

New Hampshire

Medicaid Program: New Hampshire Medicaid

Program Administrator: Dept. of Health and Human Services

Regional Telehealth Resource Center: Northeast Telehealth Resource Center www.netrc.org

New Hampshire Policy At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✗	✓	✗	NLC, PTC, IMLC, PSYPACT, EMS	✗

New Hampshire Detailed Policy

Medicaid Telehealth Reimbursement	Summary	<p>New Hampshire Medicaid follows the Center for Medicare and Medicaid Services requirements and Federal regulations for the use of telehealth and telemedicine. Reimbursement is available for live video under some circumstances. New Hampshire statute has a definition for store-and-forward and remote patient monitoring, and states that the Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services. It states that primary care, remote patient monitoring and substance use disorder services shall only be covered in the event that the patient has already established care at an originating site via face-to-face in-person service, with a few exceptions. Statute does not prohibit the Medicaid program from providing coverage for only those services that are medically necessary and subject to all other terms and conditions of the coverage.</p> <p>Source: NH Revised Statutes 167:4-d. (Accessed Sept. 2020).</p>
	Definitions	<p>“Telehealth services” shall comply with 42 C.F.R. section 410.78, except for 42 C.F.R. section 410.78(b)(4). The use of the term “telemedicine” shall comply with the Centers for Medicare and Medicaid Services requirements governing the aforementioned telehealth services.</p> <p>Source: NH Revised Statutes 167:4-d. (Accessed Sept. 2020).</p>
	Live Video Policy	<p>The Medicaid program shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the Medicaid program provides coverage and reimbursement for health care services provided in person. The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services.</p> <p>NH Medicaid is required by statute to cover Medicaid-covered services provided within the scope of practice of a physician or other health care provider as a method of delivery of medical care. The appropriate application of telehealth services provided by physicians and other health care providers is determined by the department based on the Centers for Medicare and Medicaid Services regulations, and also includes persons providing psychotherapeutic services.</p>



NH Medicaid is not prohibited from providing coverage for only those services that are medically necessary and subject to all other terms and conditions of the coverage.

Telemedicine services for primary care, remote patient monitoring and substance use disorder services are covered only when the patient has established care at an originating site via face-to-face in-person service. Exceptions include:

- The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);
- The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;
- The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);
- The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or
- The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f)

Source: NH Revised Statutes 167:4-d (HB 1623 – 2020 Session). (Accessed Sept. 2020).

“Telehealth services” shall comply with 42 C.F.R. section 410.78, except for 42 C.F.R. section 410.78(b)(4). This sections limits telehealth services to specific CPT/HCPCS codes.

New Hampshire Medicaid is required by statute to provide coverage for Medicaid-covered services provided within the scope of practice of a physician or other health care provider. It must be an appropriate application of telehealth services, as determined by the department based on CMS regulations and also includes psychotherapeutic services.

Primary care, remote patient monitoring & substance use disorder shall only be covered in the event that the patient has already established care at an originating site via face-to-face in-person service. Exceptions include:

- The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);
- The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;
- The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);
- The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or
- The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f) and
- By which an individual shall receive medical services from a physician or other health care provider who is an enrolled Medicaid provider without in-person contact with that provider.

The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services. The combined amount of reimbursement that the Medicaid program allows for the compensation to the distant site and the originating site shall not be less that the total amount allowed for health care services provided in person.

With written consent of the patient receiving medication assisted treatment through telehealth services provided under this section, the health care provider shall provide notification of the patient’s medication assisted treatment to the doorway.

The department shall adopt rules to carry out this section.

Source: NH Revised Statutes 167:4-d (HB 1623 – 2020 Session). (Accessed Sept. 2020).



Eligible Providers

“Telehealth services” shall comply with 42 C.F.R. section 410.78, except for 42 C.F.R. section 410.78(b)(4). This sections limits providers that can be reimbursed for telehealth to the following:

- Physician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Nurse-midwife
- Clinical psychologist and clinical social worker (may not seek payment for medical evaluation and management services)
- Registered dietician or nutrition professional
- Certified registered nurse anesthetist

Source: *NH Revised Statutes 167:4-d & 42 CFR Sec. 410.78(b)(2) & Centers for Medicare and Medicaid Services. Medicare Learning Network Booklet, p. 6-9. (March 2020). (Accessed Sept. 2020).*

Medical providers below shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media. Medical providers include, but are not limited to, the following:

- Physicians and physician assistants, governed by RSA 329 and RSA 328- D;
- Advanced practice nurses, governed by RSA 326-B and registered nurses under RSA 326-B employed by home health care providers
- Midwives
- Psychologists
- Allied Health Professionals
- Dentist
- Mental health practitioners
- Community mental health providers employed by community mental health programs
- Alcohol and other drug use professionals
- Dietitians
- Professionals certified by the national behavior analyst certification board or persons performing services under the supervision of a person certified by the national behavior analyst certification board.

Source: *NH Revised Statutes 167:4-d. (Accessed Sept. 2020).*

Eligible Sites

There shall be no restriction on eligible originating or distant sites for telehealth services. An originating site means the location of the member at the time the service is being furnished via a telecommunication system. A distant site means the location of the provider at the time the service is being furnished via a telecommunication system.

Source: *NH Revised Statutes Annotated, 167:4-d, (NH HB 1623, 2020 Session). (Accessed Sept. 2020).*

“Originating site” means the location of the patient, whether or not accompanied by a health care provider, at the time services are provided by a health care provider through telemedicine, including, but not limited to, a health care provider’s office, a hospital, or a health care facility, or the patient’s home or another nonmedical environment such as a school-based health center, a university-based health center, or the patient’s workplace.

Source: *: NH Revised Statutes 167:4-d. (Accessed Sept. 2020).*

Geographic Limits

New Hampshire Medicaid does not follow 42 CFR 410.78(b)(4), listing geographic and site restrictions on originating sites.

Source: *NH Revised Statutes 167:4-d. (Accessed Sept. 2020).*



Medicaid Telehealth Reimbursement

Store-and-Forward	Live Video	<p>Facility/Transmission Fee</p> <p>New Hampshire Medicaid complies with the Centers for Medicare and Medicaid Service requirements for telehealth. Based on the Medicare requirements, originating sites are eligible for a facility fee.</p> <p>Source: <i>NH Revised Statutes 167:4-d & Centers for Medicare and Medicaid Services. Medicare Learning Network Booklet, p. 10. (March 2020). (Accessed Sept. 2020).</i></p>
	Policy	<p>New Hampshire statute addressing Medicaid has a definition for store-and-forward as it pertains to telemedicine and as an exception to 42 CFR 410.78.</p> <p>Store-and-forward means the use of asynchronous electronic communications between a patient at an originating site and a health care service provider at a distant site for the purpose of diagnostic and therapeutic assistance in the care of patients. This includes the forwarding and/or transfer of stored medical data from the originating site to the distant site through the use of any electronic device that records data in its own storage and forwards its data to the distant site via telecommunication for the purpose of diagnostic and therapeutic assistance.</p> <p>The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services.</p> <p>Source: <i>NH Revised Statutes 167:4-d. (Accessed Sept. 2020).</i></p>
	Eligible Services/Specialties	<p>No reference found.</p>
	Geographic Limits	<p>No reference found.</p>
	Transmission Fee	<p>No reference found.</p>



Remote Patient Monitoring

Policy

“Remote patient monitoring” means the use of electronic technology to remotely monitor a patient’s health status through the collection and interpretation of clinical data while the patient remains at an originating site. Remote patient monitoring may or may not take place in real time. Remote patient monitoring shall include assessment, observation, education and virtual visits provided by all covered providers including licensed home health care providers.

Remote patient monitoring shall only be covered in the event that the patient has already established care at an originating site via face-to-face in-person service; A provider shall not be required to establish care via face-to-face in-person service when:

- The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);
- The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;
- The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);
- The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or
- The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f); and
- by which an individual shall be construed to prohibit the Medicaid program from providing coverage for only those services that are medically necessary and subject to all other terms and conditions of the coverage.

Source: *NH Revised Statutes 167:4-d (SB – 258). (Accessed Sept. 2020).*

Conditions

No reference found.

Provider Limitations

No reference found.

Other Restrictions

No reference found.



Medicaid Telehealth Reimbursement

Email / Phone / Fax

“Telehealth services” shall comply with 42 C.F.R. section 410.78, except for 42 C.F.R. section 410.78(b)(4). This section excludes telephone, facsimile machines and electronic mail systems from the definition of an interactive telecommunications system.

Source: *NH Revised Statutes 167:4-d & 42 CFR Sec. 410.78(a)(3). (Accessed Sept. 2020).*

The Medicaid program shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services. Eligible medical providers shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media.

Source: *NH Revised Statutes Annotated, 167:4-d, (NH HB 1623, 2020 Session). (Accessed Sept. 2020).*

Consent

With written consent of the patient receiving medication assisted treatment through telehealth services provided under this section, the health care provider shall provide notification of the patient’s medication assisted treatment to the doorway, as defined in RSA 167:4-d, II(c), within the region where the patient resides.

Source: *NH Revised Statutes Annotated, 167:4-d, (NH HB 1623, 2020 Session). (Accessed Sept. 2020).*

Out of State Providers

No reference found.

Miscellaneous

As of December 1, 2013, New Hampshire Medicaid transitioned to a managed care model of administration under three health plans. These plans each have their own telehealth coverage policy.

Source: *Provider Quick Reference Guide. (Accessed Sept. 2020).*

Private Payer Laws

Definitions

Recently Passed Legislation (Effective Sept. 19, 2020)

Telemedicine, as it pertains to the delivery of health care services, means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include the use of facsimile.

Source: *NH Revised Statutes Annotated, 415-J:2, (NH HB 1623, 2020 Session). (Accessed Sept. 2020).*

Requirements

Recently Passed Legislation (Effective Sept. 19, 2020)

An insurer offering a health plan in this state may not deny coverage on the sole basis that the coverage is provided through telemedicine if the health care service would be covered if it were provided through in-person consultation between the covered person and a health care provider.

For the purposes of this chapter, covered services include remote patient monitoring and store and forward.



Requirements

The following medical providers shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, or other electronic media. Medical providers include, but are not limited to:

- Physicians and physician assistants, under RSA 329 and RSA 328-D;
- Advanced practice nurses, under RSA 326-B and registered nurses under RSA 326-B employed by home health care providers under RSA 151:2-b;
- Midwives, under RSA 326-D;
- Psychologists, under RSA 329-B;
- Allied health professionals, under RSA 328-F;
- Dentists, under RSA 317-A;
- Mental health practitioners governed by RSA 330-A;
- Community mental health providers employed by community mental health programs pursuant to RSA 135-C:7;
- Alcohol and other drug use professionals, governed by RSA 330-C;
- Dietitians, governed by RSA 326-H; and
- Professionals certified by the national behavior analyst certification board or persons performing services under the supervision of a person certified by the national behavior analyst certification board as required by RSA 417-E:2.

An insurer shall provide reimbursement for all modes of telehealth, including video and audio, audio-only, or other electronic media provided by medical providers to treat all members for all medically necessary services. If an insurer excludes a health care service from its in-person reimbursable service, then comparable services shall not be reimbursable as a telemedicine service.

Source: *NH Revised Statutes Annotated, 415-J:3, (NH HB 1623, 2020 Session). (Accessed Sept. 2020).*

Parity

Service Parity

Recently Passed Legislation (Effective Sept. 19, 2020)

Insurers may not deny coverage for services on the sole basis that the coverage is provided through telemedicine if the health care service would be covered if it were provided through in-person consultation between the covered person and a health care provider.

Covered services include remote patient monitoring and store-and-forward.

An insurer offering a health plan in this state shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the insurer provides coverage and reimbursement for health care services provided in person. An insurer shall not impose on coverage for health care services provided through telemedicine any additional benefit plan limitations to include annual or lifetime dollar maximums on coverage, deductibles, copayments, coinsurance, benefit limitation or maximum benefits that are not equally imposed upon similar services provided in-person. Nothing in this section shall be construed to allow an insurer to reimburse more for a health care service provided through telemedicine than would have been reimbursed if the health care service was provided in person.

If an insurer excludes a health care service from its in-person reimbursable service, then comparable services shall not be reimbursable as a telemedicine service.

Source: *NH Revised Statutes Annotated, 415-J:3, (NH HB 1623, 2020 Session). (Accessed Sept. 2020).*



Recently Passed Legislation (Effective Sept. 19, 2020)

An insurer offering a health plan in this state shall provide coverage and reimbursement for health care services provided through telemedicine on the same basis as the insurer provides coverage and reimbursement for health care services provided in person.

An insurer shall provide reasonable compensation to an originating site operated by a health care provider or a licensed health care facility if the health care provider or licensed health care facility is authorized to bill the insurer directly for health care services. In the event of a dispute between a provider and an insurance carrier relative to the reasonable compensation under this section, the insurance commissioner shall have exclusive jurisdiction under RSA 420-J:8-e to determine if the compensation is commercially reasonable. The provider and the insurance carrier shall each make best efforts to resolve any dispute prior to applying to the insurance commissioner for resolution, which shall include presenting to the other party evidence supporting its contention that the compensation level it is proposing is commercially reasonable.

The combined amount of reimbursement that a health benefit plan allows for the compensation to the distant site and the originating site shall be the same as the total amount allowed for health care services provided in person.

Source: *NH Revised Statutes Annotated, 415-J:3, (NH HB 1623, 2020 Session).* (Accessed Sept. 2020).

Telemedicine means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

Source: *NH Revised Statutes Annotated, 329:1-d-I.* (Accessed Aug. 2020).

Recently Passed Legislation (Now Effective)

“Telemedicine” means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

“Telehealth” means the use of audio, video, or other electronic media for the purpose of diagnosis, consultation, or treatment.

Source: *NH Revised Statutes Annotated Sec. 310-A:1-f (HB 1623, 2020 Session).* (Accessed Sept. 2020).

Patient consent is required prior to forward medical records to the patient’s primary care or treating provider, if appropriate.

Source: *NH Revised Statutes Annotated, 329:1-d-V(c).* (Accessed Sept. 2020).

“Physician-patient relationship” means a medical connection between a licensed physician and a patient that includes an in-person or face-to-face 2-way real-time interactive communication exam, a history, a diagnosis, a treatment plan appropriate for the licensee’s medical specialty, and documentation of all prescription drugs including name and dosage. A licensee may prescribe for a patient whom the licensee does not have a physician-patient relationship under the following circumstances:

- Writing admission orders for a newly hospitalized patient;
- For a patient of another licensee for whom the prescriber is taking call;
- For a patient examined by a physician assistant, nurse practitioner, or other licensed practitioner; or
- For medication on a short-term basis for a new patient prior to the patient’s first appointment or when providing limited treatment to a family member in accordance with the American Medical Association Code of Medical Ethics.

Prescribing drugs to individuals without a physician-patient relationship shall be unprofessional. The definition of a physician-patient relationship shall not apply to a physician licensed in another state who is consulting to a New Hampshire licensed physician with whom the patient has a relationship.

Source: *NH Revised Statutes Annotated, Sec. 329:1-c.* (Accessed Sept. 2020).



It is unlawful to prescribe through telemedicine a controlled drug classified in schedule II through IV, except substance use disorder (SUD) treatment as permitted in locations enumerated in paragraph IV. Methadone hydrochloride, as defined in RSA 318-B:10, VII(d)(2) shall not be included in the exemption.

The prescribing of a non-opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a), who are treating a patient with whom the prescriber has an in-person practitioner-patient relationship, for purposes of monitoring or follow-up care. A provider shall not be required to establish care via face-to-face in-person service when:

- The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration;
- The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;
- The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);
- The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or
- The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f).

Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and drug, but not less than annually.

The prescribing of an opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a).

A provider shall not be required to establish care via face-to-face in-person service when:

- The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration;
- The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;
- The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);
- The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or
- The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f).

Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and opioid, but not less than annually.

See Statute for specific requirements for physicians providing services via telemedicine, and those issuing a prescription for spectacle lenses, or contact lenses by means of telemedicine.

The prescription authority under this paragraph shall be limited to a practitioner licensed to prescribe the drug and in compliance with all federal laws, including the United States Drug Enforcement Agency registration or waiver when required. An initial face-to-face in person exam shall be required with the exception of the locations enumerated in this paragraph.

Source: *NH Revised Statutes Annotated, 329:1-d. (NH HB 1623, 2020 Session), (Accessed Sept. 2020).*

An individual providing services by means of telemedicine or telehealth directly to a patient shall:

- Use the same standard of care as used in an in-person encounter;
- Maintain a medical record; and
- Subject to the patient's consent, forward the medical record to the patient's primary care or treating provider, if appropriate.

Source: *NH Revised Statutes Annotated Sec. 310-A:1-f (HB 1620 - 2020 Session. (Accessed Sept. 2020).*



A prescription of a non-opioid controlled drug classified in schedule II through IV via telemedicine shall be limited to certain practitioners who are treating a patient with whom the prescriber has an in-person practitioner-patient relationship, for purposes of monitoring or follow-up care. A provider shall not be required to establish care via face-to-face in-person service when:

- The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);
- The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;
- The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);
- The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or (E) The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f)

Subsequent in-person exams must be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and drug, but not less than annually.

The prescribing of an opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a).

Source: *NH Revised Statutes Annotated 318-B:2(XVI).* (Accessed Sept. 2020).

Recently Passed Legislation (Now Effective)

Notwithstanding any provision of law to the contrary, an out-of-state healthcare professional providing services by means of telemedicine or telehealth shall be required to be licensed, certified, or registered by the appropriate licensing board within the division of health professions. This paragraph shall not apply to out-of-state physicians who provide consultation services.

Source: *NH Revised Statutes Annotated Sec. 310-A:1-f (HB 1620 - 2020 Session).* (Accessed Sept. 2020).

Member of the Nurse Licensure Compact.

Source: *Current NLC States and Status. Nurse Licensure Compact.* (Accessed Sept. 2020).

Member of the Physical Therapy Compact.

Source: *Compact Map. Physical Therapy Compact.* (Accessed Sept. 2020).

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact.* (Accessed Sept. 2020).

Member of the Psychology Interjurisdictional Compact (PSYPACT).

Source: *PSYPACT. Legislative Updates.* (Accessed Sept. 2020).

Member of Emergency Medical Services Compact.

Source: *Interstate Commission for EMS Personnel Practice. EMS Member States and Commissions.* (Accessed Sept. 2020).

An out-of-state physician providing services via telemedicine or teleradiology shall be deemed to be in the practice of medicine and required to be licensed in New Hampshire. This does not apply to physicians who provide consultation services.

Source: *NH Revised Statutes Annotated, 329:1-d-II. & NH Revised Statutes Annotated, 329:1-b.* (Accessed Sept. 2020).

Recently Passed Legislation (Effective November 1, 2020)

Creates a commission on primary care workforce issues. The commission will collect and review data and information that informs decisions and planning for the primary care workforce and looking for innovative ways for expanding New Hampshire's primary care resources including, but not limited to, interstate collaboration and the use of telehealth.

Source: *NH Revised Statutes Annotated, Title X Chapter 126-T:3, (NH HB 124 - 2020 Session).* (Accessed Sept. 2020).



Recently Passed Legislation (Now Effective)

A Commission is created to study telehealth services and report to the legislature by December 1, 2022.

Source: *NH Revised Statutes 329:1-f (HB 1623 – 2020 Session)*. (Accessed Sept. 2020).

Explicit permission is given to specific professionals to provide services through use of telemedicine. These professionals include:

- Hearing Care Providers
- Podiatrists
- Chiropractic Examiners
- Midwifery
- Optometry
- Naturopathic Medicine
- Allied Health professionals
- Acupuncture
- Psychologists

Source: *NH Revised Statutes Annotated (HB 1620 - 2020 Session)*, (Accessed Sept. 2020).

A board of medical imaging professionals and radiation therapists shall adopt rules relative to standards of care for the practice of telemedicine or telehealth.

Source: *NH Revised Statutes Annotated, 328-J:7-XIII*. (Accessed Sept.2020).

