

## Part II: Colorado in the National Framework

The [first part](#) of this series explored the recent history of telehealth policy development in Colorado and identified critical areas for further examination. In this issue brief, we will use those focus points to delve into how Colorado compares to national trends in telehealth that emerged in response to the COVID-19 pandemic.

The first issue brief in this series outlined key focus areas within telehealth policy, which provide umbrella categories for further examination of Colorado’s place in the national scope of telehealth policy.

Key Telehealth Policy Areas			
Payment and Reimbursement	Licensing	Connectivity	Standards of Practice
<ul style="list-style-type: none"> <li>• Eligible Providers</li> <li>• Coverage for Federally Qualified Health Centers (FQHCs)</li> <li>• Coverage of audio-only services</li> <li>• Asynchronous Telehealth (Store-and-Forward)</li> <li>• Payment Parity</li> <li>• Coverage Parity</li> </ul>	<ul style="list-style-type: none"> <li>• Out-of-State Licensure</li> <li>• Interstate Medical Licensure Compacts</li> </ul>	<ul style="list-style-type: none"> <li>• Statewide Broadband Connectivity</li> </ul>	<ul style="list-style-type: none"> <li>• Remote Patient Monitoring</li> <li>• Consent</li> <li>• Establishment of Patient-Provider Relationships</li> </ul>

### Scope of Colorado Telehealth Policy in 2024

Colorado has historically been ahead of the curve in adopting policies to advance the use of telehealth, legislating for payment parity and other trends that only became common across states years later and after the onset of the COVID-19 pandemic. As the following graphic shows, by the fall of 2023, Colorado continued to build out policies to address pressure areas highlighted by the pandemic and established a robust framework for the continued integration of sustained telehealth use within existing policy.

Colorado Key Telehealth Laws & Reimbursement Policies																	
Medicaid Reimbursement				Private Payer Law		Professional Requirements											
Live Video	Store-and-Forward	Remote Patient Monitoring	Audio Only	Law Exists	Payment Parity	Interstate Compacts ( <i>see key</i> )									Consent Requirement		
						APRN	ASLP-IC	CC	EMS	IMLC	NLC	OT	PA	PSY	PTC	SW	
●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
● - Policy not enacted ● - Policy in place																	
<b>Interstate Compacts Key</b>																	
<b>APRN</b> = Advanced Practice Nurse <b>ASLP-IC</b> = Audiology and Speech-Language Pathology Interstate <b>CC</b> = Counseling <b>EMS</b> = Recognition of EMS Personal Licensure Interstate <b>IMLC</b> = Interstate Medical Licensure <b>NLC</b> = Nurses Licensure									<b>OT</b> = Occupational Therapy <b>PA</b> = Physician Assistant <b>PSY</b> = Psychology Interjurisdictional <b>PTC</b> = Physical Therapy <b>SW</b> = Social Work								
Based on a <a href="#">resource</a> created by the <a href="#">Center for Connected Health Policy</a> (CCHP)																	

## Examining Cornerstone Issues in Telehealth Legislation

Now, we will take a more in-depth dive into how Colorado approaches these issues compared to the varied approaches of other states. Three of these key issues encompass a significant focus within telehealth policy development – *breaking down barriers to accessing and providing services*:

- I. Payment and Reimbursement
- II. Licensure and Compacts
- III. Medicaid Coverage & Reimbursement

These areas have evolved most notably at the national level, making them the most effective lens through which to explore Colorado’s place in the telehealth framework. The question of connectivity, a critical issue to Colorado in particular, will be explored in the series’ final installment.

### Payment and Reimbursement

After the onset of the COVID-19 public health emergency (PHE), most states established payment parity for commercial insurers to ensure equitable access to care for people utilizing telehealth services. Today, 28 states have implemented some kind of payment parity rules. Colorado, however, implemented payment parity much earlier in 2015 through [HB15-1029](#).

Then, in 2021, the Colorado General Assembly expanded telehealth definitions and reimbursement coverage considerably through [Revised Bulletin B-4.89](#).

New legislation ensured that Colorado’s Division of Insurance (DOI) would interpret telehealth parity to continue post-COVID-19 and encompass broadened services, including behavioral health, substance use disorder, occupational therapy, speech therapy, physical therapy, and dental services.

In 2023, Colorado further expanded coverage through [HB 23-1088](#), which explicitly established permanent payment parity for veterans receiving behavioral health services. While addressing payment parity has become a fundamental step for most states, these legislative efforts prove how Colorado continues to be among the most progressive.

**KEY DEFINITIONS:  
PARITY**

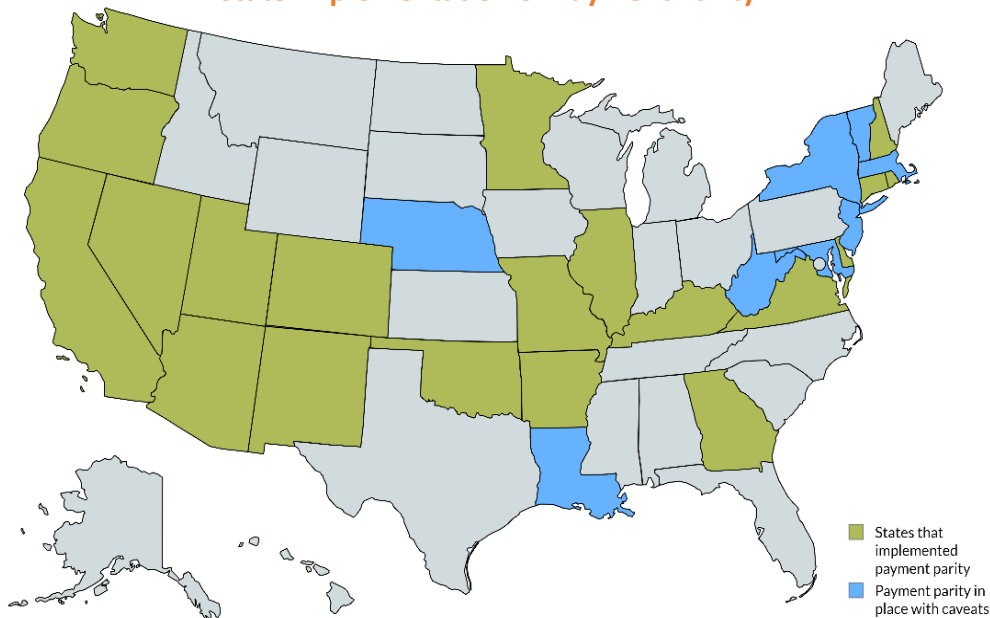
**Payment Parity** – When insurers pay the same rate for telehealth services as they would for an equivalent in-person service.

**Coverage Parity** – When payers cover a service via telehealth the same as the service would be covered in-person.

*Definitions from [Center for Connected Health Policy](#)*

To see details on each state’s approach to telehealth parity, review Manatt Health’s [updated policy tracker](#).

**State Implementation of Payment Parity**



Map based on resource provided by webinar [“State Telehealth Policy Landscape: 2024 Developments”](#) from [Southwest Telehealth Resource Center](#)

## Telehealth Toolkit:

### *CIVHC's Telehealth vs. In-Person Services Payment Parity Analysis*

In 2023, CIVHC conducted [an analysis](#) on behalf of the DOI and Office of e-Health Innovation (OeHI) to determine if there is payment parity between in-person and telehealth services in Colorado. The report found improvement towards parity, with 28 of 70 Current Procedural Terminology (CPT) codes showing lower reimbursement rates for telehealth, a notable improvement from an analysis in 2020 that found 48 of the same 70 CPT codes showing lower rates.

## Licensure & Compacts

The question of opening telehealth access through the approach to provider licensure will be examined alongside state compacts, which are pathways allowing physicians expedited licensure to deliver care unencumbered by restrictions of state borders.

### Licensure

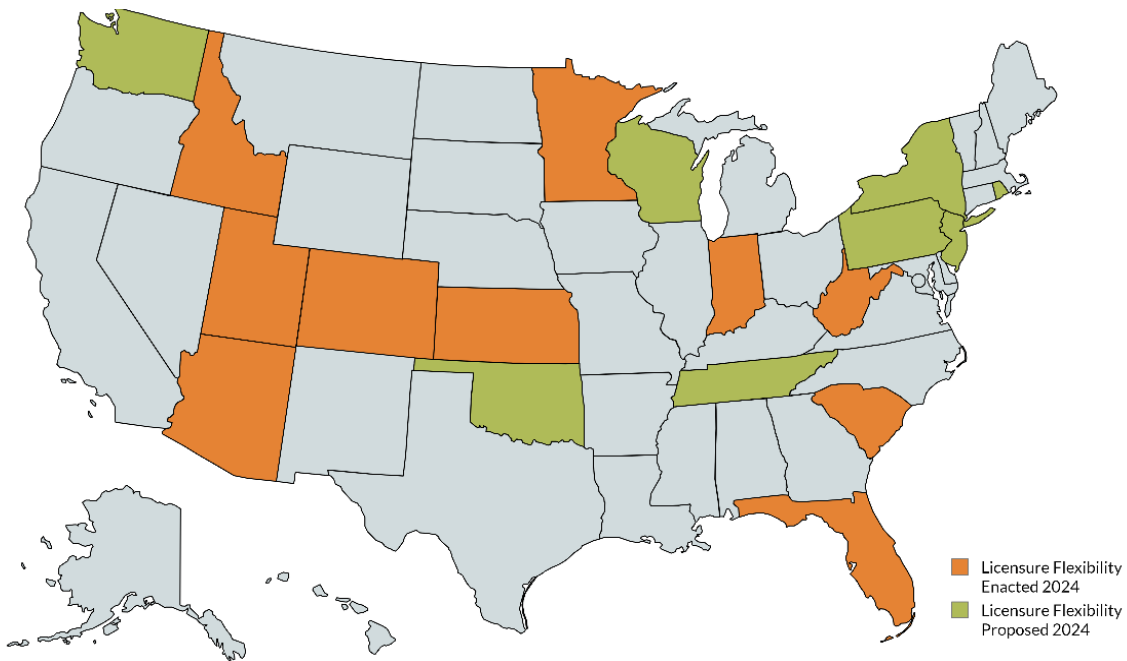
Licensure, or the ability to provide services in a particular state, is another notable stress point impacting access that policymakers addressed during the PHE. Colorado was among the states that quickly removed or reduced the barriers preventing providers from working across state lines to expand access to care and accommodate the massive surge in patients needing telehealth. Restrictions were lifted federally and across the board at the state level.

While many states have let those temporary flexibility provisions introduced during the COVID-19 pandemic lapse, [Colorado is among those](#) continuing to explore the benefits of licensure flexibility as a way to leverage providers and increase access to care beyond geographic borders.

At the end of the 2024 legislative session, Colorado became one of a handful of states to formalize licensure flexibility with the passage of [SB24-141](#). The bill creates a registration model where out-of-state providers in good standing may provide care in Colorado by registering with their applicable board and meeting a small set of requirements.

States approach interstate telehealth in a wide variety of ways, ranging from providing special temporary licenses or certificates, registration with a state board, and a number of other opportunities for cross-state providers. While there is no one-size-fits-all approach, the interest in pursuing interstate telehealth care and licensure flexibility continues to build steadily. As of early 2024, 10 states have enacted licensure flexibility across the United States, while another eight at least put forward some kind of legislation to introduce it in their legislative year.

## State Enactment of Licensure Flexibility in 2024



Map based on resource provided by webinar "[State Telehealth Policy Landscape: 2024 Developments](#)" from [Southwest Telehealth Resource Center](#)

### Telehealth Toolkit:

*Southwest Telehealth Resource Center*

The [Southwest Telehealth Resource Center](#) advances and promotes the use of telehealth services in the Southwest. They provide resources and track telehealth legislation in each of the states in the Four Corners Region (Colorado, New Mexico, Arizona, and Utah), as well as provide a great deal of trainings, informative resources, and educational tools around the integration of telehealth both in the Southwest and across the country.

## Interstate Compacts

Another popular way to reduce the barriers created by state lines in telehealth practice is by enacting state compacts. A majority of states are now members of the Interstate Medical Licensure Compact, offering a pathway for providers licensed in other states to receive an expedited license to provide care in Colorado and other member states.

After it was created in 2014, Colorado became one of the first states to join the Interstate Medical Licensure Compact through [HB16-1047](#). Colorado then expanded its number of compacts in response to the pandemic, opening the door for multiple provider types to work within the state. To date, Colorado has enacted most of the available compacts.

Interstate Compacts for Health Professionals			
Professional Compact	States Enacted	States Considering	Colorado Status
Interstate Medical Licensure Compact (IMLC)	39 + DC, Guam	4	✓
Nurse Licensure Compact (NLC)	41	9	✓
Social Workers Compact	4	20	✓
Physician Assistant Licensure Compact	3	15	✓
Counseling Compact	33	11	✓
Psychology Interjurisdictional Compact (PSYPACT)	41	5	✓
Audiology & SLP Interstate Compact (ASLP-IC)	30	9	✓
Occupational Therapy Licensure Compact	28	9	✓
Physical Therapy Compact	36 + DC	9	✓
Advanced Practice Registered Nurse Compact <i>(not yet active)</i>			
Social Worker Compact <i>(not yet active)</i>			

Table based on resource provided by [Southwest Telehealth Resource Center](#)

See how Colorado stacks up against other states in compact agreements with [this infographic](#) from the CCHP.

## Medicaid Coverage & Reimbursement

The handling of telehealth integration and reimbursement within Medicaid programs is an area of particular focus for legislators nationwide and at the federal level. It brings with it a host of

questions about how telehealth services are defined and how reimbursement policies are legislated.

There is a good deal of nuance and specificity to each of these policies. For that reason, this brief will only briefly outline how they are approached in Colorado. To understand these policies and considerations in greater detail, review the [policy trends maps](#) from CCHP and the [Colorado-specific legislation page](#).

As the table below demonstrates, Health First Colorado (Colorado’s Medicaid program) provides reimbursement for many telehealth service types often called into question under other state Medicaid programs. This was primarily a result of the COVID-19 pandemic, when Health First Colorado quickly expanded the types of services that count as telehealth, such as telephone calls or online chat.

**KEY DEFINITIONS:  
MEDICAID REIMBURSEMENT**

**Store-and-Forward** – The electronic transmission of medical information to a practitioner, usually a specialist, who uses information to evaluate the case or render a service outside of a real-time or live interaction.

**Remote Patient Monitoring** -- The collection of a wide range of health data from the point of care, such as vital signs, weight, and blood pressure.

**Audio Only** – Reimbursement for services provided over a telephone without use of video.

**Originating Site** – The location of the patient or patient’s physician during a telehealth encounter or consult.

*Definitions from [Center for Connected Health Policy](#)*

Medicaid Reimbursement at A Glance		
Service	States Providing Reimbursement	Colorado Status
Live Video Reimbursement	50 + DC	✓
Audio Only Reimbursement	43	✓
Remote Patient Monitoring Reimbursement	37	✓
Store-and-Forward Reimbursement	33	X
Originating Site List or Restrictions	17	X

## BREAKOUT: ORIGINATING SITE RESTRICTIONS

**Originating Site** - Where the patient and/or the patient's physician is located during the telehealth encounter or consult.

Some Medicaid programs keep *originating site* lists or lists of locations that qualify as an originating site. Under COVID-19, many of these evolved to include the home and school as an originating site, expanding qualification criteria. While 45 states recognize the home as an originating site, 17 still have specific listings and eligibility requirements within their originating site lists, which can cause restrictions.

Definitions from [Center for Connected Health Policy](#)

The only service not currently reimbursed in some capacity is “store-and-forward” technologies, as Colorado policies stipulate that a patient must be present during any telehealth visit, barring the use of store-and-forward technologies. This is fairly common, as many other states have definitions similar to those in Colorado.

To learn more about specific reimbursement policies, the Southwest Telehealth Resource Center has a detailed [reimbursement guide](#).

### Telehealth Toolkit:

#### *CCHP CCHP's State Telehealth Laws and Medicaid Program Policies Report (Fall 2023)*

In the fall of 2023, CCHP released its [latest report](#) on the state of telehealth laws and Medicaid program policies. The report offers a thorough examination of the policies outlined here, as well as information on other important considerations in telehealth policy not discussed in this brief, such as Federally Qualified Health Centers.

Colorado is widely regarded as progressive in advancing telehealth and policy development. The state continues to be at the forefront of nuanced discussions in navigating the implementation of telehealth policies and has served as a model for other states working on policy in these areas to turn towards.

Despite this, Colorado also still faces a unique set of challenges. In the next and final installment of this series, we will turn to the future of Colorado policy, explore where roadblocks still exist, and investigate how policymakers will be approaching further integration of telehealth in the future.