

Current Status of Telehealth in New England

The ability to deliver and be paid for healthcare services delivered through telehealth modalities was both inconsistent and uncertain prior to the beginning of the public health emergency (“PHE”) surrounding COVID-19. The reality of coverage prior COVID-19 was that some of the states in New England required coverage, but others were silent. The shutdowns of healthcare facilities and offices caused by the onset of COVID-19 in March 2020 completely altered that landscape.

The Federal Response

The federal government enacted the first expansions of telehealth following the declaration of a PHE by both the president and the Secretary of the Department of Health and Human Services (“HHS”). While HHS went through a few rounds of announcements and guidance around the changes, the ultimate impact of the changes was to greatly expand the scope of services that could be provided through telehealth, leveling the reimbursement field, and increasing the types of clinicians that could perform telehealth, among many other changes. HHS developed a single landing page for its COVID-19 related resources on telehealth, which can be found here: <https://www.hhs.gov/coronavirus/telehealth/index.html>.

Taking a lead from the federal government, each of the New England states also declared their own PHEs that were then utilized by the state governments to open up access to telehealth. The following is a brief summary of each New England state’s position with regard to telehealth prior to the COVID-19 related PHEs, the impact of orders during the PHE, and what, if any, permanent action has been taken.

Connecticut

Prior to COVID-19, Connecticut required both its Medicaid program and private insurers to provide coverage for telehealth. Coverage primarily focused on live, interactive connections between clinicians and patients. Clinicians eligible to provide telehealth services had to be licensed in Connecticut, but limited practice across state lines was possible under certain conditions.

For the course of the PHE, a broad expansion of the types of telehealth services that could be provided was put into place. At the same time, licensure exemptions were provided for clinicians, which were designed to make it easier for clinicians to come in and provide needed care. Connecticut also took HHS’s lead on the privacy and security front by adopting the same enforcement discretions related to Health Insurance Portability and Accountability Act (“HIPAA”) requirements.

Looking to the future, the Connecticut legislature passed legislation adopting many of the changes done by executive order. However, the legislation also keeps the changes in place until March 15, 2021. At that point, more legislation will be needed for long-term change.

Maine

Existing law in Maine required both Medicaid and private payors to cover telehealth services. Coverage could not be denied for telehealth if the same service would have been covered in-person. Clinicians had to be licensed in Maine, but the state is also a participant in the interstate licensure compacts for both physician and nurses.

As will be seen as a consistent theme, Maine greatly expanded the scope of telehealth services during the PHE to enable broader access to services remotely. Additionally, out of state clinicians were permitted to provide services. Maine also relaxed other restrictions for the provision of telehealth.

Maine has taken somewhat extensive action already for long-term changes. MaineHealth, Maine's version of Medicaid, passed updated rules to include the changes put into place as a result of the PHE. The changes include being able to remotely prescribe controlled substances, allowing all modalities of telehealth, and providing reimbursement for audio only services.

Massachusetts

Massachusetts was largely silent concerning telehealth prior to COVID-19. No legislation or regulation addressed coverage or reimbursement and private payors were given discretion as to how telehealth would be included (or not) in plans. Licensure was also not addressed, which likely meant that a clinician would need to be licensed within the Commonwealth.

The situation changed dramatically with COVID-19 PHE related executive orders. The Commonwealth required broad coverage of telehealth in almost every form and mandated that reimbursement be at the same level as in-person services. An expedited licensure process for out of state clinicians was also put into place, which order was designed to quickly expand the base of eligible clinicians. Currently, many of the orders and expansions will expire at the end of 2020.

Looking to the future, Massachusetts has not yet enacted any permanent changes for telehealth coverage or reimbursement.

New Hampshire

Prior to COVID-19, New Hampshire required its state Medicaid to follow telehealth rules for coverage that had been promulgated by the Centers for Medicare and Medicaid Services ("CMS"). Following CMS meant that the scope of permissible telehealth services was limited in scope and location. In the private payor realm, New Hampshire prohibited payors from denying coverage solely because the service is provided through telehealth. For licensure, physicians need to be licensed in New Hampshire, but there is participation in interstate licensure compacts for other clinicians.

During the PHE, New Hampshire required all payors to cover telehealth services. That meant use of almost any modality of telehealth. Reimbursement also had to be at a co-equal level with in-person services. On the licensure front, a clinician with a licensure in another state will be able to obtain an emergency license.

New Hampshire has taken some steps to permanently enact some of the telehealth changes put into place during the PHE. Medicaid coverage was expanded for established patients and prescriptions of non-opioid controlled substances will be allowed.

Rhode Island

Prior to COVID-19, Medicaid in Rhode Island existed for some live video services. Private payors had to cover the cost of providing services by telehealth. In both instances, coverage could be limited and may not result in the same level of reimbursement. For licensure, limited duration out of state consults are allowed, but not a full solution. Otherwise, full telehealth services require a license issued by Rhode Island.

During the COVID-19 PHE, Rhode Island took its lead from the HHS orders concerning the scope of telehealth that could be provided. Rhode Island also provided guidance on private payor coverage of telehealth services. The types of clinicians eligible to provide telehealth services were also expanded, which is consistent with many other states. For licensure, Rhode Island will provide temporary 90 day licenses.

Looking at the long-term, Rhode Island has yet to take any action.

Vermont

Prior to COVID-19, Vermont provided Medicaid coverage for some live video and possible store and forward services in both teledermatology and teleophthalmology. Private payors were required to cover telehealth services with specific requirements around originating sites. Licensure is a bit broader than many other New England states as Vermont participates in the interstate licensure compact for physicians.

As with the other states, during the PHE Vermont has expanded access to and coverage of telehealth services. On the licensure front, Vermont allows a clinician in good standing in any state to provide telehealth services and obtain reimbursement. The licensure approach is wider in scope than other states.

Lastly, Vermont has not yet taken action to make any changes permanent.

Additional Resources

The above summary is intentionally brief and intended to provide a broad brush overview of the extent to which telehealth services and coverage have expanded during the COVID-19 PHE in all of the New England states. For more detailed information, the Center for Connected Health Policy compiles information about [existing policy](#) and [COVID-19 specific policy](#). The Center for Connected Health Policy resources along with research into state issued regulations and guidance should be done for a complete understanding of all requirements.