STATE INNOVATION INDEX

Written by Anna Parsons

- TELEHEALTH
- CROSS STATE LICENSING
- ONLINE DRUG PRESCRIBING
- MEDICAID COVERAGE
- PRIVATE PAYER PARITY LAWS
The data used to create this section was collected from the American Telehealth Association, the Center for Connected Health Policy and state laws and regulations.

I. CROSS STATE LICENSING

State licensing requirements may be the largest barrier to telehealth. They act as a barrier to competition in the medical-service industry. In order to practice medicine in a state, one must have a medical license in that state. Obtaining a subsequent medical license in another state can be a challenging process. There are required examinations, training, education requirements, and fees. Allowing physicians to practice across state lines saves patients and physicians time and money by reducing regulations. States who allowed maximum freedom for physicians to practice across state lines were given more points.

II. ONLINE DRUG PRESCRIBING

The third indicator addresses whether a physician is lawfully allowed to prescribe a drug to a patient on the sole basis of telehealth interaction. As a safeguard, all states require physicians and patients to establish a relationship before the physician can write a prescription. However, states differ in their requirements and whether they allow this relationship to be established using telehealth. Some states do not allow prescribing at all, others only allow prescribing after an in-person doctor visit or only for non-controlled substances. States that allowed more freedom for prescribing via telehealth scored higher in this section.

III. MEDICAID COVERAGE

The second indicator evaluates states’ Medicaid coverage or reimbursement policy for services provided through telehealth. One of the greatest benefits of telehealth is its ability to reduce costs. Many Medicaid rules require unnecessary costs, which prevent telehealth from bringing about its substantial cost reductions. This section specifically addresses coverage for psychiatric disorders, addiction treatment, store and forward, live video, and remote patient monitoring. States’ place varying levels of restriction on these types of telehealth coverage. For this indicator, states whose Medicaid programs reimbursed for telehealth received higher scores.

IV. PRIVATE PAYER PARITY LAWS

Many states have laws requiring private insurance companies to change their coverage to provide telehealth services for their clients. Some states require private insurers to reimburse for telehealth services at the same rate as they would for the same in-person service. This completely negates the cost benefits of telehealth, as one of the most attractive qualities of telehealth is being cheaper and less time consuming than in-person services. In addition, state governments should not interfere with the private company-consumer insurance relationship.

THE PHYSICIAN SHORTAGE CRISIS

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020. This demand rose from 253 physicians per 100,000 population in 2000 because of the increasingly aging population. This means that a total of 37 states—as well as the country on average—falls below this baseline requirement. Telehealth is a way to mitigate this need.
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ALABAMA

What the State Did Well: Many of Alabama’s rural communities are underserved, and the advantages of telehealth could help fill this gap. Alabama has made great strides in bringing better healthcare to their citizens in rural areas by allowing physicians to practice across state lines. The state also has no restrictions for online drug prescribing which gives patients easier access to the medications they desperately need.

What the State Could Improve: Alabama could improve by providing better Medicaid coverage for services delivered through telehealth. The current lack of coverage discourages low income and rural communities from using telehealth services and costs taxpayers’ dollars they could otherwise be saving.

<table>
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According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach at least 291 physicians by 2020.
ALASKA

What the State Did Well: Alaska’s massive geographical area spanning two time zones is begging for innovation to create a better solution in connecting with access to quality health care. Leveraging the benefits of telehealth could save the lives of many Alaskans who work in dangerous, frigid and extremely remote environments across the state. Alaska has confronted this need head on by becoming one of two states to provide full Medicaid coverage of telehealth services which encourages the use of better, more accessible treatment for poorer communities and saves taxpayer dollars. Alaska also allows maximum freedom for online drug prescribing giving more residents access to vital medications.

What the State Could Improve: The state could improve its telehealth provisions by embracing competition and to allow doctors to practice across state lines and bring the best medical care possible to Alaskans.

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<thead>
<tr>
<th>Category</th>
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<tr>
<td>Does the State Allow Cross State Licensing?</td>
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<td>Does the State Allow Online Drug Prescribing?</td>
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What the State Did Well: As a leading state for innovation in the country, Arizona is on a fast track towards making telemedicine easily accessible to all of its residents. Arizona has embraced competition in the medical service industry. By allowing physicians to practice across state lines the best medical care is now available to more Arizonans. Additionally, the state allows for maximum freedom for online drug prescribing, a rarity amongst most states.

What the State Did Poorly: Arizona does not provide full Medicaid coverage and only reimburses for certain services. The state should also step away from regulating private insurers and allow the market to work as consumers negotiate affordable prices with their insurance companies.

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**DOES THE STATE ALLOW CROSS STATE LICENSING?**

**YES.**

**DOES THE STATE ALLOW ONLINE DRUG PRESCRIBING?**

- **Online Drug Prescribing YES.**
- **A+ 4.0**
- Only with In-Person Doctor Visit
  - **NO.**
  - **A+**
- Only for Non-Controlled Substances
  - **NO.**
  - **A+**

**DOES THE STATE PROVIDE MEDICAID COVERAGE?**

- **Psychiatric Disorders**
  - **YES. Only for live video.**
  - **B**
- **Mental Health Addiction Treatment**
- **Store and Forward**
  - **YES. For certain services.**
  - **B**
- **Live Video**
  - **YES. Under some circumstances.**
  - **B**
- **Remote Patient Monitoring**
  - **YES. Only for patients with diabetes or congestive heart failure.**
  - **D**
- **PRIVATE PAYER PARITY LAWS?**
  - **PRIVATE PAYER PARITY LAWS**
  - **C 2.0**

**PHYSICIAN SHORTAGE CRISIS**

- **Total Population**
  - **6,931,071**
- **Number of Active Physicians**
  - **16,345**
- **Rate per 100,000**
  - **235.8**

**GRADE AVERAGE BY CATEGORY**

- **CROSS STATE LICENSING**
  - **A+ 4.0**
- **ONLINE DRUG PRESCRIBING**
  - **A+ 4.0**
- **MEDICAID COVERAGE**
  - **C+ 2.5**
- **PRIVATE PAYER PARITY LAWS**
  - **C 2.0**
ARKANSAS

What the State Did Poorly: Arkansas has faced a physician shortage for years. To solve this crisis, the state must reimagine how the doctor-patient relationship can be improved upon for the future of healthcare. Expanding access to telehealth in the state would free doctors from performing repetitive tasks that act as barriers between them and their patients. Arkansas could address their physician shortage by allowing physicians to practice across state lines to give their citizens a bigger pool of doctors to choose from. The state currently inhibits poor, rural communities from receiving more affordable and accessible health care by providing almost no Medicaid coverage, and even forcing private insurers to reimburse telehealth services at the same rate as if the service were delivered in person, negating the cost-saving benefits of telehealth. Arkansas’ physician shortage will only worsen if these issues are not addressed.

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DOES THE STATE ALLOW CROSS STATE LICENSING?  F 0.0
NO. Unless the out-of-state provider is only providing episodic consultation services.

DOES THE STATE ALLOW ONLINE DRUG PRESCRIBING?  B 3.4
Online Drug Prescribing YES. A+
Only with In-Person Doctor Visit NO. A+
Only for Non-Controlled Substances YES. F

DOES THE STATE PROVIDE MEDICAID COVERAGE?  D 1.0
Psychiatric Disorders NO. F
Mental Health Addiction Treatment
Store and Forward NO. F
Live Video YES. A+
Remote Patient Monitoring NO. F

PRIVATE PAYER PARITY LAWS?  F 0.0
Private insurers must reimburse “on the same basis” if the service were delivered in-person.
CALIFORNIA

What the State Did Poorly: Boasting 40 million residents, California must take steps toward protecting and expanding medical care to its residents by paving the way for more affordable health services. Currently, a growing shortage of medical workers has left many Californians without the care they desire. Telemedicine can help solve this problem. California currently restricts competition in the medical service industry by putting up barriers to state licensing which restricts citizens’ choices and denies their access to the best medical care available. The state’s onerous restrictions for online drug prescribing make it more difficult for Californians to obtain vital medications. In addition, California’s lack of Medicaid coverage for telehealth services harms poor communities who do not have access to flourishing hospitals and would benefit from easier access and more affordable health care.

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**GRAGE AVERAGE BY CATEGORY**

- **CROSS STATE LICENSING**
  - Grade: B
  - GPA: 3.0
- **ONLINE DRUG PRESCRIBING**
  - Grade: C
  - GPA: 2.0
- **MEDIACID COVERAGE**
  - Grade: D
  - GPA: 0.8
- **PRIVATE PAYER PARITY LAWS**
  - Grade: B
  - GPA: 3.0
- **PHYSICIAN SHORTAGE CRISIS**
  - Total Population: 39,250,017
  - Number of Active Physicians: 105,907
  - Rate per 100,000: 269.8

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
COLORADO

What the State Did Well: As a growing hub for innovation, it is no surprise that Colorado has embraced the opportunity to reimagine the doctor-patient relationship and improve the future of health care for all of its residents. Colorado is ranked number one for its choice to embrace competition in the medical service industry by allowing physicians to practice across state lines, allowing maximum freedom for online drug prescribing, and allowing private insurers to negotiate affordable rates for telehealth services with health care providers.

What the State Could Improve: The state’s downfall is its failure to provide full Medicaid coverage for telehealth services which, if reformed, could give poor, rural communities better health care options.

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PHYSICIAN SHORTAGE CRISIS

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.

DOES THE STATE ALLOW CROSS STATE LICENSING?  A+ 4.0

DOES THE STATE ALLOW ONLINE DRUG PRESCRIBING?  A+ 4.0

Online Drug Prescribing  YES.
Only with In-Person Doctor Visit  NO.
Only for Non-Controlled Substances  NO.

DOES THE STATE PROVIDE MEDICAID COVERAGE?  B- 2.8

Psychiatric Disorders  YES. For psychiatric disorders, but no mention of addiction treatment.
Mental Health Addiction Treatment  B
Store and Forward  NO.
Live Video  YES.
Remote Patient Monitoring  YES. A flat fee set by the board.

PRIVATE PAYER PARITY LAWS?  A- 3.7

Insurers cannot deny coverage solely because the service is provided through telehealth. But they can find other reasons, such as the service doesn’t meet the appropriate standard of care in the insurer’s view. No explicit payment parity.
CONNECTICUT

What the State Did Well: Connecticut has taken small steps to improve access to telehealth in their state. In 2018, the state passed Senate Bill 302, allowing physicians to prescribe controlled substances via telemedicine for the treatment of psychiatric disabilities or substance use disorder, including medication assisted therapy.

What the State Did Poorly: Connecticut still has a long way to go in legalizing online drug prescribing as the state still has an in-person doctor visit requirement. The state provides poor Medicaid coverage which prevents citizens in low-income communities from receiving more affordable and accessible health care. In addition, Connecticut has onerous restrictions on cross state licensing restricting patient choice and preventing access to quality care.

CONNECTICUT

BORDER STATES RANK

MASSACHUSETTS 44
NEW YORK 49
RHODE ISLAND 37

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PHYSICIAN SHORTAGE CRISIS

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.

Total Population 3,576,452
Number of Active Physicians 12,341
Rate per 100,000 345.1

**CONCLUSION**

Connecticut has taken small steps to improve access to telehealth in their state. In 2018, the state passed Senate Bill 302, allowing physicians to prescribe controlled substances via telemedicine for the treatment of psychiatric disabilities or substance use disorder, including medication assisted therapy.

The state still has a long way to go in legalizing online drug prescribing as the state still has an in-person doctor visit requirement. The state provides poor Medicaid coverage which prevents citizens in low-income communities from receiving more affordable and accessible health care. In addition, Connecticut has onerous restrictions on cross state licensing restricting patient choice and preventing access to quality care.
What the State Did Well: Delaware allows for maximum freedom for online drug prescribing giving more residents access to vital medications.

What the State Did Poorly: Recruiting and retaining physicians is one of Delaware’s primary problems as it does not have a single medical school within its borders. By embracing telehealth, Delaware could free up the physicians it has retained from rote tasks, allowing them to focus on providing more communication, compassion and understanding for their patients. In addition, Delaware could embrace competition in the medical service industry and give their patients more options and control over choosing their physician if they allowed physicians to practice across state lines. The state provides little Medicaid coverage for telehealth services and places burdensome restrictions on private insurers, forcing them to reimburse telehealth services at the same rate as in-person services. This discourages Delaware’s residents in low-income communities from using more affordable and accessible medical care.

A private insurer must reimburse the provider for the diagnosis, consultation, or treatment of the patient on the same basis as in-person services for telemedicine.

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
FLORIDA

What the State Did Well: Florida allows private insurers to negotiate affordable rates for telehealth services with health care providers.

What the State Could Improve: The state only allows online drug prescribing for non-controlled substances; this could prevent residents from having access to vital medications.

What the State Did Poorly: Florida lawmakers failed again in 2018 to pass a bill, Senate bill 280, which would expand access to telehealth services. Although the state has established a telehealth task force, they are currently sitting in limbo. This leaves many Floridians without access to the medical care they deserve. Florida could embrace innovation in the medical care industry by allowing physicians to practice across state lines, removing restrictions for online drug prescribing, and providing full Medicaid coverage for telehealth services.

<table>
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<tr>
<td>Alabama</td>
<td>5</td>
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<tr>
<td>Georgia</td>
<td>37</td>
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</table>

DOES THE STATE ALLOW CROSS STATE LICENSING? NO.

DOES THE STATE ALLOW ONLINE DRUG PRESCRIBING?

- YES. A+
- ONLY WITH IN-PERSON DOCTOR VISIT: NO. A+
- ONLY FOR NON-CONTROLLED SUBSTANCES: YES. EXCEPT FOR PSYCHIATRIC DISORDERS. D

DOES THE STATE PROVIDE MEDICAID COVERAGE?

- YES. FOR PSYCHIATRIC DISORDERS, BUT NO REFERENCE TO ADDICTION TREATMENT. B
- STORE AND FORWARD: NO. F
- LIVE VIDEO: YES. ONLY SOME CASES APPLY. C
- REMOTE PATIENT MONITORING: NO. F

PRIVATE PAYER PARITY LAWS? A+ 4.0

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Poorly: Georgia currently restricts competition in the medical service industry by putting up barriers to state licensing which restricts citizens’ choices and denies their access to the best medical care available. The state’s onerous restrictions for online drug prescribing make it more difficult for residents to obtain vital medications. In addition, Georgia’s poor Medicaid coverage for telehealth services harms poor communities who do not have access to flourishing hospitals and would benefit from easier access and more affordable health care.

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**DOES THE STATE ALLOW CROSS STATE LICENSING?**

- **NO.**

**DOES THE STATE ALLOW ONLINE DRUG PRESCRIBING?**

- **YES.**
- **A+**
- **YES.**
- **F**
- **YES.**
- **F**

**DOES THE STATE PROVIDE MEDICAID COVERAGE?**

- **NO.**
- **F**
- **NO. Except for teledentistry.**
- **D**
- **YES. Under some circumstances.**
- **C**
- **NO.**
- **F**

**PRIVATE PAYER PARITY LAWS?**

- **Private insurers are required to provide payment of telemedicine for services that are covered under the plan, subject to contract terms and conditions.**

**PHYSICIAN SHORTAGE CRISIS**

- **Total Population:** 10,310,371
- **Number of Active Physicians:** 23,215
- **Rate per 100,000:** 225.2

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Poorly: The remote island of Hawaii should be the first state to embrace the expansion of telehealth. However, even after passing a comprehensive bill legalizing telehealth services in 2016, the state still has barriers harming patients access to better medical care. Currently Hawaii does not allow physicians to practice across state lines, narrowing its doctor population to the small number of physicians the state has been able to retain on the island. The state would benefit from removing the in-person doctor visit requirement for online drug prescriptions to allow more residents easy access to the medications they desperately need. Unfortunately, Hawaii places significant burdens on private insurers by requiring them to provide telehealth coverage at an equivalent rate to in-person services which negates the cost-effective benefits associated with telehealth. Hawaiian’s deserve better than a doctor shortage of 22%. The state must embrace the future of medical care.

HAWAII

What the State Did Poorly: The remote island of Hawaii should be the first state to embrace the expansion of telehealth. However, even after passing a comprehensive bill legalizing telehealth services in 2016, the state still has barriers harming patients access to better medical care. Currently Hawaii does not allow physicians to practice across state lines, narrowing its doctor population to the small number of physicians the state has been able to retain on the island. The state would benefit from removing the in-person doctor visit requirement for online drug prescriptions to allow more residents easy access to the medications they desperately need. Unfortunately, Hawaii places significant burdens on private insurers by requiring them to provide telehealth coverage at an equivalent rate to in-person services which negates the cost-effective benefits associated with telehealth. Hawaiian’s deserve better than a doctor shortage of 22%. The state must embrace the future of medical care.

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of atleast 291 physicians by 2020.
What the state did well: Idaho ranks second to last in the nation for the number of physician’s per capita in the state. The state’s larger cities have attracted enough physicians for the population, but the health care of its residents living in rural Idaho is at risk. Thankfully the state is learning to embrace telehealth as the future of medical care. In 2018 St. Luke’s Health System, located in Boise, joined the ranks of systems opening virtual hospitals. St. Luke’s new telehealth program will better serve Idaho’s rural population as its staff of 350 doctors will be able to give over 80,000 telehealth consultations each year. Patients hundreds of miles and multiple mountain passes away will finally be able to receive the medical treatment they desperately need in Idaho.

What the state did poorly: The state still provides poor Medicaid coverage and requires private insurance companies to reimburse the costs of telehealth sessions the same as in-person medical visits.

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Well: The Prairie State has made huge strides to establish virtual medical care. The state has embraced competition in the medical service industry by allowing physicians to practice across state lines and provides Medicaid coverage for psychiatric disorders and addiction treatment which is a big step in combating the opioid epidemic. In addition, the state does not have any harmful restrictions on private insurers providing telehealth services.

What the State Did Poorly: Illinois is one of eight states that does not allow online drug prescribing, making it more difficult for its residents to attain the medications they need, and the state does not provide full Medicaid coverage for telehealth services.

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<td>Wisconsin</td>
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According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach at least 291 physicians by 2020.
What the State Did Well: The state has embraced competition in the medical service industry by allowing physicians to practice across state lines. Indiana also provides Medicaid reimbursement for psychiatric disorders and addiction treatment which will help treat victims of the opioid epidemic.

What the State Did Poorly: Currently, Indiana is one of the lowest ranking states for Telehealth. The state has onerous restrictions for online drug prescribing and forces private insurers to reimburse for telehealth at the same rate as in-person services.
Iowa

What the State Did Well: The state has embraced competition in the medical service industry and allows physicians to practice across state lines ensuring all Iowans are empowered to choose the best doctor.

What the State Could Improve: The state allows online drug prescribing for controlled substances, but unfortunately requires an in-person consultation which is a barrier to many Iowans receiving the medications they desperately need. In addition, Iowa discourages poor, rural communities from using more affordable and easily accessible medical treatment by not providing full Medicaid coverage for telehealth.

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Well: Kansas embraces competition in the medical service industry by allowing physicians to practice across state lines. The state also provides maximum freedom for online drug prescribing ensuring residents receive the vital medications they desperately need. In addition, the state’s Private Payer Parity law is less restrictive than most.

What the State Did Poorly: Kansas does not provide full Medicaid coverage for telehealth services which discourages poor, rural communities from using this more accessible and affordable health care option.

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GRADE AVERAGE BY CATEGORY

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<tr>
<th>CATEGORY</th>
<th>GRADE</th>
<th>GPA</th>
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<tr>
<td>CROSS STATE LICENSING</td>
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<tr>
<td>ONLINE DRUG PRESCRIBING</td>
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<td>MEDICAID COVERAGE</td>
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<tr>
<td>PRIVATE PAYER PARITY LAWS</td>
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PHYSICIAN SHORTAGE CRISIS

- Total Population: 2,907,289
- Number of Active Physicians: 6,380
- Rate per 100,000: 219.4

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
Kentucky allows maximum freedom for online drug prescribing ensuring more residents have access to vital medications.

What the State Could Improve: Kentucky recently passed legislation effective this year which improves the state’s reimbursement policy for telehealth services. Unfortunately, the bill also forces private insurers to reimburse telehealth services at the same rate as services delivered in-person, unless a lower reimbursement rate is agreed upon, which can contribute to negating the benefits of telehealth being a more affordable health care option. Although Medicaid coverage for telehealth services has improved, the state still does not provide full coverage for psychiatric disorders, store and forward, or remote patient monitoring.

What the State Did Poorly: Kentucky does not allow physicians to practice across state lines which restricts resident’s ability to choose the best doctor.

The state requires that private insurers do not exclude services solely because the service is provided through telehealth. Telehealth coverage and reimbursement shall be equivalent to the coverage for the same service provided in-person unless the telehealth provider and the health benefit plan contractually agree to a lower reimbursement rate for telehealth services.

The baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.

According to the U.S. Department of Health and Human Services, the Medicaid coverage and GPA is based on the states standing in the four most important state policy variables related to telehealth.
What the State Did Well: The Pelican State has begun to mitigate its physician shortage crisis by allowing physicians to practicing across state lines.

What the State Did Poorly: The state does not provide full Medicaid coverage for telehealth services which discourages poor, rural communities from using this more accessible and affordable health care option. Louisiana also has burdensome restrictions for online drug prescribing preventing residents from having access to vital medications and places onerous restrictions on private insurers.

BORDER STATES RANK

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According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach at least 291 physicians by 2020.

The state requires private insurers to reimburse originating-site physician fees at least 75 percent of the normal fee for an intermediate office visit.

A telemedicine license may be issued to out-of-state physicians, if they hold a full and unrestricted license in another state or U.S. territory.

Online Drug Prescribing: YES.

Only with In-Person Doctor Visit: YES.

Only for Non-Controlled Substances: NO.

Psychiatric Disorders: NO.

Mental Health: F

Addiction Treatment: A+

Store and Forward: NO.

Live Video: YES.

Remote Patient Monitoring: YES. Only for congestive heart failure, diabetes or pulmonary disease.

The state provides Medicaid coverage.

States overall grade and GPA is based on the states standing in the four most important state policy variables related to telehealth.

4.0 is the Best 0 is the Worst

2.3 GPA

A+ 4.0 CROSS STATE LICENSING

C+ 2.6 ONLINE DRUG PRESCRIBING

D+ 1.5 MEDICAID COVERAGE

D 1.0 PRIVATE PAYER PARITY LAWS
What the State Did Well: With 700 or so residents living on several islands off the coast of Maine, the state is a perfect place for telehealth to provide better healthcare to those who struggle with accessing primary care facilities. Fortunately for Maine’s residents, the state has embraced cross state licensing improving its citizens ability to choose their doctor and provides maximum freedom for online drug prescribing.

What the State Did Poorly: Maine does not provide full Medicaid coverage for telehealth services which is bad news for its poor communities and rural residents. The state could also benefit from reforming its private payer parity laws and giving private insurers the freedom to reimburse telehealth at appropriate rates benefiting patients more.

A health plan may not deny coverage on the basis that the coverage is provided through telemedicine if the health care service would have been covered through an in-person consultation between a covered person and a health care provider. Coverage must be determined in a manner consistent with coverage for services provided through in-person consultation.
MARYLAND

What the State Did Well: Maryland has embraced competition in the medical service industry by allowing physicians to practice across state lines. The state also provides maximum freedom for online drug prescribing ensuring residents receive the vital medications they desperately need.

What the State Did Poorly: Maryland could provide full Medicaid coverage for telehealth services and reform its private payer parity law to ensure the cost-effective benefits of telehealth are preserved.

BORDER STATES   RANK
DELAWARE   40
PENNSYLVANIA  23
VIRGINIA   44
WEST VIRGINIA  8

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
MASSACHUSETTS

What the State Did Well: Massachusetts recently announced the state’s Medicaid program will provide coverage for psychiatric disorders and substance abuse treatment which is a big step in confronting the opioid epidemic. The state provides maximum freedom for online drug prescribing ensuring more residents have access to vital medications.

What the State Did Poorly: The state still provides poor Medicaid coverage overall which discourages poor, rural communities from using this more accessible and affordable health care option. Massachusetts also restricts freedom for private insurers to cover telehealth services at a cheaper rate than in-person services.

BORDER STATES RANK

CONNECTICUT  6
NEW HAMPSHIRE  18
NEW YORK  49
RHODE ISLAND  37
VERMONT  23

DOES THE STATE ALLOW CROSS STATE LICENSING?

F  0.0

DOES THE STATE ALLOW ONLINE DRUG PRESCRIBING?

Online Drug Prescribing  YES.  A+
Only with In-Person Doctor Visit  NO.  A+
Only for Non-Controlled Substances  NO.  A+

DOES THE STATE PROVIDE MEDICAID COVERAGE?

Psychiatric Disorders Mental Health Addiction Treatment  YES.  A+

DOES THE STATE PROVIDE MEDICAID COVERAGE?

F  0.0

PRIVATE PAYER PARITY LAWS?

The state requires private insure to provide telehealth coverage consistent with coverage for health care services provided through in-person consultation.

PHYSICIAN SHORTAGE CRISIS

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Well: Michigan recently started a telehealth pilot program in Arborwood Elementary school which has expanded to 12 schools across the district. The program set up telemedicine kiosks in each school to improve student’s health and wellness. Although Michigan still has a long way to go in providing more choice and freedom for telehealth services, this is a unique pilot program showcasing the exciting possibilities telehealth can offer.

What the State Did Poorly: Michigan does not provide full Medicaid coverage for telehealth services which is bad news for its poor communities and rural residents. In addition, the state does not allow physicians to practice across state lines.

BORDER STATES RANK
ILLINOIS 18
INDIANA 35
OHIO 26
WISCONSIN 11

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
MINNESOTA

What the State Did Well: The North Star state is solving a doctor shortage by embracing competition in the medical service industry and allowing physicians to practice across state lines. The state also provides maximum freedom for online drug prescribing allowing Minnesotans access to medications they desperately need.

What the State Could Improve: The state could provide full Medicaid coverage for telehealth services and reform its private payer parity laws to provide easier access and more affordable care to its citizens.

BORDER STATES RANK

IOWA 13
NORTH DAKOTA 31
SOUTH DAKOTA 33
WISCONSIN 11

DOES THE STATE ALLOW CROSS STATE LICENSING?

YES. A physician licensed in another state can provide telemedicine services to a patient in Minnesota if their license has never been revoked or restricted in any state, they agree to not open an office in Minnesota, meet with patients in Minnesota, or receive calls in Minnesota from patients and they register with the state’s board.

DOES THE STATE ALLOW ONLINE DRUG PRESCRIBING?

Online Drug Prescribing: YES. A+
Only with In-Person Doctor Visit: NO. A+
Only for Non-Controlled Substances: NO. A+

DOES THE STATE PROVIDE MEDICAID COVERAGE?

Psychiatric Disorders: NO. F
Mental Health Addiction Treatment

Store and Forward: YES. At specific originating sites. C
Live Video: YES. At specific originating sites. C
Remote Patient Monitoring: YES. A+

PRIVATE PAYER PARITY LAWS?

A health carrier must reimburse at the same rate as the health carrier would for in-person delivered services.

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
Mississippi

What the State Did Well: The Magnolia state allows physicians to practice across state lines and gives maximum freedom for online drug prescribing.

What the State Did Poorly: Mississippi barely missed the mark by passing a private payer parity law negating the cost-effective benefits of telehealth and failing to provide full Medicaid coverage for psychiatric disorders and remote patient monitoring.

State Overall Average

Grade

C+

GPA

2.6

BORDER STATES RANK

ALABAMA 5
ARKANSAS 48
LOUISIANA 26
TENNESSEE 13

DOES THE STATE ALLOW CROSS STATE LICENSING?

YES.

DOES THE STATE ALLOW ONLINE DRUG PRESCRIBING?

Yes.

Psychiatric Disorders
Mental Health
Addiction Treatment

Store and Forward
Live Video
Remote Patient Monitoring

PRIVATE PAYER PARITY LAWS?

All health insurance plans must provide coverage for telemedicine services, including live video and store-and-forward, to the same extent as in-person consultations.

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Well: As a more rural state, Missouri has recognized the advantages of telehealth in bringing its residents more affordable and accessible medical care. The state allows maximum freedom for online drug prescribing and provides close to full Medicaid coverage for telehealth.

What the State Could Improve: The state would benefit from providing Medicaid coverage for telehealth services for psychiatric disorders and substance abuse which is an essential tool in combating the opioid epidemic.

What the State Did Poorly: Missouri does not allow physicians to practice across state lines. The state could embrace competition in the medical service industry and allow patients more freedom when choosing their doctor.

MISSOURI

BORDER STATES RANK

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According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
MT

What the State Did Well: With its glacial lakes and soaring mountain tops the Big Sky Country’s expansive landscape presents significant burdens when trying to connect doctors with patients. If Montana embraced the future of medical care through telehealth, more of its residents would receive the medical treatment they desperately need. The state has welcomed competition in the medical service industry by allowing physicians to practice across state lines.

What the State Did Poorly: Montana is one of eight states that completely bans online drug prescribing preventing the state’s residents from receiving the vital prescriptions they need. Montana provides extremely poor Medicaid coverage for telehealth services which discourages its poor, rural communities from taking advantage of this easily accessible, affordable service and costs taxpayer dollars.

MONTANA

MONTANA GPA

RANK 44

BORDER STATES RANK

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According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.

Physician Shortage Crisis

Total Population 1,042,520
Number of Active Physicians 2,401
Rate per 100,000 230.3

Private payers are required to provide coverage for services delivered through telemedicine if the services are otherwise covered by the policy, certificate, contract, or agreement. Coverage must be equivalent to the coverage for services that are provided in-person by a health care provider or health care facility.
What the State Did Well: Nebraska has embraced competition in the medical service industry by allowing physicians to practice across state lines. In addition, the state allows maximum freedom for online drug prescribing ensuring more residents easier access to medications they need.

What the State Did Poorly: The Cornhusker State could improve its shortage of mental health care providers by embracing the future of medical care through telehealth. Currently, the state provides poor Medicaid coverage for telehealth services and no coverage at all for psychiatric disorders or substance abuse treatment. The state has a private payer parity law negating the cost-effective benefits of telehealth.

**NEBRASKA**

**State Overall Average**

**GRADE**

B+

**GPA**

2.3

**According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.**
What the State Did Well: The Battle Born State has taken big steps to welcome telehealth in the last few years. Nevada has allowed cross state licensing, allowing physicians to practice across state lines and protecting resident’s ability to choose the best doctor. The state also allows maximum freedom for online drug prescribing which ensures residents have easier access to medications they need.

What the State Could Improve: Nevada does not provide full Medicaid coverage which discourages poor, rural citizens from receiving more affordable and accessible medical care. In addition, the state places onerous burdens on private insurers which negate the cost-effective benefits of telehealth.

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
NEW HAMPSHIRE

What the State Did Well: The state’s biggest step forward in bringing telehealth to more of its residents was allowing physicians to practice across state lines which protects resident’s ability to choose the best doctor.

What the State Did Poorly: The state stifles freedom for online drug prescribing which is a barrier to its citizens receiving the vital prescriptions they need. New Hampshire does not provide quality Medicaid coverage for telehealth services which discourages low-income communities from taking advantage of the cost-effective benefits of telehealth and costs taxpayer dollars.

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<td>VERMONT</td>
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According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Poorly: New Jersey comes in last place when it comes to embracing the future of health care through telehealth. The state provides poor Medicaid coverage for telehealth services, has significant barriers to online drug prescribing, and places onerous burdens on private insurers negating the cost-effective benefits of telehealth. The state prevents physicians from practicing across state lines and restricts competition in the medical service industry. The state must reimagine the future of health care and embrace telehealth if they care about bringing more affordable and more easily accessible medical care to its citizens.

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According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
NEW MEXICO

What the State Did Well: New Mexico has embraced competition in the medical service industry by allowing physicians to practice across state lines. In addition, the state allows maximum freedom for online drug prescribing.

What the State Did Poorly: The state does not provide full Medicaid coverage for telehealth which discourage poor communities from taking advantages of these affordable and accessible services.

BORDER STATES RANK

ARIZONA 8
COLORADO 1
OKLAHOMA 13
TEXAS 2
UTAH 2

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Poorly: Telehealth could help New York solve the daunting combination of a doctor shortage and a growing opioid crisis and bring relief to its residents, especially those in rural areas. Unfortunately, the state has not made telehealth easily accessible to its citizens. New York has not embraced competition in the medical service industry and bans physicians from practicing across state lines which restricts patient’s ability to choose the best doctor. In addition, the state bans online drug prescribing except for buprenorphine. New York does not provide full Medicaid coverage for telehealth services which discourages poor communities from using this affordable and easily accessible form of medical care.

BORDER STATES RANK
CONNECTICUT 6
MASSACHUSETTS 44
NEW JERSEY 50
PENNSYLVANIA 23
VERMONT 23

GRADE AVERAGE BY CATEGORY
CROSS STATE LICENSING
ONLINE DRUG PRESCRIBING
MEDICAID COVERAGE
PRIVATE PAYER PARITY LAWS

PHYSICIAN SHORTAGE CRISIS
Total Population 19,745,289
Number of Active Physicians 72,095
Rate per 100,000 365.1

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Poorly: Home of the nation’s capital for opioid abuse, Wilmington, North Carolina could benefit greatly from telehealth. Unfortunately, North Carolina has been slow to adopt changes for the future of medical care. North Carolina is one of eight states who do not allow online drug prescribing which keeps its residents from receiving the vital medications they need. In addition, the state offers poor Medicaid coverage for telehealth and does not provide any coverage for addiction treatment which could reinforce state efforts to fight the opioid epidemic. The state also bans physicians from practicing across state lines which prevents competition in the medical service industry.

State Overall Average

<table>
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States overall grade and GPA is based on the states standing in the four most important state policy variables related to telehealth.

GPA 1.4

1 is the Best 50 is the Worst

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Well: North Dakota has embraced competition in the medical service industry by allowing physicians to practice across state lines. In addition, the state allows maximum freedom for online drug prescribing.

What the State Did Poorly: The state offers poor Medicaid coverage for telehealth services and does not provide any coverage for addiction treatment which could reinforce state efforts to fight the opioid epidemic. In addition, the state’s private payer parity law negates the cost-effective benefits of telehealth.

DOES THE STATE ALLOW CROSS STATE LICENSING?  
YES. The ND Medical Board may engage in reciprocal licensing agreements with out-of-state licensing agencies but is not required to do so.

DOES THE STATE ALLOW ONLINE DRUG PRESCRIBING?  
Online Drug Prescribing YES.  
Only with In-Person Doctor Visit NO.  
Only for Non-Controlled Substances NO.  
A+ 4.0

DOES THE STATE PROVIDE MEDICAID COVERAGE?  
Psychiatric Disorders NO.  
Mental Health NO.  
Addiction Treatment NO.  
Store and Forward NO.  
Live Video YES. For most services.  
Remote Patient Monitoring NO.  
D- 0.8

PRIVATE PAYER PARITY LAWS?  
An insurer must provide coverage for telehealth delivered services to the same extent as the same coverage for in-person services. They are not required to provide coverage for health services that are not medically necessary.  
F 0.0

PHYSICIAN SHORTAGE CRISIS  
Total Population 757,952  
Number of Active Physicians 1,759  
Rate per 100,000 232.1

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Well: The state allows maximum freedom for online drug prescribing ensuring more residents can receive the vital medications they need.

What the State Did Poorly: The state does not provide full Medicaid coverage for telehealth services which keeps its residents from receiving the vital medications they need. Ohio restricts competition in the medical service industry by not allowing physicians to practice across state lines.

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<tr>
<th>BORDER STATES</th>
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<tbody>
<tr>
<td>INDIANA</td>
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<tr>
<td>WEST VIRGINIA</td>
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**STATE INNOVATION INDEX  TELEHEALTH**

<table>
<thead>
<tr>
<th>Grade</th>
<th>GPA</th>
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<tbody>
<tr>
<td>A</td>
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<td>C+</td>
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</table>

**PHYSICIAN SHORTAGE CRISIS**

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Well: The majority of Oklahoma's 77 counties are made up of rural communities. Fortunately for its residents, the future of healthcare in Oklahoma is looking to welcome telehealth as a solution. The state allows maximum freedom for online drug prescribing ensuring more residents can receive the vital medications they need. Oklahoma also provides full Medicaid coverage for telehealth services.

What the State Could Improve: The state could benefit from allowing physicians to practice across state lines and embracing competition in the medical service industry.

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<td>New Mexico</td>
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<td>Texas</td>
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</table>

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Poorly: As a state actively looking toward the future of tech and trying to embrace innovation, Oregon should do more to prepare for the future of health care. The state places significant barriers between physicians and patients in the practice of telehealth. Oregon is currently one of eight states that does not allow online drug prescribing. In addition, the state does not allow physicians to practice across state lines and prevents poor communities from receiving affordable, easily accessible medical treatment by not providing Medicaid coverage for telehealth.

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<th>State</th>
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<td>Nevada</td>
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<td>Washington</td>
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According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
Pennsylvania allows physicians to practice across state lines which protect Pennsylvanian’s ability to choose the best doctor. The state provides Medicaid coverage for addiction treatment psychiatric disorders which is a step forward in fighting the opioid epidemic.

What the State Did Poorly: The state still has a long way to go in legalizing online drug prescribing and providing better Medicaid coverage for telehealth.

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<td>New York</td>
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<td>Ohio</td>
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<td>West Virginia</td>
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</table>

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Poorly: Rhode Island is in the middle of a medical crisis. Doctors are leaving the state at a rapid pace leaving many Rhode Islander’s without the medical care they deserve. The state has worsened this crisis by not allowing physicians to practice across state lines, providing poor Medicaid coverage for telehealth, and creating barriers to online drug prescribing. The state needs to embrace the future of healthcare through telemedicine if it hopes to solve this pending crisis.

BORDER STATES RANK
CONNECTICUT 6
MASSACHUSETTS 44
NEW YORK 49
What the State Did Well: South Carolina allows private insurers to negotiate affordable rates for telehealth services with health care providers.

What the State Did Poorly: South Carolina has resisted competition in the medical service industry by not allowing physicians to practice across state lines. The state does not provide full Medicaid coverage for telehealth services and requires an in-person doctor visit for online drug prescribing.

**BORDER STATES RANK**

- **GEORGIA** 37
- **NORTH CAROLINA** 40

**SOUTH CAROLINA**

**STATE INNOVATION INDEX  TELEHEALTH**

What the State Did Well: South Carolina allows private insurers to negotiate affordable rates for telehealth services with health care providers.

What the State Did Poorly: South Carolina has resisted competition in the medical service industry by not allowing physicians to practice across state lines. The state does not provide full Medicaid coverage for telehealth services and requires an in-person doctor visit for online drug prescribing.

**PHYSICIAN SHORTAGE CRISIS**

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
SOUTH DAKOTA

What the State Did Well: Obtaining quality medical care is difficult for the residents of rural South Dakota. The Mount Rushmore state has taken a significant step to ensure their rural residents are not left behind by allowing physicians to practice across state lines. The state does not have a private payer parity law and allows patients to reap the cost-effective benefits of telehealth.

What the State Did Poorly: South Dakota currently bans online drug prescribing and provides little to no Medicaid coverage.

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<td>North Dakota</td>
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<td>Wyoming</td>
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</table>

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Well: Tennessee has made strides in recent years toward embracing the future of health care through telemedicine. The state allows physicians to practice across state lines which protects patient’s ability to choose the best doctor and allows maximum freedom for online drug prescribing ensuring patients receive the vital medications they need.

What the State Could Improve: Tennessee could provide Medicaid coverage for remote patient monitoring in the future and reform its private payer parity laws to allow patients to reap the cost-effective benefits of telehealth.

TENNESSEE

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Well: In 2018, Texas took a big step forward in embracing the future of healthcare by allowing maximum freedom for online drug prescribing. This ensures that more Texan’s can receive the vital medications they need. Texas allows physicians to practice across state lines and encourages competition in the medical service industry.

What the State Could Improve: The state offers good Medicaid coverage for telehealth services but lacks coverage for psychiatric disorders and substance abuse which would help the state combat the growing opioid epidemic.

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Well: What the State Did Well: Utah acts as a model for other states when it comes to reimagining the doctor-patient relationship and embracing the future of health care in telemedicine to provide better health care to its residents. Utah has embraced competition in the medical service industry by allowing physicians to practice across state lines and protecting patient’s ability to choose the best doctor. The state allows maximum freedom for online drug prescribing which gives patients access to the vital medications they need. In addition, the state does not place any onerous burdens on private insurers’ ability to cover telehealth services. However, there is still room for improvement.

What the State Could Improve: The state could provide full Medicaid coverage for telehealth services and encourage its poor, rural communities to use this affordable and efficient form of medical care.

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**DOES THE STATE ALLOW CROSS STATE LICENSING?**

YES. A special purpose license allowing practitioners licensed in other states to practice across state lines may be issued.

**DOES THE STATE ALLOW ONLINE DRUG PRESCRIBING?**

Online Drug Prescribing: YES.

Only with In-Person Doctor Visit: NO.

Only for Non-Controlled Substances: NO.

**DOES THE STATE PROVIDE MEDICAID COVERAGE?**

Psychiatric Disorders: YES.

Mental Health: A+ 4.0

Addiction Treatment: A+ 4.0

Store and Forward: NO.

Live Video: YES.

Remote Patient Monitoring: YES. For patients with long-term cardiac health issues.

**PRIVATE PAYER PARITY LAWS?**

Coverage only required for telepsychiatry services. No explicit payment parity.

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**GRADE AVERAGE BY CATEGORY**

<table>
<thead>
<tr>
<th>Category</th>
<th>Grade</th>
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<tbody>
<tr>
<td>CROSS STATE LICENSING</td>
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<td>ONLINE DRUG PRESCRIBING</td>
<td>A+</td>
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<td>MEDICAID COVERAGE</td>
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<tr>
<td>PRIVATE PAYER PARITY LAWS</td>
<td>A-</td>
<td>3.7</td>
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**PHYSICIAN SHORTAGE CRISIS**

- Total Population: 3,051,217
- Number of Active Physicians: 6,389
- Rate per 100,000: 209.4

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Well: Vermont has taken two important steps toward allowing more residents to enjoy the affordable and easily accessible benefits of telehealth. The state allows physicians to practice across state lines which protects patient’s ability to choose the best doctor. Vermont also allows maximum freedom for online drug prescribing which ensures more patients receive the vital medications they need.

What the State Did Poorly: Providing full Medicaid coverage for telehealth services and fixing private payer parity laws are two areas of reform Vermont could look to in the future.

BORDER STATES RANK

MASSACHUSETTS 44
NEW HAMPSHIRE 18
NEW YORK 49

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Well: The state allows maximum freedom for online drug prescribing which ensures more residents will receive the vital medications they need.

What the State Did Poorly: The state could provide full Medicaid coverage for telehealth services and encourage its poor, rural communities to use this affordable and efficient form of medical care. Virginia could reform its private payer parity laws to allow patients to reap the cost-effective benefits of telehealth. In addition, the state could embrace competition in the medical service industry by allowing physicians to practice across state lines.

BORDER STATES RANK

KENTUCKY 37
MARYLAND 11
NORTH CAROLINA 40
TENNESSEE 13
WEST VIRGINIA 8

**DOES THE STATE ALLOW CROSS STATE LICENSING?** NO.

**DOES THE STATE ALLOW ONLINE DRUG PRESCRIBING?**

- Online Drug Prescribing: YES. Only for Non-Controlled Substances: NO. A+ 4.0
- Only with In-Person Doctor Visit: NO. A+

**DOES THE STATE PROVIDE MEDICAID COVERAGE?**

- Psychiatric Disorders: NO. F
- Mental Health: NO. F
- Addiction Treatment: NO. F
- Store and Forward: YES. For radiology, diabetic retinopathy, tele-dermatology. C
- Live Video: YES. Under some circumstances. C
- Remote Patient Monitoring: YES. For continuous glucose monitoring limited to type I and type II diabetes. D

**PRIVATE PAYER PARITY LAWS?**

An insurer shall not exclude a service for coverage solely because the service is provided through telemedicine services. The treating provider or consulting provider must be reimbursed on the same basis that the insurer is responsible for coverage for the provision of services face-to-face.
What the State Did Well: The state has embraced competition in the medical service industry by allowing physicians to practice across state lines.

What the State Did Poorly: Washington has an in-person relationship requirement for online drug prescribing which acts as a barrier for residents to receive the vital medications they need. The state is close to providing full Medicaid coverage for telehealth services but does not provide coverage for addiction treatment and all store and forward services.

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<td>OREGON</td>
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WASHINGTON

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
WEST VIRGINIA

What the State Did Well: West Virginia ranks amidst the top ten of states for allowing physicians to practice across state lines and placing no onerous burdens on private insurers choice to cover telehealth services.

What the State Did Poorly: As a state with 29% of its population enrolled in Medicaid, West Virginia could save taxpayer dollars and provide better, more accessible medical treatment to its poor and rural communities by providing full Medicaid coverage for telehealth services. In addition, the state could allow maximum freedom for online drug prescribing and ensure more residents receive the vital medications they need.

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<td>VIRGINIA</td>
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According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.
What the State Did Well: Wisconsin’s health system is finding innovative ways to improve medical treatment. The state has opened a tablet-based telehealth program at Marshfield Clinic, to help patients with heart failure. The tablets connect to biometric Bluetooth devices which take the patient’s heart rate, blood pressure, and weight. The patient’s vital signs are transmitted in real time to the tablets where they are readily available to the patient’s nurse. This type of ground-breaking medical treatment would not be possible without Wisconsin’s efforts to make telehealth available to its residents such as allowing physicians to practice across state lines and placing no onerous burdens on private insurers’ choice to cover telehealth services.

What the State Did Poorly: The state could improve its regulations for online drug prescribing and provide full Medicaid coverage for telehealth services.
What the State Did Well: The state allows physicians to practice across state lines which protects patient’s ability to choose the best doctor. Wyoming also places no onerous burdens on private insurers’ choice to cover telehealth services.

What the State Did Poorly: As the least populous and most rural state in the nation, Wyoming could look to telehealth to bring more affordable and accessible medical care to its residents. The state currently bans online drug prescribing which prevents residents from receiving the vital medications they need. Wyoming also does not provide full Medicaid coverage for telehealth services which discourages its poor, rural communities from taking advantage of this new and innovative technology.

**BORDER STATES RANK**
- **COLORADO** 1
- **IDAHO** 35
- **MINNESOTA** 22
- **NEBRASKA** 26
- **SOUTH DAKOTA** 33
- **UTAH** 2

**PHYSICIAN SHORTAGE CRISIS**

According to the U.S. Department of Health and Human Services, the baseline physician requirements per 100,000 population will reach a total of at least 291 physicians by 2020.