

Pending & enacted policy updates:

Iowa, Minnesota, Nebraska, North Dakota, South Dakota, Wisconsin

Iowa

Enacted updates

- **Effective January 1, 2021 (retroactive):** [Payment parity](#) required for mental health services delivered via telehealth
- **Effective March 3, 2021:** The [Board of Dietetics](#) updated telehealth policies allowing licensed providers to offer dietetic services via telehealth if they meet practice requirements (must be audio-visual real-time interactive communication).
- **Effective July 1, 2021:** The [initial exam](#) required before beginning orthodontic treatment can be fulfilled via telehealth.
- **Effective June 16, 2021:** [Update the definition of telehealth](#) (new text in red):
“Telehealth” means the delivery of health care services through the use of real-time interactive audio and video, or other real-time interactive electronic media, regardless of where the health care professional and the covered person are each located.
“Telehealth” does not include the delivery of health care services delivered solely through an audio-only telephone, electronic mail message, or facsimile transmission.
- **Effective June 16, 2021:** Providing funding for the continuation of a program to rotate [intern psychologists](#) in placements that serve urban and rural mental health professional shortage areas. Intern psychologist may provide services via telehealth

Rules

- **Adopted by the Board December 4, 2020:** [Board of Dietetics:](#) Licensees may provide dietetic services to an individual or a group utilizing a telehealth visit if the dietetic services are provided in accordance with all the requirements of this chapter. The service must have an audio-visual connection, use HIPAA compliant technology, and the provider must be licensed in Iowa to provide services to patients in Iowa, obtain informed consent from patients, and identify in clinical record when services are provided via telehealth.
- **Adopted by the Board June 11, 2021:** [State Board of Education:](#) Provides guidance on therapeutic classrooms and telehealth services on school premises.
- **Adopted by the Board July 16, 2021:** [Board of Speech Pathology and Audiology:](#) Establishes minimum standards of care for speech pathologists and audiologists when they are providing services during a telehealth appointment. The adopted rule making adds a new Chapter 301 and instructs that when a speech pathologist or audiologist provides services to a patient remotely, the services must be provided in accordance with the new chapter in order to adequately inform and protect the patient during the telehealth appointment.
- **Adopted by the Board July 28, 2021:** [Board of Physician Assistants:](#) Establishes standards of practice for physician assistants who provide patient care through

telemedicine. Establishes the standard of care and requires use of HIPAA-compliant technology, as well as imposes other requirements to ensure the patient's confidential health information is secure. The new rule aligns with the Board of Medicine rules governing telemedicine, which will ensure that physician assistants and their supervising physicians will operate under uniform standards and do not need to worry about any differing or potentially conflicting telemedicine standards when coordinating remote care.

Minnesota

Enacted updates

- **Effective July 1, 2021:** The [omnibus bill HF33](#), which includes a revised **Minnesota Telehealth Act (2021)**, enacted several changes for private and state health payers and providers. A document describing these changes alongside the text of the legislation can be downloaded [HERE](#). Significant changes include:
 - **Commercial payers**
 - Requiring coverage (at the same rate) of audio-only telehealth services until **July 1, 2023**
 - Forbidding commercial payers from limiting coverage of telehealth visits on the basis of geography, special provider networks, or technology used
 - Requiring coverage of telemonitoring services
 - Allowing telehealth visits to satisfy the face-to-face requirement for reimbursement under the payment methods that apply to FQHCs, RHCs, IHS, and CCBHCs if the service would have otherwise qualified for payment if performed in person.
 - **Medical Assistance**
 - Audio-only telehealth services are covered until **July 1, 2023**
 - Allowing Medical Assistance clients to consent verbally to treatment plans for mental health and substance use disorder services
 - Mental health case management & targeted case management services can be delivered via telehealth in most situations (Medical Assistance programs)
 - Removing the limit of three telehealth visits per enrollee per week for Medical Assistance enrollees.
 - Initiating pilot studies on the use of audio-only telehealth in Medical Assistance programs.
- **Signed by Governor June 30, 2021:** Requires the Commissioner of Corrections to have minimum standards including a [policy regarding the use of telehealth](#).

Nebraska

Enacted updates

- **Signed by the Governor April 21, 2021:** Insurers cannot place greater financial burden on beneficiaries for accessing [mental health treatment via telehealth](#). Insurers must reimburse mental health telehealth at at least the same rate as in-person mental health treatment.
- **Signed by the Governor April 21, 2021:** Telehealth includes [audio-only for the delivery of behavioral health services](#) for an established patient. (**applies to Medicaid and private payers**)
- **Signed by the Governor April 21, 2021:** The [originating site](#) is any location where the patient is located. (**applies to Medicaid and private payers**)
- **Signed by the Governor April 21, 2021:** [Consent](#) for telehealth services can be given verbally during the initial telehealth consultation, provided a signed statement is collected within ten days. (**applies to Medicaid and private payers**)
- **Signed by the Governor & effective May 25, 2021:** [COVID-19 liability act](#) (protecting providers from lawsuit due to understaffing/COVID-related issues).

North Dakota

Enacted updates

- **Effective January 1, 2020 (retroactive):** [COVID-19 liability protection](#) for health care providers.
- **Published April 1, 2021:** The [State Board of Dental Examiners](#) created new regulations surrounding transparency in providing teledentistry.
- **Signed by the Governor April 16, 2021:** Updated standards of practice for [nutrition/dietetics](#).
- **Signed by the Governor April 16, 2021:** Define telehealth for [chiropractic services](#) (“the use of electronic communications to provide and deliver chiropractic- related information and chiropractic services, including chiropractic-related information and services, over any distance. Telehealth encompasses chiropractic care and chiropractic promotion activities, including education, advice, reminders, interventions, and the monitoring of interventions”).
- **Signed by the Governor April 19, 2021:** Updated standards of practice for [teledentistry](#).
- **Signed by the Governor April 26, 2021:** Add a new chapter to title 32 of the North Dakota Century Code that [defines “health care provider”](#) as someone engaged in telemedicine or telehealth.
- **Signed by the Governor May 7, 2021:** Audio-only telehealth may be used for [e-visits](#) (“A face-to-face digital communication initiated by a patient to a provider through the provider’s online patient portal”) and [virtual check-ins](#) (“A brief communication via telephone or other telecommunications device to decide whether an office visit or other telecommunications device to decide whether an office visit or other service is needed”) (**private payer law**).
- **Signed by the Governor May 7, 2021:** [Adds definitions](#) for e-visit, nonpublic facing portal, secure connection, and virtual check-in to Section 26.1-36-09.15 of the North Dakota Century Code.

South Dakota

Enacted updates

- **Effective January 1, 2020 (retroactive):** [COVID-19 liability protection](#) for health care providers.
- **Effective January 1, 2021 (retroactive):** The South Dakota Medicaid State Plan was altered to allow [substance use disorder agencies to be reimbursed an originating site fee](#) for acting as a telemedicine originating site.
- **Signed by the Governor March 9, 2021:** Health care providers offering telehealth (which does not include audio-only services) must [establish an appropriate patient-provider relationship](#) in the course of telehealth treatment.
- **Effective July 1, 2021:** South Dakota Medicaid has removed the "[same community limitation](#)" that previously prohibited telemedicine services from being covered if the patient and provider were both located in the same community

Wisconsin

Enacted updates

- **Published March 27, 2020:** Health care providers licensed in states other than Wisconsin may be [temporarily credentialed to provide telehealth services to patients within Wisconsin](#) IF the health care provider applies to the department for a temporary credential within 30 days of beginning to provide services **AND** is licensed without restrictions in their state **AND** has applied for a permanent credential granted by the department or an examining board, as applicable.
 - If the practitioner is providing health care services **ONLY** during the **COVID-19 national public health emergency** or during the **30 days immediately after the national emergency ends**, a temporary credential granted under this section to the health care provider expires 30 days after the national emergency ends. A practitioner providing services only during the COVID-19 national public health emergency or in the 30 days after the emergency need not have applied for a permanent credential granted by the department or an examining board.
- **Effective January 1, 2022 (published July 2021):** If POS code 02 is not listed as an allowable POS for a procedure code, [the service will not be reimbursed under permanent Medical Assistance telehealth policy](#). Providers will be required to bill permanent synchronous telehealth services with POS code 02 and the GT modifier.