators and policymakers to take action now by temporarily waiving licensure requirements for out-of-state physicians, including those providing telemedicine across state lines.** Out-of-state physicians can help fill workforce gaps created through telemedicine by triaging COVID-19 symptomatic patients and providing care to patients who do not require hospitalization. This care could be particularly helpful for patients who do not have an established primary care physician. Allowing out-of-state physicians to provide telemedicine across state lines will also help ensure continuity of care for patients, particularly border-state patients and out-of-town college students. The [Federation of State Medical Boards](#) provides up to date information on [state licensure waivers](#), as well as specific information on [state licensure requirements for telemedicine](#).

## AMA tools and resources

The following are helpful tools related to the issues discussed above:

- [AMA Chart: State Telemedicine COVID-19 Executive Orders and Directives](#)
- [CARES Act: AMA COVID-19 pandemic telehealth fact sheet](#) summary of recent federal activities related to telemedicine
- [Coding Scenarios](#) real world examples of how to code for telemedicine services
- [AMA Quick Guide to Telemedicine](#) quick guide to help physicians implement telemedicine in their practices
- [Telehealth Implementation Playbook](#) comprehensive step-by-step guide on how physicians can implement telemedicine in their practices
- [Senior physician COVID-19 Resource Guide](#)

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