Variation in Teledentistry Regulation by State

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BACKGROUND

- Prior to the COVID-19 pandemic, the use of teledentistry was limited
- Adoption was hindered by many factors including:
  - Reluctance to innovate
  - Concerns about costs related to infrastructure and software
  - Reservations about having necessary technological skills to use teledentistry
  - Concerns about patients' acceptance of a virtual visit
- The COVID-19 pandemic impacted the adoption and expansion of teledentistry:
  - Full or partial closure of health care provider organizations, including dental practices, catalyzed innovative thinking about how best to connect patients with providers
  - Executive orders encouraged use of telehealth to care for patients
  - Federal directives expanded reimbursement for teledentistry
  - Teledentistry was enabled by emergency directives that loosened stringent HIPPA requirements

STUDY OBJECTIVES

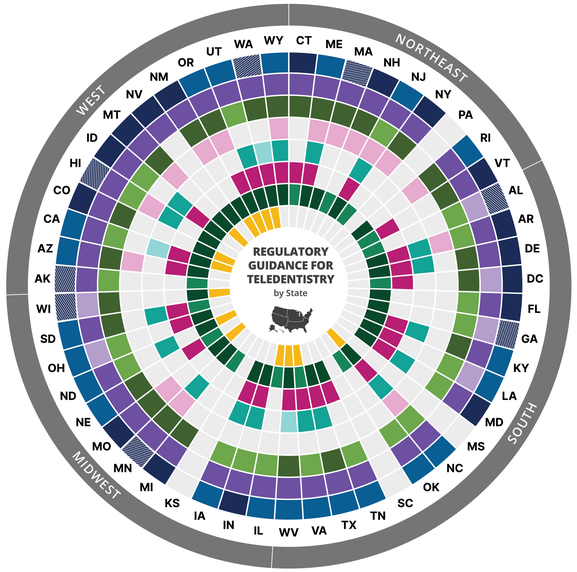
- To describe the impact of the COVID-19 pandemic on the delivery of oral health services in the dental safety-net using teledentistry to consult with patients
  - Objective 1: Conduct a review of enabling statutes and regulations for the provision of teledentistry services in each of the regulatory jurisdictions in the US
  - Objective 2: Develop an Infographic

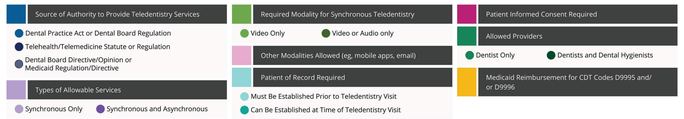
METHODS

- Collaborated with NNOHA to identify most pertinent topics around teledentistry regulation
- Compiled a dictionary of regulatory parameters for providing teledentistry services in each of the 50 states and the District of Columbia
- Reviewed and subsequently compiled data to:
  - Understand basic circumstances and permissions for the conduct of teledentistry services in each jurisdiction
  - Determine common elements that could be compared across states
  - Identify current standing law that guided the provision of teledentistry once executive orders expanding privileges had or would expire

RESULTS

FIGURE 1. Variation in Teledentistry Regulation by State





- Synchronous teledentistry was limited to only video in 21 states
  - Video or audio was permitted in 24 states and DC
- Teledentistry services via other modalities (such as mobile apps and email) were permitted in 16 states
- Three states required that a patient must be an established patient of record prior to a teledentistry visit, while 18 states allowed a patient to become established as a patient of record during the teledentistry visit
- Patient-informed consent was required for any teledentistry visit in 26 states and DC

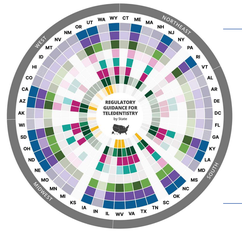


FIGURE 2. Source of Authority to Provide Teledentistry Services (in Dental Practice Act or Dental Board Regulation)

Teledentistry was in Dental Practice Act or Dental Board Regulation in 22 states, in telehealth/telemedicine statute or regulation in 16 states and DC, and in dental board directive/opinion or Medicaid regulation/directive in 8 states

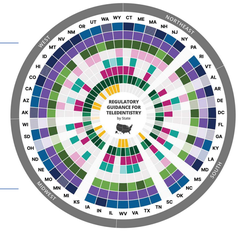


FIGURE 3. Types of Allowable Services (Synchronous and Asychronous)

Synchronous and asynchronous teledentistry were allowed in 41 states, while synchronous-only teledentistry was allowed in 5 states and DC

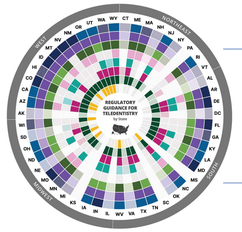


FIGURE 4. Allowed Providers (Dentists and Dental Hygienists)

Dentists and dental hygienists were allowed to provide care via teledentistry in 34 states, while only dentists were allowed to provide teledentistry in 12 states and DC

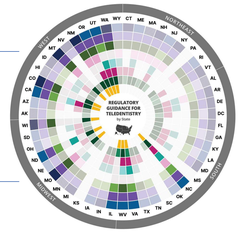


FIGURE 5. Medicaid Reimbursement for CDT Codes D9995 and D9996

Medicaid reimbursed CDT codes D9995 and D9996 in 14 states

CONCLUSIONS

- Telehealth legislation is highly nuanced; in some states, regulatory language is detailed and descriptive, while in other states they are vague and subject to broad interpretation
- Fundamental terminology and definitions related to virtual services vary considerably, suggesting that teledentistry is still an emerging practice
- Sources of regulatory authority vary widely in states, as do the ways in which teledentistry use is addressed
- Infographic informs providers, policymakers, and teledentistry advocates of the variation of teledentistry regulation across states

LINK TO INFOGRAPHIC

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