

## Overview of Delaware's Telehealth Laws

Additional detail can be found at: [Title 24 CHAPTER 60 Provisions Applicable to Telehealth and Telemedicine](#).

**“Telehealth”** refers to the use of information and communications technologies consisting of telephones, remote patient monitoring devices or other electronic means which support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services as described in regulation.

**“Telemedicine”** refers to a form, or subset, of telehealth, which includes the delivery of clinical health-care services by means of real time 2-way audio (including audio-only conversations) visual, or other telecommunications or electronic communications, including the application of secure video conferencing or store and forward transfer technology to provide or support health-care delivery, which facilitates the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care.

### **Delaware and GHIP Telehealth Requirements:**

- Service and Payment Parity: A payer/insurer, health service corporation, or health maintenance organization must reimburse the provider for the diagnosis, consultation, or treatment of the patient on the same basis as in-person services for telemedicine. Payment for telemedicine must include reasonable compensation to the originating or distant site for the transmission cost.
- Private payers may not impose an annual or lifetime dollar maximum on coverage for telemedicine services other than what would apply in the aggregate to all items and services covered under the policy.
- No copayment, coinsurance, or deductible amounts, or any policy year, calendar year, lifetime, or other durational benefit limitation or maximum for benefits or services may be imposed unless equally imposed on all terms and services under the policy.
- In 2021, the Governor signed [House Bill 160](#) which added Delaware into the [Interstate Medical Licensure Compact \(IMLC\)](#). Under Delaware law, a health-care provider licensed in a state that has not adopted an interstate compact applicable to the health-care provider may only provide telehealth under this chapter if the health-care provider obtains an interstate telehealth registration from the Division of Professional Regulation. There are currently [37 states](#), as well as DC, actively participating in this compact.
- Treatment and consultation recommendations delivered by telehealth and telemedicine are subject to the same standards of appropriate practice as those in an in-person setting.
- A mental health provider, behavioral health provider, or social worker licensed in another state who would be authorized to deliver health-care services by telehealth or telemedicine under this chapter if licensed in this state may provide treatment to Delaware residents through telehealth and telemedicine services.
- Specific to the State of Delaware Group Health Insurance Plans (GHIP), both Highmark and Aetna non-Medicare plans offer telemedicine service benefits and provide coverage for telemedicine visits and follow-ups from all qualified providers in their network. Telehealth providers that are in or outside of the State of Delaware must comply with any and all state laws. The provider would be responsible to determine if they are able to treat a member based on their licensure and where the member resides.
- The Special Medicfill plan does cover telemedicine services in certain scenarios, though the plan booklet specifies this can be limited and is subject to the traditional 20% coinsurance.