

2017-18 Interim Issue Brief

Telehealth

The terms “telemedicine” and “telehealth” are often used interchangeably to mean the practice of medicine using electronic communication, information technologies, or other means between a healthcare provider in one location and a patient in another location. Currently, more than half of U.S. hospitals connect patients and consulting healthcare providers at a distant site through the use of video and other technology. Telemedicine can help patients get expert consultations for emergencies such as cardiac and stroke interventions. Telepsychiatry is a proven way to deliver needed mental health services to people across the state. And teleradiology is an example of a long-established way to review diagnostic imaging tests.

Limited Coverage Obstructs the Expansion of Telehealth Services

The North Dakota Legislative Assembly recently passed 2017 Senate Bill No. 2052, which requires health insurers to provide coverage of health services delivered by means of telehealth. It does not, however, require coverage for health services that are not medically necessary or for services that are not covered if provided by in-person means. It also does not require a health insurer to pay for telehealth services at the same rate it pays for other covered services.

Despite this progress, there are still many barriers to telehealth. For example, Medicare limits coverage and payment for telehealth services to patients located in rural areas and in specific settings, covers only a limited number of services and allows only real-time, two-way video conferencing capabilities. Medicare’s rules are outdated and are not keeping pace with evolving technology.



As of May 2016, 63 percent of healthcare providers were using telehealth in some form.

Comprehensive Reforms Are Needed To Telehealth Coverage Restrictions.

Medicare and other third party payer restrictions should be reformed to provide coverage of services delivered through telemedicine in urban areas. Almost 80 percent of Medicare beneficiaries live in a metropolitan area. Medicare and other payers should also provide coverage of services provided through “store-and-forward,” technology (i.e., taking an image for later evaluation by a radiologist) and provide coverage for telehealth services if that service is covered in-person, such as speech-language-hearing services. Finally, Medicare and other payers should provide coverage of services regardless of the beneficiary’s location, including home or through mobile devices.

NDHA Position

NDHA supports federal and state legislation to remove unnecessary, artificial barriers on the services delivered through telehealth in order to expand access to healthcare for patients.