

APPENDIX A

Critical Standards in State Law Requiring Individual and Group Market Medical Insurance Coverage of Telemedicine, Before and After Start of COVID-19 Pandemic, as of March 15, 2021

State	Requirement to cover telemedicine	Requirement for parity in cost sharing	Requirement for parity in provider reimbursement	Requirement that audio-only must be covered
Alabama				
Alaska	X			
Arizona	X	X		
Arkansas	X	X	X	
California	X	X	X	
Colorado	X	X	X	X ²
Connecticut	X		X	X
Delaware	X	X	X	X
District of Columbia	X	X		
Florida				
Georgia	X	X	X	
Hawaii			X	
Idaho				
Illinois		X		
Indiana	X	X		
Iowa	X			
Kansas	X			
Kentucky	X	X	X	X
Louisiana	X			
Maine	X	X		
Maryland	X			
Massachusetts ¹	X ²	X	X ²	X ²
Michigan				
Minnesota	X	X	X	X ²
Mississippi	X	X		
Missouri	X	X	X	
Montana	X	X		
Nebraska	X	X		
Nevada	X			
New Hampshire	X ²	X ²	X ²	X ²
New Jersey	X	X ²	X	
New Mexico	X	X	X	
New York	X	X		
North Carolina				
North Dakota	X			
Ohio	X	X		
Oklahoma				
Oregon	X			

APPENDIX A (CONTINUED)

Critical Standards in State Law Requiring Individual and Group Market Medical Insurance Coverage of Telemedicine, Before and After Start of COVID-19 Pandemic, as of March 15, 2021

State	Requirement to cover telemedicine	Requirement for parity in cost sharing	Requirement for parity in provider reimbursement	Requirement that audio-only must be covered
Pennsylvania				
Rhode Island	X			
South Carolina				
South Dakota	X	X		
Tennessee	X		X	
Texas	X	X		
Utah	X ²			
Vermont	X	X	X	
Virginia	X	X	X	
Washington	X	X	X ²	X ²
West Virginia	X ²	X ²		
Wisconsin				
Wyoming				

Data: Authors' analysis of state laws, executive orders, regulations, and guidance governing state-regulated individual and group coverage health insurance as of March 15, 2021.

¹ Massachusetts passed a statute that has reimbursement parity for all telemedicine services until 90 days after the expiration of the governor's declaration of emergency and reimbursement parity for telemedicine services provided by primary care providers and providers of chronic disease management until December 31, 2022. The statute requires reimbursement parity for telemedicine services provided by behavioral health providers without any expiration.

² Statute passed after the start of the COVID-19 pandemic; after March 2, 2020.

Notes: This table includes statutes that existed prior to the pandemic and statutes passed during the pandemic, through March 15, 2021 (additional statutes passed after this date are not included in the analysis). This table does not include analysis of the following types of insurance: short-term limited duration, travel, accident-only, limited or specified disease, individual conversion policies or contracts, other excepted benefits, or any public coverage program such as Medicaid, Medicare, or the Children's Health Insurance Program.

A state is identified as having a:

Requirement to cover telemedicine if the state requires insurers to provide coverage for telemedicine services.

Requirement for parity in provider reimbursement if the state requires insurers to reimburse physicians the same amount (or higher) for services provided via telemedicine as they do for identical services provided in person.

Requirement for parity in cost sharing if the state prohibits insurers from charging insureds higher cost sharing (including copayments, coinsurance, and deductibles) for telemedicine services compared with identical services provided in person.

Requirement that audio-only must be covered if the state requires insurers to reimburse for telemedicine services provided via audio-only technology.

APPENDIX B

States That Expanded Critical Individual and Group Market Medical Insurance Requirements Related to Telemedicine During the COVID-19 Pandemic, and the Means of Expansion, as of March 15, 2021

State	Added requirement to cover telemedicine	Added requirement for parity in provider reimbursement	Added requirement for parity in cost sharing	Added requirement that audio-only must be covered
Arizona		Yes (by executive order)		Yes (by executive order)
California				Yes (by agency action)
Colorado				Yes (by statute)
Illinois	Yes (by executive order)	Yes (by executive order)	Yes (by executive order)*	
Iowa		Yes (by executive order)		Yes (by executive order)
Louisiana				Yes (by agency action)
Maine		Yes (by agency action)		Yes (by agency action)
Massachusetts ¹	Yes (by statute)	Yes (by statute)		Yes (by statute)
Minnesota ²				Yes (by statute)
Mississippi				Yes (by agency action)
Montana		Yes (by executive order)		Yes (by executive order)
New Hampshire ³	Yes (by statute and executive order)	Yes (by statute and executive order)	Yes (by statute)	Yes (by statute and executive order)
New Jersey ⁴			Yes (by statute)*	Yes (by agency action)
New York			Yes (by agency action)*	
North Dakota			Yes (by executive order)*	Yes (by executive order)
Oregon			Yes (by agency action)	Yes (by agency action)
Rhode Island		Yes (by executive order)		Yes (by executive order)
Texas ⁵		Yes (by agency action)		Yes (by executive order)
Utah	Yes (by statute)			
Vermont				Yes (by agency action)
Washington		Yes (by statute)		Yes (by statute)
West Virginia	Yes (by statute)		Yes (by statute)	

Data: Authors' analysis of state laws, executive orders, regulations, and guidance governing state-regulated individual and group coverage health insurance as of March 15, 2021.

* No cost sharing is allowed on any covered telemedicine services in these states.

¹ Massachusetts passed a statute that has reimbursement parity for all telemedicine services until 90 days after the expiration of the governor's declaration of emergency and reimbursement parity for telemedicine services provided by primary care providers and providers of chronic disease management until December 31, 2022. The statute requires reimbursement parity for telemedicine services provided by behavioral health providers without any expiration.

² Minnesota passed a statute that applies during peacetime emergencies only.

³ New Hampshire is listed as issuing both an executive order and passing a new statute for coverage requirement and provider reimbursement because the executive order creating those requirements was issued before a statute with similar requirements passed into law.

⁴ New Jersey passed a statute that requires parity in cost sharing for the duration of the public health emergency.

⁵ The requirement to cover audio-only services in Texas occurred because the governor suspended certain statutes during the state of emergency, which resulted in audio-only services no longer being excluded from the requirement to cover telemedicine services. It was not technically an executive order.

Notes: This table includes state action requiring expanded coverage of telemedicine taken between March 1, 2020, and March 15, 2021 (additional actions taken after this date are not included in the analysis). Some of these actions may have since expired, been rescinded, or been replaced. Additional state-issued bulletins, notices, or other communication from the department of insurance (or similar agency) recommending expanded coverage or reiterating existing requirements are not included. This table does not include analysis of the following types of insurance: short-term limited duration, travel, accident-only, limited or specified disease, individual conversion policies or contracts, other excepted benefits, or any public coverage program such as Medicaid, Medicare, or the Children's Health Insurance Program.

Agency action includes requirements created through bulletins, notices, executive orders, or other subregulatory guidance from the department of insurance or similar agency. Agency action is not listed in the table if there is a more authoritative method (statute or executive order) that created the coverage requirements detailed in the table. If an executive order gives the agency authority to create new coverage requirements, without including the specific requirements in the executive order, the state is listed as using agency action.

A state is identified as having a:

Coverage requirement if the state requires insurers to provide coverage for telemedicine services.

Requirement for parity in provider reimbursement if the state requires insurers to reimburse physicians the same amount (or higher) for services provided via telemedicine as they do for identical services provided in person.

Requirement for parity in cost sharing if the state prohibits insurers from charging insureds higher cost sharing (including copayments, coinsurance, and deductibles) for telemedicine services compared with identical services provided in person.

Requirement for no cost sharing for telemedicine if the state prohibits insurers from charging any cost sharing (including copayments, coinsurance, and deductible) for telemedicine services.

Requirement that audio-only must be covered if the state requires insurers to reimburse for telemedicine services provided via audio-only technology.