

Research Protocol for Telehealth and Primary Care Provider Laws

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Telehealth and Primary Care Provider Laws

- I. **Date of Protocol:** December 31, 2014

- II. **Scope:** To compile state laws that impact the ability of non-physician providers to provide primary care through telehealth and be reimbursed for those services.

- III. **Primary Data Collection**
 - a. Students #1 and #2 are each assigned half of the states (Alabama to Mississippi including DC and Missouri to Wyoming) and complete legal data collection according to the following protocol:
 - i. advanced: (telehealth OR telemedicine OR "remote patient monitoring" OR "distant care" OR "distant site provider" OR telepractice)."
 - ii. Laws and guidance collected using the string will fall within these subject matters: professional licensing & practice / state health plans (Medicaid) / insurance / privacy / medical records. These areas can usually be identified by the chapter headings and titles. Collect all laws and guidance that could answer coding questions from within each of the subject matter areas below. (Note: Definition sections including telehealth may occur in any of these areas.)
 - iii. Always exclude mentions of telehealth, including telehealth definitions, that occur in chapters unrelated to healthcare, healthcare providers, and healthcare insurance.
 - iv. Always exclude all laws on telehealth pilot or demonstration programs, "statements of purpose," the delegation of authority to make rules regulating telehealth, and the commissioning of studies or committees to study telehealth.

 - b. Conduct WestlawNext search in statutes, regulations, and administrative guidance categories using:
 - i. advanced: (telehealth OR telemedicine OR "remote patient monitoring" OR "distant care" OR "distant site provider" OR telepractice)."
 - ii. Laws and guidance collected using the string will fall within these subject matters: professional licensing & practice / state health plans (Medicaid) / insurance / privacy / medical records. These areas can usually be identified by the chapter headings and titles. Collect all laws and guidance that could answer coding questions from within each of the subject matter areas below. (Note: Definition sections including telehealth may occur in any of these areas.)
 - iii. Always exclude mentions of telehealth, including telehealth definitions, that occur in chapters unrelated to healthcare, healthcare providers, and healthcare insurance.
 - iv. Always exclude all laws on telehealth pilot or demonstration programs, "statements of purpose," the delegation of authority to make rules regulating telehealth, and the commissioning of studies or committees to study telehealth.

 - c. From within the licensing/professional practice category, collect laws and guidance about healthcare facilities and relevant licensed practitioners (MDs, DOs, APNs, PAs).
 - i. Exclude the following: Laws regulating telehealth practice for specific types of healthcare, e.g. telehealth by optometrists or teleoptometry; brief mentions of telehealth that occur in definitions of malpractice or practicing outside of a license; telehealth as it relates to mental health/behavioral health services; mentions of telehealth when describing how to practice telehealth, but not describing who/where can practice telehealth (see 3. above), unless the how is about geography/distance (see bi. below).
 - ii. Be sure to include: guidance regarding the distance/geography requirements, under which telehealth may be practiced either in that state or with patients residing or receiving medical care in that state; every definition, unless it falls under sections that relate to: telehealth practice for specific types of healthcare,

e.g. telehealth by optometrists or teleoptometry, mental health/behavioral health services.

- d. In the law and guidance on state medical assistance or private insurance, only include those laws that define telehealth, or define or permit doctors, APNs, and PAs to be reimbursed by the state health plan.
 - i. Exclude the following: Laws regulating telehealth reimbursement for specific types of healthcare, e.g. telehealth by optometrists or teleoptometry; Telehealth reimbursement as it relates to mental health/behavioral health; mentions of telehealth when describing how to reimburse or be reimbursed for telehealth, but not describing who/where can be reimbursed or geography requirements for reimbursement.
 - ii. Be sure to include: guidance regarding the distance/geography requirements, under which telehealth may be practiced either in that state or with patients residing or receiving medical care in that state; every definition, unless it falls under sections relate to: telehealth practice for specific types of healthcare, e.g. telehealth by optometrists or teleoptometry, mental health/behavioral health services.

IV. Defining Codes

- a. Students #1 and #2 work with the Researcher to define variables for coding and creates Policy Surveillance Portal and meet after 10 states and 30 states to revise coding as necessary.

V. Coding the Law

- a. Student #1 and #2 code the laws in each of the respective groups across the variables chosen by the research team.
- b. Students #1 and #2 cross code 30% of the laws and meet with Research to discuss any variance.
- c. Students #1 and #2 code the laws according to the variables laws and enter the law and the codes in the Policy Surveillance Portal for each state.

VI. Quality Assurance

- a. Researcher independently codes a random selection of 30% of all the laws. The research team meets and resolves divergences.
- b. The results are checked against findings from the American Telemedicine Association's State Telemedicine Gap Analysis.

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