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Colorado, Nevada, Oregon & Washington Announce Coordination on Telehealth

CARSON CITY, NV – Building on a previous announcement regarding COVID re-opening, Colorado Governor Jared Polis, Nevada Governor Steve Sisolak, Oregon Governor Kate Brown and Washington Governor Jay Inslee announce that their states will be working together on telehealth issues.

Joint statement from the Governors:

The coronavirus pandemic has heightened the demand for telehealth services nationally, and in our states. With patients reluctant to seek in person care due to exposure risk and transportation access issues, telehealth has offered a way for patients to connect with health providers while mitigating exposure risk. It has also highlighted some of the inequities of our healthcare systems.

During the COVID-19 crisis, each state has sought flexibilities from the federal government to expand health services available through telehealth, modify payment policy for services provided using this modality, and expand the allowable technologies used to provide telehealth services. The federal Center for Medicare and Medicaid Services (CMS) has recently announced its intention to make permanent some of the telehealth flexibilities afforded during this pandemic. Telehealth is here to stay.
Our states have significant individual and collective experience with telehealth. To ensure that the nation benefits from our knowledge as changes to federal regulations are contemplated, to support continued application and availability of telehealth in our states, and to ensure that we address the inequities faced in particular by tribal communities and communities of color, we are announcing that Colorado, Nevada,

Oregon and Washington have agreed to work together to identify best practices that support telehealth services for residents of our states. We will have individual state-driven approaches to implementing telehealth policies, but our work will be guided by seven overarching principles:

1. Access: Telehealth should be used as a means to promote adequate, culturally responsive, patient-centered equitable access to health care, and to ensure provider network adequacy.

2. Confidentiality: Patient confidentiality should be protected, and patients should provide informed consent to receive care and the specific technology used to provide it.

3. Equity: We will focus on improving equitable access to providers and addressing inequities and disparities in care. Telehealth should be available to every member, regardless of race, ethnicity, sex, gender identity, sexual orientation, age, income, class, disability, immigration status, nationality, religious belief, language proficiency or geographic location.

4. Standard of Care: Standard of care requirements should apply to all services and information provided via telehealth, including quality, utilization, cost, medical necessity and clinical appropriateness.

5. Stewardship: Our states will require the use of evidence-based strategies for the delivery of quality care, and will take steps to mitigate and address fraud, waste, discriminatory barriers and abuse.

6. Patient choice: Patients, in conjunction with their providers, should be offered their choice of service delivery mode. Patients should retain the right to receive health care in person.

7. Payment/reimbursement: Reimbursement for services provided via telehealth modalities will be considered in the context of individual state's methods of reimbursement.

We intend to work with our federal partners on telehealth and invite them to commit to a similar coordinated and principle-driven approach.

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