POWER TO DECIDE

the campaign to prevent unplanned pregnancy

State Telehealth Policies Relevant to Contraception
FAQs, Key Terms, and Table Key

As of March 2022

The purpose of our maps and tables is to synthesize state-level telehealth reimbursement policies, with a focus on policies that facilitate contraceptive access. We researched and interpreted these policies using data from the Center for Connected Health Policy, as well as state executive orders and regulations, to create this resource for elected officials and advocates who want to advance telehealth policies, as well as for folks who want or need to use telehealth to obtain contraception and need to know their options.

Frequently Asked Questions

What do these tables tell us about reimbursement?
We collected this data with the purpose of determining which uses of telehealth are reimbursable. This means that, unless otherwise noted, a "Yes" implies that modality or provider is covered by Medicaid or private payor plan. However, since these laws are not specific to contraception, individuals should check with their providers to ensure their preferred method is covered regardless of in-person or telehealth visits.

How should I interpret the N/As?
While we used multiple sources to collect and double check this data, there are some pieces of information missing or unavailable. If you see an N/A, this means that we could not identify conclusive information for this cell.

Why did policies change during COVID?
Many states have utilized emergency orders to declare public health emergencies, or PHEs, as a response to the COVID-19 pandemic. During these PHEs, states have expanded telehealth access and coverage to allow access to medical care while reducing people's exposure to COVID-19. Most of these expanded policies will expire at the end of a public health emergency (PHE), unless otherwise noted by the * symbol in our tables.

How long will the "during COVID" policies stay in place?
Most states temporarily amended their telehealth policies during the pandemic through use of emergency and executive orders. Some are making these changes

permanent—these are denoted with the * symbol in our tables. For states that are ending their emergency orders, telehealth allowances are also expiring. The most recent permanent telehealth policies for these states can found in the "Post PHE" section. Since this is a very fluid situation, we are watching state policies closely and will update the data in a timely manner.

What is the difference between store and forward and an online questionnaire?
An online questionnaire that is HIPAA compliant is a type of store and forward telehealth, since it is asynchronous and requires transmitting clinical data from one site to another. Many states require a prior provider patient relationship before allowing online prescribing because they do not see online questionnaires as sufficient on their own.

Does telehealth increase access to health care for everyone?
While telehealth should increase access to health care, this increased access is not always equitable. Our polling data shows that there are gaps in access and knowledge for women with lower income. Additionally, lack of privacy, reliable internet, and updated technology also impact one's ability to utilize many telehealth services. While telephonic telehealth addresses some of these concerns, in that one does not need an internet connection or a laptop with specific software, it is not a long-term solution and is not always the preferred modality. Ultimately, as telehealth policies continue to expand, so must our thinking and efforts around making sure everyone is able to access quality care and services.

Who should I contact if I want to suggest an update to the data?
If you suspect an error in these visualizations, please contact Tara Mancini at tmancini@powertodecide.org with sources we can use to correct the mistake.

Key Terms

Email: Use of email alone to connect with a provider. This differs from store and forward, which utilizes HIPAA compliant platforms.

HIPAA Compliance: The Health Insurance Portability and Accountability Act of 1996, commonly referred to as HIPAA, requires health care providers, staff, and systems to keep your health information private and protected. This means that any software or platforms used to store and transmit data must meet specific security standards in order to be HIPAA Compliant. During the COVID-19 pandemic and public health emergency (PHE), many states are relaxing HIPAA guidelines for telehealth since patients may face barriers to utilizing HIPAA Compliant platforms for live video and store and forward communication. For example, telephonic and regular email communication are not typically deemed compliant but have been included in many states' expansions of telehealth during the PHE.

Live video conferencing: Two-way interactive audio-video conferencing between a patient at an originating site and a provider at a distant site.

Modality: The various ways in which a provider and patient can communicate to receive services. Our tables include telephonic, live video, store-and-forward, and email.

Online platforms for birth control prescribing: There are a growing number of online telehealth platforms outside of traditional health care settings that allow users to obtain self-administered hormonal contraceptives. Most platforms will determine one's eligibility for contraception similar to a clinic. While some platforms utilize video consultations, others use online questionnaires. Currently, all states and DC have at least one platform that can be covered by private payor insurance, while only eight have a platform that can be covered by Medicaid. Additionally, some platforms also charge a consultation or membership fee, which can be a barrier. For more information on online platforms for contraception and insurance coverage, read more from the Kaiser Family Foundation here.

Online prescribing: Refers to the act of a provider writing a prescription based on an interaction via telehealth (not a provider sending an electronic prescription).

Service parity: Services that are covered when delivered in-person must also be covered via telehealth.

Store and forward: The collection and temporary storage of medical data at one site (the originating site) that is later forwarded it through a secure electronic communication system to a secondary site (the distant site) for evaluation.

Telephonic: Use of a standard phone call to have a telehealth appointment. This differs from audio-only telehealth, which may still require you to use a HIPAA compliant platform on a computer, tablet, or smart phone.

Table Key

PHE Public Health Emergency. Refers to each state's individual actions declaring a state of emergency.

— PHE has not ended in the state; therefore this information isn't applicable.

Yes Items with a "Yes" (and no additional symbol) are confirmed to be reimbursed through our research.

No Items with a "No" are confirmed to not be reimbursed through our research.

***** Permanent change in state policy during the COVID-pandemic ("During PHE"). Distinguishes policies that will not change when the PHE ends from all other "During PHE" policies, which are temporary. For example, Alaska recently passed legislation that requires private insurers to cover telehealth and provide service parity. Previously, Alaska only required coverage for mental health.

+ Not explicit in state law, but likely covered based on our interpretation of a state's telehealth policies. For example, Florida's Medicaid policy requires coverage for practitioners who provide evaluation, diagnosis, or treatment. Based on this language, we infer that appointments for obtaining contraception would be covered.

^ Allowed in certain circumstances. For example, pre-COVID, Oregon Medicaid required reimbursement for telephonic services when live video was not available.

C Check with insurer—allowed but not required by law.
For example, Utah's pre-COVID private payor laws allow insurers to cover telehealth but do not require it. Thus, patients will need to confirm with their health insurer if telehealth will be covered.

N/A Information not available and/or law does not exist. For example, during our research of Connecticut's Medicaid telehealth policies, we could not find information about coverage for email. Additionally, Wyoming does not have any state policy on private payor telehealth.

MN Medically necessary services—telehealth reimbursement is allowed for services that are deemed medically necessary. For example, Maryland's Medicaid policies pre-COVID state that "Under the Telehealth Program, the Department shall cover Medically necessary services covered by the Maryland Medical Assistance Program..."

PRR Prior relationship required—the state requires a provider to have an established relationship with a patient before they can connect and provide them with care via telemedicine. For example, Hawaii's Medicaid policies require a prior provider-patient relationship, including a face-to-face history.