

Variation in Teledentistry Regulation by State

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Re-Introduction to Teledentistry

- Prior to the COVID-19 pandemic, the use of teledentistry was limited mostly to providers and programs focused on specific populations of patients
- Adoption was hindered by many factors including:
 - 1) Reluctance to innovate
 - 2) Concerns about costs related to infrastructure and software
 - 3) Reservations about having the necessary technological skills to use teledentistry to the benefit of patients (Tiwari et al, 2022)
 - 4) Concerns about patients' acceptance of a virtual visit (Hung et al, 2022)
- The full or partial closure of health care provider organizations, including dental practices, catalyzed innovative thinking about how best to connect patients with providers

Re-Introduction to Teledentistry

- Executive orders encouraged use of technology to care for patients
- Federal directives expanded reimbursement for teledentistry
- Teledentistry was also enabled by emergency directives that loosened stringent HIPPA requirements
- For this project we wanted 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: Infographic development

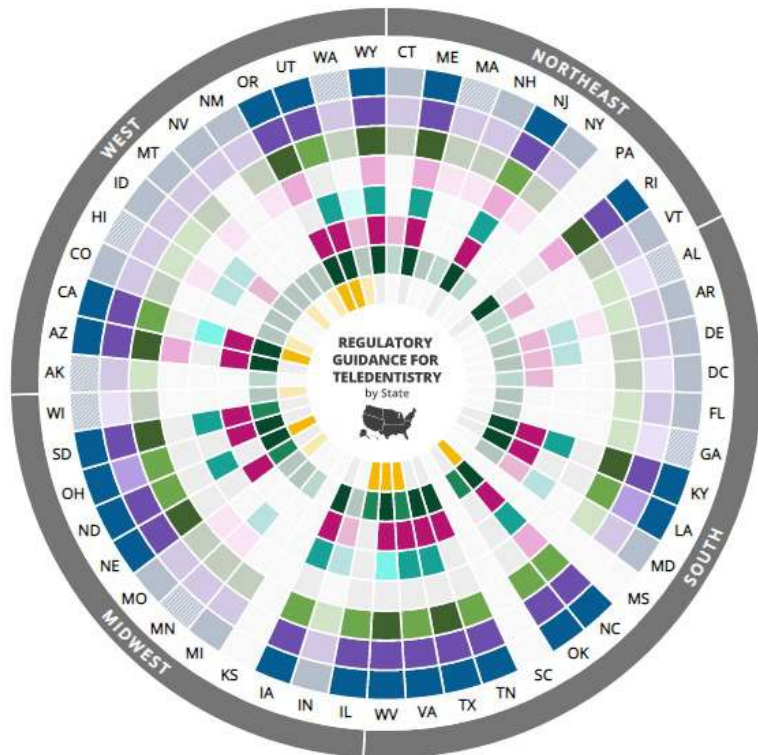
Variation in Teledentistry Regulation by State

- Compiled a dictionary of regulatory parameters for providing teledentistry services in each of the 50 states and the District of Columbia
- The review and subsequent compilation of data were conducted to:
 1. Understand the basic circumstances and permissions for the conduct of teledentistry services in each jurisdiction
 2. Determine common elements that could be compared across states
 3. Identify current standing law that guided the provision of teledentistry once executive orders expanding privilege had or would expire
- Collaborated with NNOHA to identify the most pertinent topics around teledentistry regulation
- Researchers reviewed regulation and guidance documents in every state
- Compared findings to findings of the Center for Connected Health Policy, the American Dental Education Association, and MouthWatch to validate

Source of Authority to Provide Teledentistry Services

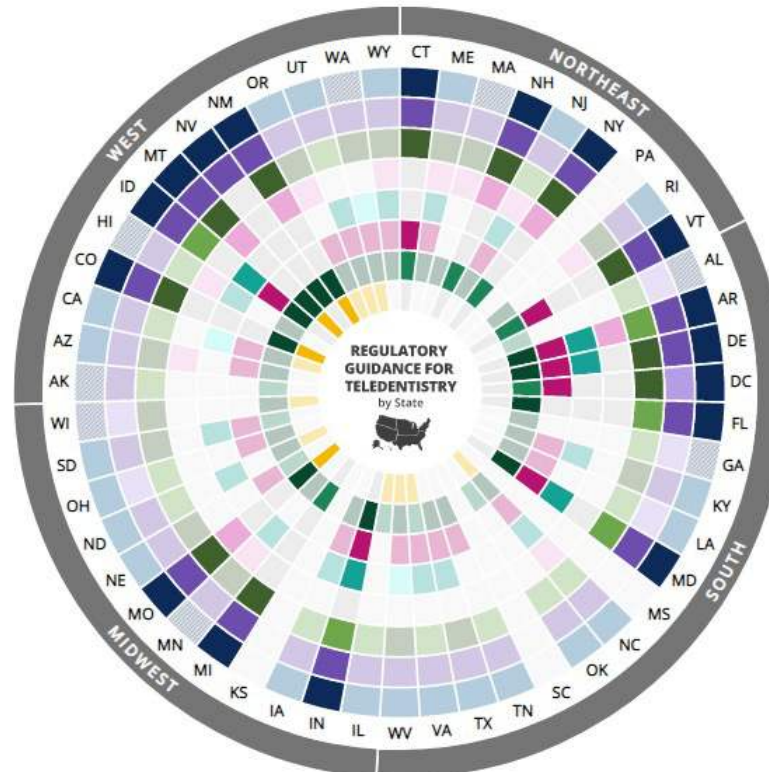
Dental Practice Act or Dental Board Regulation

Arizona, California, Illinois, Iowa, Kentucky, Louisiana, Maine, Nebraska, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wyoming (22 states)



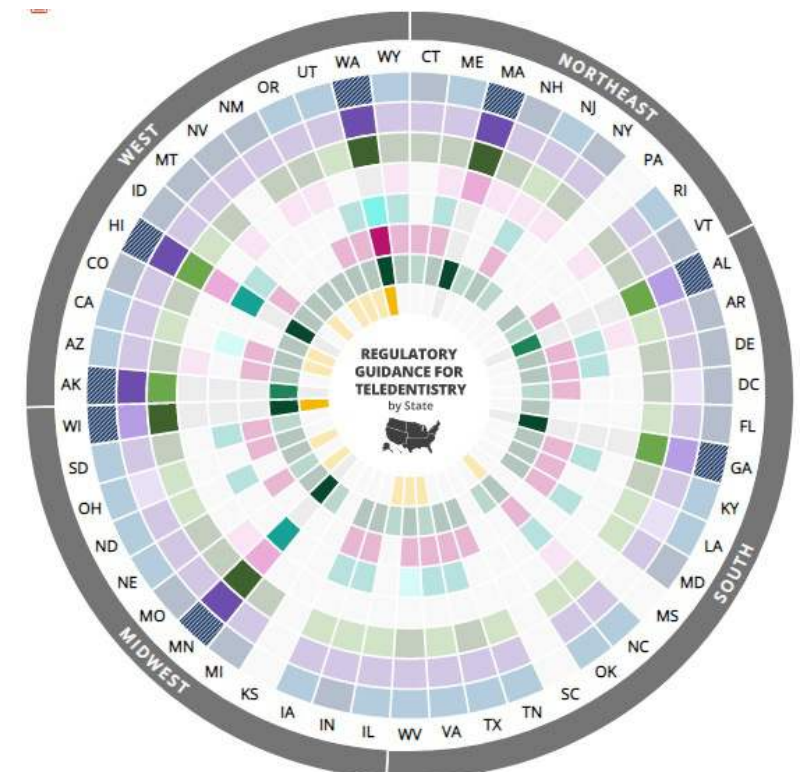
Telehealth/Telemedicine Statute or Regulation

Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Idaho, Indiana, Maryland, Michigan, Missouri, Montana, Nevada, New Hampshire, New Mexico, New York, Vermont (16 states and DC)



Dental Board Directive/Opinion or Medicaid Regulation/Directive

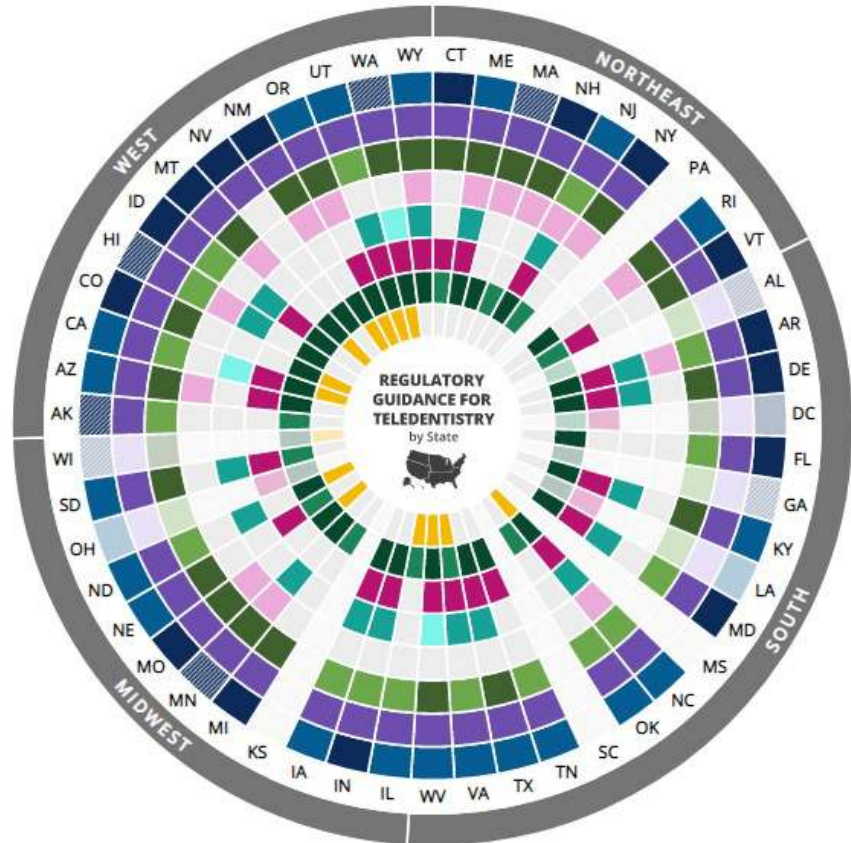
Alabama, Alaska, Georgia, Hawaii, Massachusetts, Minnesota, Washington, Wisconsin (8 states)



Types of Allowable Services

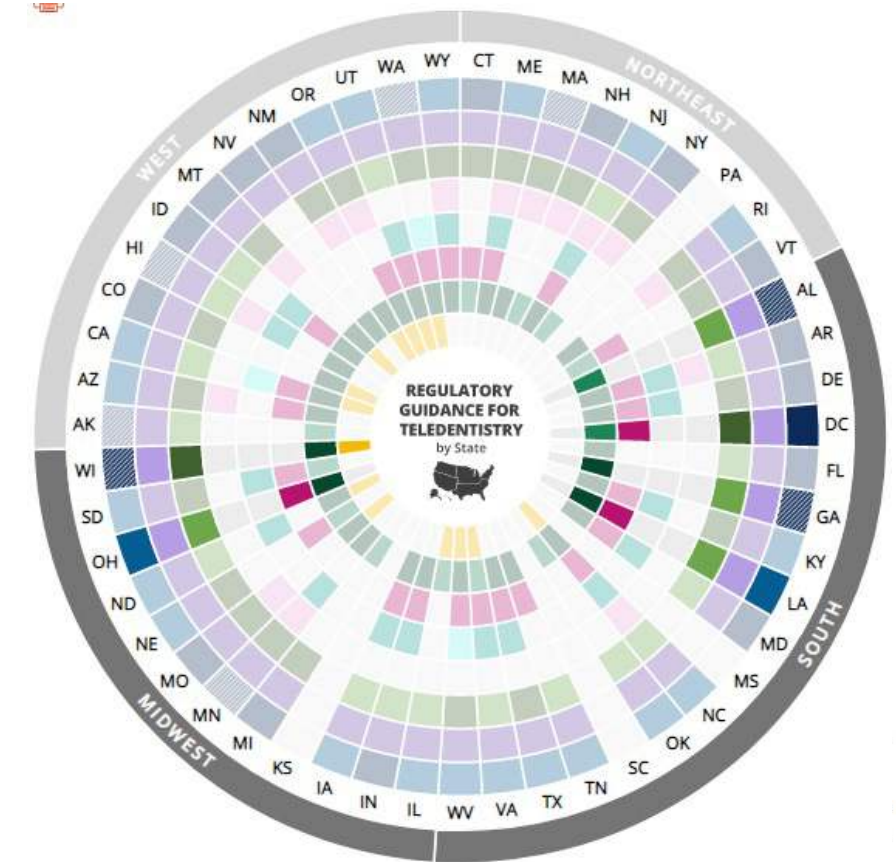
Synchronous and Asynchronous

Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wyoming (41 states)



Synchronous Only

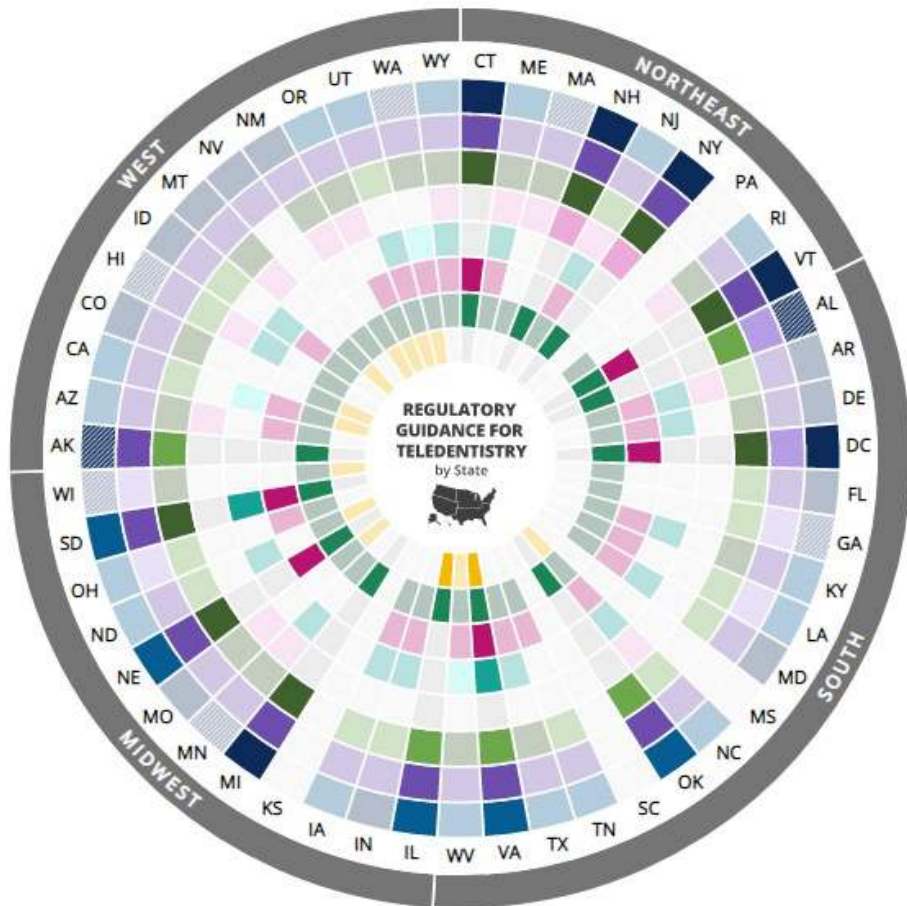
Alabama, District of Columbia, Georgia, Louisiana, Ohio, Wisconsin (5 states and DC)



Allowed Providers

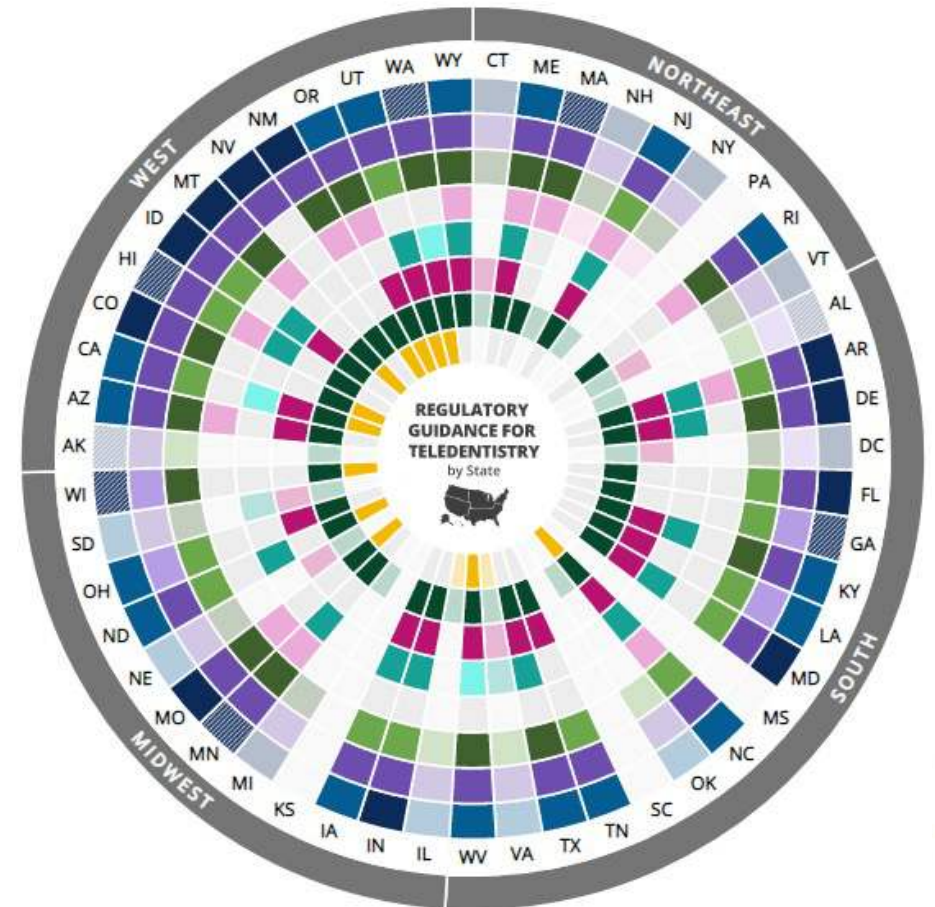
Dentists Only

Alabama, Alaska, Connecticut, District of Columbia, Illinois, Michigan, Nebraska, New Hampshire, New York, Oklahoma, South Dakota, Vermont, Virginia (12 states and DC)

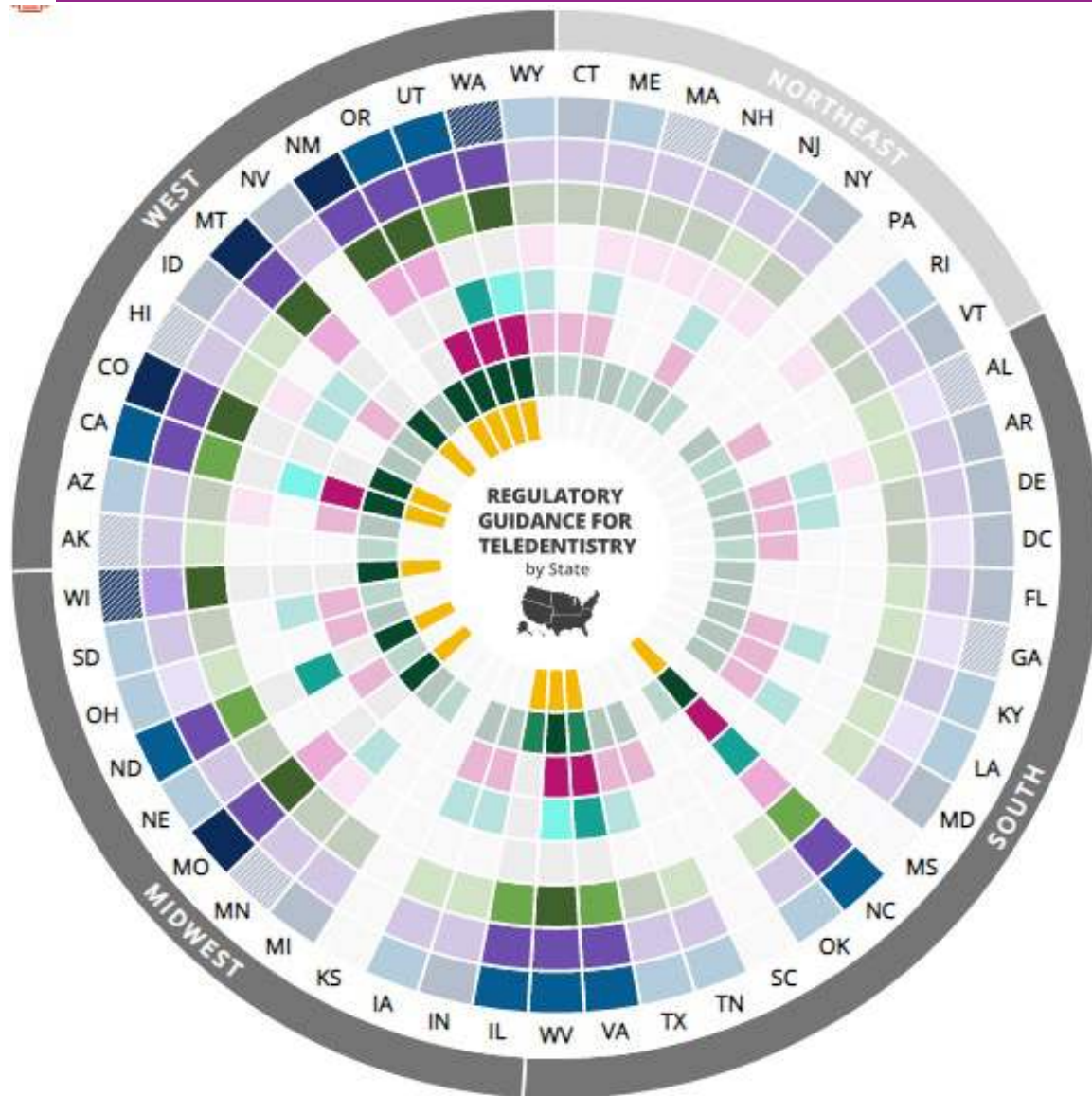


Dentists and Dental Hygienists

Arizona, Arkansas, California, Colorado, Delaware, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Missouri, Montana, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin, Wyoming (34 states)



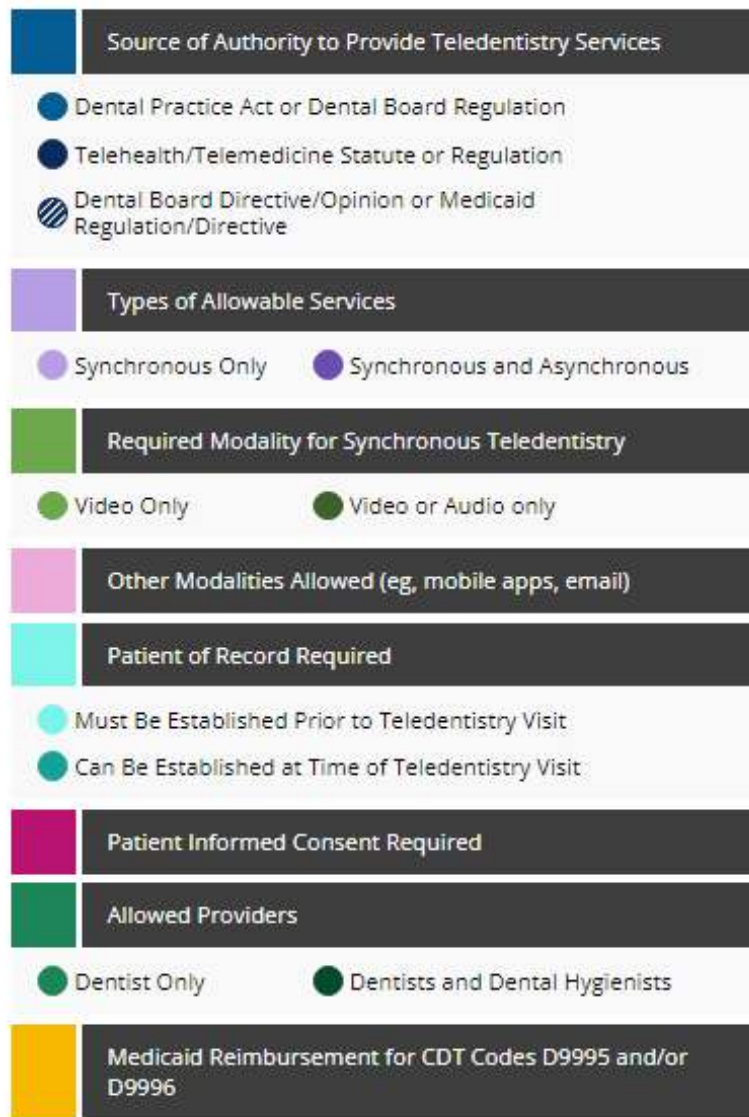
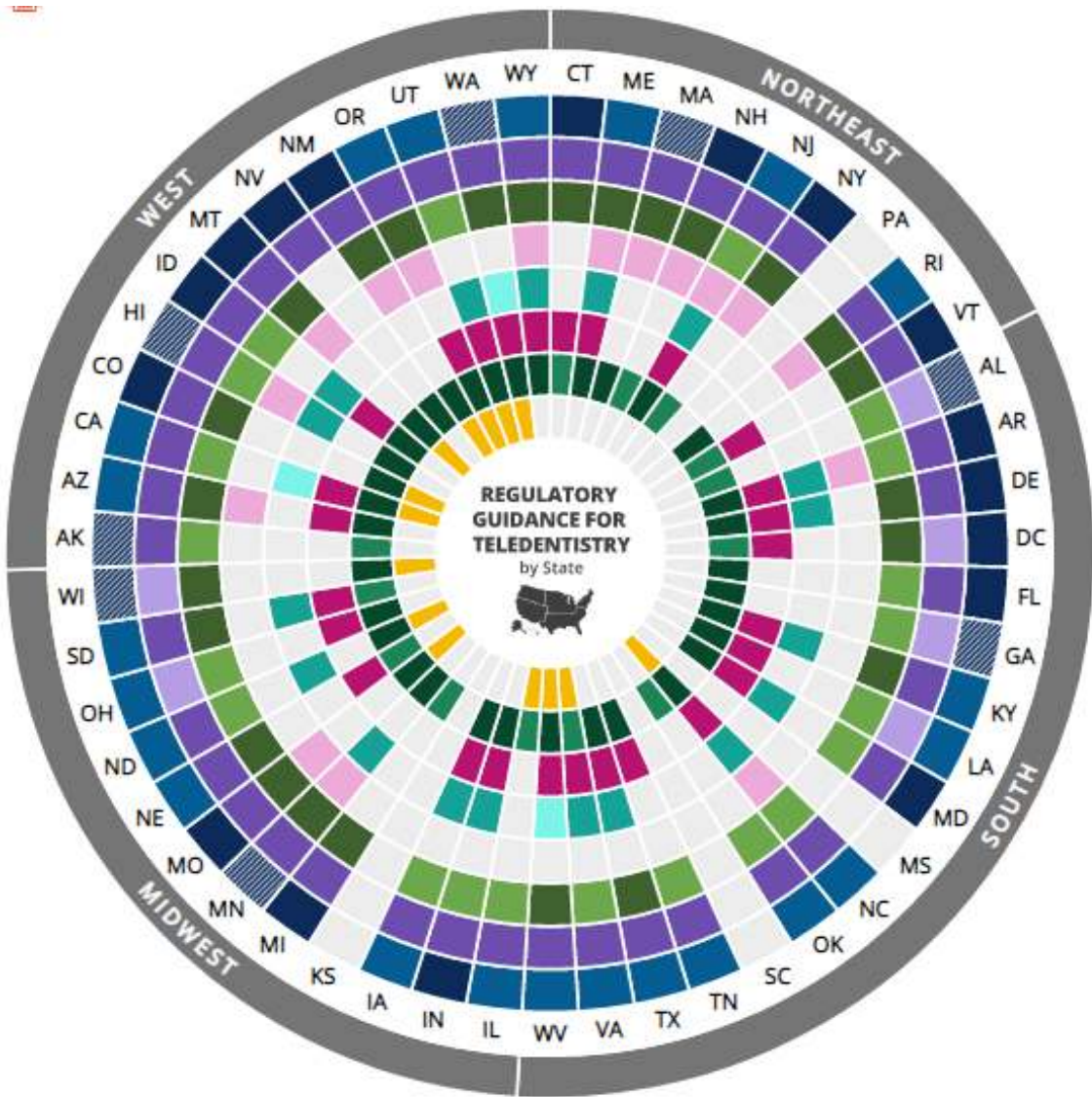
Medicaid Reimbursement for CDT Codes D9995 and/or D9996



Medicaid Reimbursement for CDT Codes D9995 and D9996 offered in:

California, Colorado, Illinois, Missouri, Montana, New Mexico, North Carolina, North Dakota, Oregon, Utah, Virginia, Washington, West Virginia, Wisconsin (14 states)

Variation in Teledentistry Regulation by State



Conclusion

- The sources of regulatory authority vary widely in states, as do the ways in which appropriate usage is addressed
- 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
- This suggests that teledentistry is still an emerging practice
- Infographic will inform providers, policymakers, and teledentistry advocates of the variation of teledentistry regulation across states
- An opportunity to understand and advocate for (a small measure of) conformity which may further expand access to care through teledentistry.

References

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- ADEA. American Dental Education Association. Comparison of state statutes and regulations that address requirements and permissible practices for teledentistry or telehealth conducted by oral health practitioners. <https://adea.org/uploadedFiles/ADEA/Download/ADEA-Teledentistry-Requirements-and-Permissable-Practices-Comparison-Chart.pdf>
- MouthWatch. Teledentistry regulations in your state. <https://www.mouthwatch.com/teledentistry-in-your-state-regulations-quick-facts/>

Questions?

- For more information, please email me at: tfernando@albany.edu

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