

State Telehealth Advocacy

In the wake of the COVID-19 pandemic, telehealth continues to provide increased access to care from registered dietitian nutritionists and other health care professionals. As states transition from emergency laws and regulations to crafting permanent telehealth policies, RDNs and Academy state affiliates have an opportunity and a responsibility to advocate for strong policies that ensure continued access to nutrition care services delivered via telehealth.

The Academy's Stance on Telehealth

The Academy's Legislative and Public Policy Committee created and charged the Telehealth Task Force with developing a telehealth policy stance to guide the advocacy work of the Academy.

The following stance was adopted by the Board of Directors in April 2021 to aid the Academy and its members in advocating for strong telehealth policies:

- Nutrition care services are critical to comprehensive health care delivery systems and should be covered when provided via telehealth under the same coverage and payment policies as in-person care.
- Patients should have coverage for telehealth delivered via audio-only if they cannot effectively access or utilize audio-visual technologies.
- In declared emergency situations when access to qualified providers is otherwise severely impacted, the modification of certain consumer protection policies such as licensure and HIPAA requirements may be appropriate.
- Public funding and support for broadband internet, technology, digital literacy education and language services are necessary to address racial, economic and geographic health disparities and to address disabilities.
- Publicly funded research on telehealth should be nationally representative and include a wide variety of services and providers, including nutrition care services provided by registered dietitian nutritionists and nutrition and dietetics technicians, registered.

Telehealth Policy Landscape

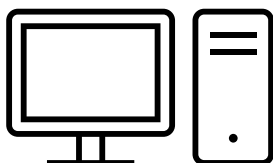
During the COVID-19 pandemic, many health professionals had to quickly shift to a virtual format to provide continued care in a safe manner, and state and federal governments put into place policies to strongly encourage this shift. The initial goal was to provide a safe way to maintain access to care, but many have now seen first-hand how telehealth can also help with challenges related to transportation and mobility, childcare or other family responsibilities and time away from work that present barriers to in-person care.

Telehealth policy is a patchwork of legislation and regulations at both the national level and state level, with internal policies from private payers layered on top, where applicable.

While the federal government sets Medicare policy and some guidelines for Medicaid and private payers, states have primary responsibilities for regulating private payers in their state, determining the specifics of their state Medicaid plans, and regulating how RDNs and other health care providers practice in the state.



Telehealth Advocacy Checklist



To help state affiliates assess telehealth legislation and regulations being developed by (or in) their states, below is a checklist of factors to help determine if a proposal is aligned with the Academy's telehealth policy stance. The checklist can also help identify improvements that your affiliate could advocate for to ensure patients in their state have access to nutrition care services delivered via telehealth.

	RDNs in all practice settings are identified as eligible to provide and bill for services delivered via telehealth.
	Medical nutrition therapy and other nutrition care services are eligible to be provided and billed for when delivered via telehealth.
	All patients will have access to services appropriately delivered via telehealth including from their own home and without restrictions based on where they live in the state.
	In-person visits should not be required before initiating nutrition care services via telehealth.
	Nutrition care services delivered via telehealth should be paid for at the same rate as in-person visits.
	The use of audio-only modalities should be allowed based on patients' needs and providers' professional judgement.
	States should provide funding (or leverage federal funds) to address broadband and technology access and affordability to improve patients' access to telehealth.
	States that are collecting data on telehealth to inform future policy changes should include collection of data related to RDNs and nutrition care services.

For questions on state telehealth policy, contact:

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Additional Resources

1. The Academy's telehealth policy stance: <https://www.eatrightpro.org/news-center/on-the-pulse-of-public-policy/from-the-hill/academy-unveils-telehealth-stance-for-use-in-policy-and-advocacy-initiatives>.
2. State Telehealth Laws and Reimbursement Policies. Center for Connected Health Care. Fall 2021. <https://www.cchpca.org/resources/state-telehealth-laws-and-reimbursement-policies-report-fall-2021/>
3. 2021 in Review: State Telehealth Policy Legislative Roundup. Center for Connected Health Care. December 2021. <https://www.cchpca.org/2021/12/2021-Legislative-Roundup-Enacted-Bills.pdf>
4. 50 State Public Health Emergency Survey. Center for Telehealth and e-Health Law. 2021. <https://docs.google.com/document/d/10sL6y5MmiUSb8XrRgA6MNScKgX4dm8gap2c-Jp5ZAis/edit>
5. State Action on COVID-19 database. National Conference of State Legislatures. 2022. <https://www.ncsl.org/research/health/state-action-on-coronavirus-covid-19.aspx>
6. Licensure and Telehealth. Academy of Nutrition and Dietetics. <https://www.eatrightpro.org/advocacy/licensure/licensure-and-telehealth>