American Lung Association.

Tobacco Cessation and Telehealth:

Key State Indicators

States are the hub of opportunities and issues with respect to coverage and adoption of telehealth. The practice of medicine, including licensure and scope of practice; Medicaid coverage and payment policies; and insurance, including plan oversight, network adequacy and consumer protection, are all legislated and regulated at the state level. Thus, the need to address barriers and access to care are also typically addressed at the state level.

The American Telemedicine Association (ATA), the Center for Connected Health Policy (CCHP), and the Federation of State Medical Board (FSMB) have done extensive work tracking and compiling information on state laws and state Medicaid regulations that impact telehealth. These resources include a robust set of indictors against which state telemedicine policies are evaluated and graded and are intended as reference tools to inform future policy decision making. The results are based on information collected from state statutes, regulations, medical board statements and other federal and state policy resources. Importantly, they are updated regularly.

Below is set of indicators that are specifically important to providing tobacco cessation counseling and pharmacotherapy via telehealth. In addition to a definition, the recommended policy supported by ATA, CCHP, and/or FSMB are provided. These indicators provide a framework for assessing opportunities related to telehealth and tobacco cessation. Tobacco control professionals interested in assessing their state environments can use these resources to identify both barriers and assets supporting the advancement of telehealth as a tool to support tobacco cessation.

Using the resources developed by ATA, CCHP, FSMB and others, public health professionals can track the status of the tobacco-relevant indicators in their state and produce an analysis to identify obstacles which need to be overcome or opportunities that can be leveraged to support tobacco cessation.

Indicator	Definition	Recommendations from Industry Experts (cited)
Physician/Clinician Practice Standards		
Defining Physician - Patient Relationship	The physician-patient relationship has traditionally been based on in-person interaction, with some caveats for telephone follow-up (e.g. post-discharge). The advent of telehealth raises new questions regarding verifying patient and provider identity and location, disclosing credentials etc. This has resulted in policy specific to what constitutes a patient-provider relationship and if an in-person	The Federation of State Medical Boards (FSMB) states that this physician-patient relationship is fundamental to the provision of acceptable medical care. FSMB discourages the provision of teleservices without first verifying/ authenticating the location and identity of the patient, disclosing the provider's identity and credentials and obtaining consent.

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	consultation be required to establish this in advance of initiating telehealth services.	FSMB does not specify if this must happen in-person. Requiring in-person would be a barrier for seeking tobacco cessation support.[i]
Eligible Technologies	• Live Videoconferencing (Synchronous): Live two-way interaction between a person and a clinician using audiovisual telecommunications technology • Store-and-Forward (Asynchronous): Transmission of recorded health information or images to a clinician for evaluation or services outside of a real-time interaction • Remote Patient Monitoring (RPM): Digital transmission of health data from an individual in one location to clinicians in a different location for use in care and related support • Mobile Health (mHealth): Healthcare and public health practice and education supported by mobile communications devices such as cell phones and tablet computers; does not necessarily include a clinician • Telephone: Live two-way audio-only interaction between a person and a clinician	
Patient Setting	The place where the patient is located at the time of service is referred to as the *originating* site. The site where the provider is located is the *distant* site. • Medicare requires the originating site be a medical facility, such as a physician's office, hospital or rural health clinic; not the patient's home. However, Medicare Advantage Plans and some Medicare demonstration projects permit the originating site to include the patient's home.	The American Telemedicine Association (ATA) recommends that telemedicine encounters should not be restricted to medical facilities, nor should a physician or patient be constrained with mandatory health settings if not medically necessary.[ii]
Licensure		
Eligible Providers (scope of practice)	State Scope of Practice laws define what services a physician and other health professionals can provide.	The ATA recommends that states not specify an eligible provider for specific services but rather work within existing scope of practice requirements. This extends to all qualified healthcare

Indicator	Definition	Recommendations from Industry Experts (cited)
		professionals (e.g. counselors, pharmacists, physical therapists and dentists). [iii]
Provider Licensure	There are 70 state medical and osteopathic licensing boards in the US and territories as well as comparable boards for other clinicians (e.g. nurses, psychologists, dentists). These boards license medical providers, investigate complaints, discipline providers that violate the medical practice act and refer providers to evaluation and rehabilitation when appropriate. A provider using telemedicine must comply with the same standards established for in-person medical practice and is accountable to the respective medical boards in which he or she is licensed. [iv]	The Federal Trade Commission (FTC) supports minimal additional standards for telehealth providers and has frequently commented on state legislation in support of measures that expand the supply of providers and promote competition.[v]
Internet Prescribing	Online prescribing or internet prescribing refers to a provider prescribing a drug to a patient based upon an interaction that has taken place online.[vi] This is largely determined by state medical boards and often is linked to the definition of a physician-patient relationship (see above). Federal law prohibits dispensing *controlled substances* via the internet without a valid prescription. There are specific circumstances such as emergency care that are permitted.	The FSMB recommends that to uphold patient safety in the absence of a traditional physical exam, the interaction must include clearly establishing the identity of the patient and providers, detailed documentation of the clinical evaluation and informed, accurate and error-preventing prescribing practices (such as integration of e-prescription systems).
Networks/Access		
Distance/ Geography	Distance restrictions are measured in miles and designate the amount of distance necessary between a distance site provider and patient as a condition of payment for telemedicine. Geography is the classification of rural, urban, metropolitan statistical area (MSA), defined population size or health professional shortage area (HPSA). • Medicare currently pays for telehealth services when the patient being treated is in a health professional shortage area or in a county that is outside any metropolitan statistical area, as defined by the Health	ATA views geography/distance limitations as an obstructive policy restriction on telehealth.

Indicator	Definition	Recommendations from Industry Experts (cited)
	Resources and Services Agency and the U.S. Census Bureau, respectively. Exceptions to this include Medicare pilot projects and Medicare Advantage.	
Parity		
Payer Parity	**Service** parity means that telehealth services should be covered to the same extent and in a similar manner as in-person services. Note: Service parity does not increase covered services, but explicitly recognizes telehealth as a way to deliver existing covered services. **Payment parity** means equal payment for services regardless of how it is provided.	ATA considers telehealth neither a benefit or a service but simply another modality through which patients can receive services. In this case, benefits and cost share should not be different from in-person visits. ATA's model legislation applies to health insurers, healthcare subscription plans, health maintenance organizations, disability insurance programs, workers' compensation programs, and all state employee health plans, as well as Medicaid plans.
Medicaid Parity/Specific Requirements	States may set their own Medicaid telehealth requirements. If the services and authorized providers are the same as traditional delivery, state plan amendments and federal approval is not required.	

State Tobacco-Relevant Indicators Demonstration Analysis Table

Below is a sample compilation of state indicators for three different states. Because this is a rapidly evolving environment, the states have been de-identified; this is simply for illustrating how to use the indicators.

Based on the indicator analysis, state A is supportive environment for telehealth. There are no obvious policy barriers to considering telehealth as an option for expanding access to tobacco cessation. Regardless of the target population for cessation services, barriers to success would fall outside of the policy environment.

States B and C are mixed. The inability to provide telehealth services in the home could be a significant barrier for providing telecounseling. However, if the target population gathers in alternate locations (e.g. veteran's centers, prenatal clinics, corrections), or have comorbidities that require clinical care (e.g. post-acute or chronic conditions), this may not be as important. Likewise, although the lack of parity requirements is of concern, the knowledge that all but one state has some degree of coverage for Medicaid provides an opportunity to work around this barrier. Further research into Medicaid coverage would be warranted. In addition, both B and C have several indicators for which there was no information using the state tracking resources. Do not assume this indicates lack of support or a negative environment. It could simply mean the states had limited activity with respect to telehealth as of the date of this analysis. Further research using state-specific search parameters would likely provide additional information and insight. For both these states, the tobacco professional would need to carefully consider the target population and determine how to address potential policy barriers.

Indicators	**Line of Business**	**State A**	**State B**	**State C**	**LEGEND** **S = Supportive** **N = Neutral** **NS = Not supportive** **NA = No information available**
Physician/Clinician Practice Standards					
Defining Physician-Patient Relationship	Medicaid & Private	S	NA	S	S = Permits exam or relationship established via telehealth NS = Prior relationship required
Eligible Technologies	Medicaid & Private				No recommendations but important to understand specific to target populations. • For tobacco, focus on Live Video-conferencing, Mobile Health and Telephone
Patient Setting	Medicaid & Private	S	NS	NS	S = Home allowed NS = Home not allowed

Indicators	Line of Business	State A	State B	State C	LEGEND S = Supportive N = Neutral NS = Not supportive NA = No information available
Licensure					
Eligible Providers	Medicaid & Private	S	NS	N	S = ATA Grade A or B N = ATA Grade C NS = ATA Grad D or F
Provider Licensure	Medicaid & Private	S-C, S-R	S-C, S-R	S-C	S-C = Participates in multi-state compact(s) S-P = Tele permits available S-R = Reciprocity with states
Internet Rx	Medicaid	NA	NA	NA	S = Permits internet Rx N = Pre-existing relationship required NS = Not permitted
Network/Access					
Distance or Geography	Medicaid & Private	S	N	S	S = No restrictions N = Reasonable requirement
Parity					
• **Service Parity** • **Reimbursement Parity**	Medicaid	S	NS	NS	S+ = Service & Payment parity required S = Reimbursement parity not specified NS = No parity requirement
	Private	S+	NS	NA	

Resources for Tracking Indicators

American Telemedicine Association

- General state policies: http://www.americantelemed.org/policy-page/state-policy-resource-center
- State Telemedicine Gaps Analysis: Physician Practice Standards and Licensure, February 2017. Free registration required at: http://www.americantelemed.org/policy-page/state-telemedicine-gaps-reports
- State Telemedicine Gaps Analysis: Coverage and Reimbursement. Free registration required at: http://www.americantelemed.org/policy-page/state-telemedicine-gaps-reports
- State Interstate Licensure Matrix: https://higherlogicdownload.s3.amazonaws.com/AMERICANTELEMED/3c09839a-fffd-46f7-916c-692c11d78933/UploadedImages/Policy/State_Licensure_Matrix_11618.pdf
- Working with Medical Boards: Ensuring Comparable Standards for the Practice of Medicine via Telemedicine: https://higherlogicdownload.s3.amazonaws.com/AMERICANTELEMED/3c09839a-fffd-46f7916c692c11d78933/UploadedImages/Policy/State%20Policy%20Resource%20Center/Feb%20%202017State%20Telemedicine%20ToolkitMedical%20Board%20no%20checklist.pdf
- State Policy Tool Kit: Improving Access to Covered Services for Telemedicine: https://higherlogicdownload.s3.amazonaws.com/AMERICANTELEMED/3c09839afffd46f7916c692c11d78933/UploadedImages/Policy/State%20Policy%20Resource%20Center/2017%20%20Feb%20ATA%20State%20Telemedicine%20Toolkit_CVG%20RMBS%20-%20Feb%202017.pdf

Center for Connected Health Policy

- General resources: www.cchpca.org
- State Telehealth Laws and Reimbursement Policies: http://www.cchpca.org/sites/default/files/resources/Telehealth%20Laws%20and%20Policies%20Report%20FINAL%20Fall%202017%20PASSWORD.pdf
- Online Prescribing: http://www.cchpca.org/online-prescribing-0

Federation of State Medical Boards

- Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine, April 2014. Accessed at: https://www.fsmb.org/globalassets/advocacy/policies/fsmb_telemedicine_policy.pdf

[i] *Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine.* Federation of State Medical Boards, Apr. 2014. Accessed at: https://www.fsmb.org/globalassets/advocacy/policies/fsmb_telemedicine_policy.pdf

[ii] *Working with Medical Boards: Ensuring Comparable Standards for the Practice of Medicine via Telemedicine.* American Telemedicine Association, n.d. Accessed at: https://higherlogicdownload.s3.amazonaws.com/AMERICANTELEMED/3c09839a-fffd-46f7-916c-692c11d78933/UploadedImages/Policy/State%20Policy%20Resource%20Center/Feb%20-%202017State%20Telemedicine%20Toolkit-Medical%20Board%20no%20checklist.pdf

[iii] Ibid.

[iv] *State Policy Toolkit: Improving Access to Covered Services for Telemedicine.* American Telemedicine Association, 2017. Accessed at: https://higherlogicdownload.s3.amazonaws.com/AMERICANTELEMED/3c09839a-fffd-46f7-916c-692c11d78933/UploadedImages/Policy/State%20Policy%20Resource%20Center/2017%20-%20Feb%20ATA%20State%20Telemedicine%20Toolkit_CVG%20RMBS%20-%20Feb%202017.pdf

[v] Federal Trade Commission, Advocacy Filings. Accessed at: https://www.ftc.gov/policy/advocacy/advocacy-filings?combine=telehealth+&field_matter_number_value=&field_advocacy_

[vi] "Online Prescribing." Center for Connected Health Policy, n.d. Accessed at: http://www.cchpca.org/online-prescribing-0