



NATIONAL CONSORTIUM OF
TELEHEALTH
RESOURCE CENTERS

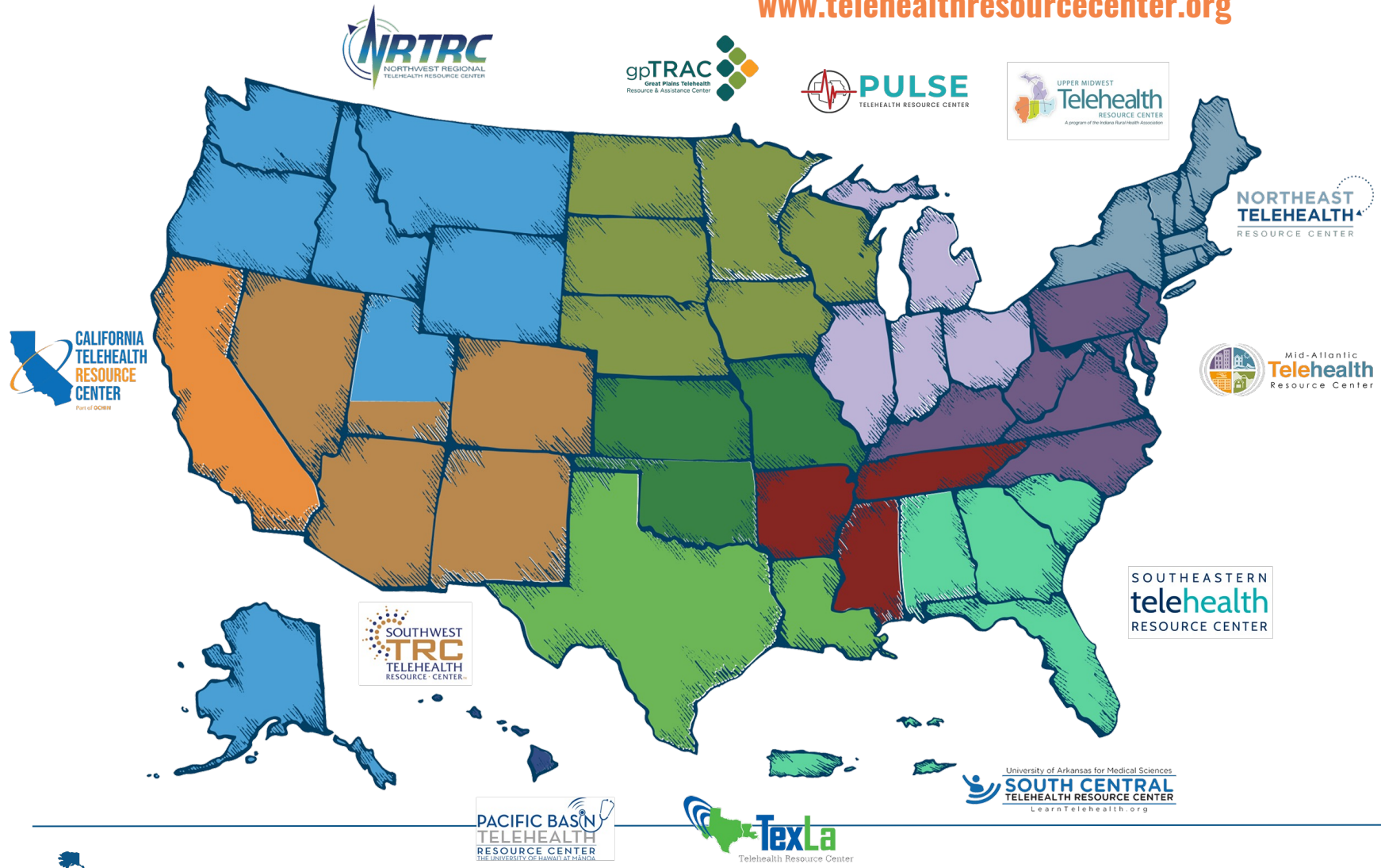
Telehealth Policy in 2026

January 15, 2026



HRSA Funded Telehealth Resource Centers

www.telehealthresourcecenter.org



NRTRC	gpTRAC	NETRC
CTRC	PTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 REGIONAL RESOURCE CENTERS




2 NATIONAL RESOURCE CENTERS





Through funding from the National Association of Community Health Centers (NACHC), CCHP has relaunched the federally qualified health center (FQHC) Medicaid section for each state on its website. You can now see how each state approaches telehealth for FQHCs in their Medicaid program.

CCHP Look up policy by: Topic Federal State

Rhode Island

DISCLAIMER ⓘ

AT A GLANCE 4 / 5

FQHCs

- ⊗ Originating sites explicitly allowed for Live Video: No
- ✓ Distant sites explicitly allowed for Live Video: Yes
- ⊗ Store and forward explicitly reimbursed: No
- ✓ Audio-only explicitly reimbursed: Yes
- ⊗ Allowed to collect PPS rate for telehealth: No

Private Payer

DOWNLOAD STATE AS PDF

Pending legislation

CCHP Look up policy by: Topic Federal State

Professional Requirements

Federally Qualified Health Center (FQHC)

Compare policy by state

START COMPARING >

DEFINITION OF VISIT

MODALITIES ALLOWED

SAME DAY ENCOUNTERS

ELIGIBLE ORIGINATING SITE

ELIGIBLE DISTANT SITE

FACILITY FEE

PPS RATE

HOME ELIGIBLE

PATIENT-PROVIDER RELATIONSHIP

Last updated 09/02/2025

Definition of Visit

When referenced within MDHHS Telemedicine Policy, face-to-face refers to either an in-person visit, or a visit performed via simultaneous audio/visual technology.

SOURCE: [MI Dept. of Health and Human Services, Medicaid Provider Manual, p.2204, Jul. 1, 2025](#), (Accessed Sept. 2025).

An allowable FQHC encounter means a face-to-face medical visit or an interaction using a qualifying telemedicine modality (audio/visual or audio-only) between a patient and the provider of health care services who

VISIT:

<https://www.cchpca.org/all-telehealth-policies>

Share your Telehealth Success Story!

- The National Consortium of Telehealth Resource Centers (NCTRC), representing all 14 Telehealth Resource Centers (TRCs), is collecting success stories from both patients and providers who have benefited from telehealth **with support from a TRC**. Share how your TRC helped make telehealth work for you for a chance to be featured – along with your organization – in the NCTRC newsletter.
- Survey - <https://www.surveymonkey.com/r/TT2RXQZ>



Webinar Tips and Notes

- Your phone &/or computer microphone has been muted.
- If we do not reach your question, please contact your regional TRC. There may be delays in response time:
<https://telehealthresourcecenter.org/contact-us/>
- Please fill out the post-webinar survey.
- Closed Captioning is available.
- Please submit your questions using the Q&A function.
- The webinar is being **recorded**.
- Recordings will be posted to our YouTube Channel:
<https://www.youtube.com/c/nctrc>



TELEHEALTH POLICY UPDATE

January 15, 2026



Mei Wa Kwong
Executive Director, CCHP



CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

DISCLAIMERS

- Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.
- Always consult with legal counsel.
- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.

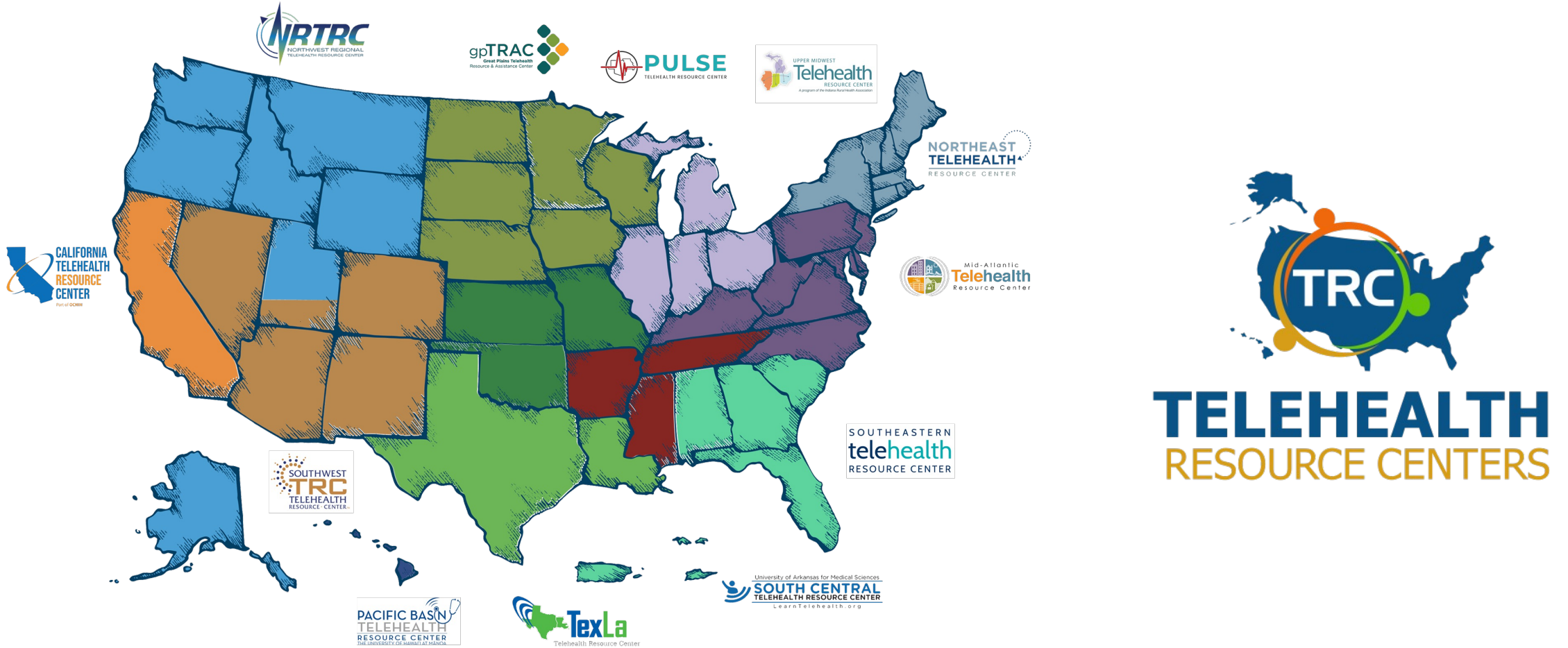


ABOUT CCHP

- Established in 2009 as a program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA
- Work with a variety of funders and partners on the state and federal levels
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition



NATIONAL CONSORTIUM OF TRCS



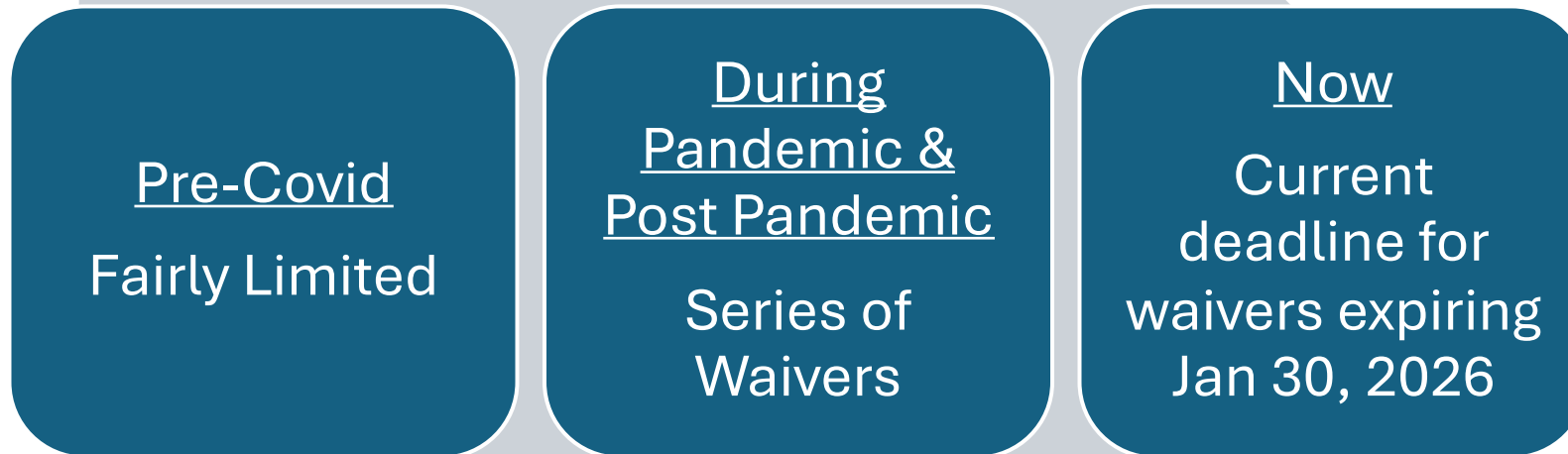
TODAY'S AGENDA

- Current status of federal telehealth policy
 - Medicare
 - DEA
- Other Important Federal Developments
 - AI Executive Order
 - ACCESS Pilot
 - Rural Health Transformation
- What's Happening in the States

FEDERAL DEVELOPMENTS



MEDICARE TELEHEALTH POLICY EVOLUTION

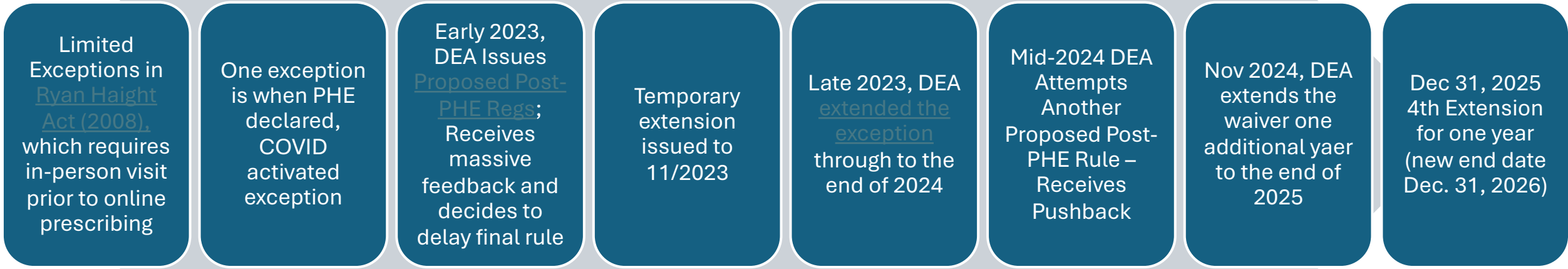


WHAT HAPPENS IF WAIVERS EXPIRE?

POLICY IF WAIVERS EXPIRE	EXCEPTIONS
Patient needs to be in a location that meets certain geographic and site requirements.	Home eligible originating site for ESRD, SUD and mental health if there is a prior in-person visit. Acute stroke does not have to meet geographic requirement
Limited list of eligible providers (OT, PTs, SLP would no longer qualify)	FQHCs & RHCs can provide medical services via telecommunications technologies to December 31, 2026. FQHCs & RHCs can provide mental health services via telecommunications technology (policy made permanent in 2025), but prior in-person visit requirement will be applied. (CMS MLN 901705 (Dec 2025))
Prior-in person visit for mental health services if certain requirements/exceptions not met	Must take place 6 months before telehealth services begin and in-person visit must occur every 12 months after (some exceptions). Prior established relationship via telehealth-only grandfathered, but would need to meet 12 month requirement.
Audio-only as a modality.	Limited to just mental health services with caveats



CONTROLLED SUBSTANCE PRESCRIBING VIA TELEHEALTH



DEA Fourth Extension on Telehealth Prescribing Waiver (Dec 31, 2026)



AI Executive Order

- Ensuring a National Policy Framework for Artificial Intelligence
 - Issued December 11, 2025
 - AI Litigation Task Force – AG will establish an AI Litigation Task Force (within 30 days of EO)
 - Evaluation of State AI Laws – Identify laws that require AI models to alter their truthful outputs or may compel AI developers or deployers to disclose or report information that would violate 1st Amendment or other provisions of the Constitution
- <https://www.whitehouse.gov/presidential-actions/2025/12/eliminating-state-law-obstruction-of-national-artificial-intelligence-policy/>

CMS ACCESS MODEL

- ACCESS (Advancing Chronic Care with Effective Scalable Solutions) Model
- Applications must be submitted by April 1, 2026
- First performance period begins July 1, 2026
- Run for 10 years
- A voluntary model in Original Medicare that will use new technology-supported care options to improve health and prevent/manage chronic disease.
- <https://www.cms.gov/priorities/innovation/innovation-models/access>

RURAL HEALTH TRANSFORMATION

- \$50 billion over 5 years
- All 50 states participating
- On federal level, office established in CMS, Office of Rural Health Transformation
- States have taken different approaches in who will be overseeing the efforts in their jurisdiction

GRANTS

- CURRENTLY: 4 forecasted grants:
 - Telehealth Centers of Excellence
 - Telehealth Nutrition Services Network Grant Program
 - Chronic Care Telehealth Centers of Excellence
 - Technology-enabled Collaborative Learning Program

https://simpler.grants.gov/search?utm_source=Grants.gov&query=telehealth

STATE TELEHEALTH POLICY

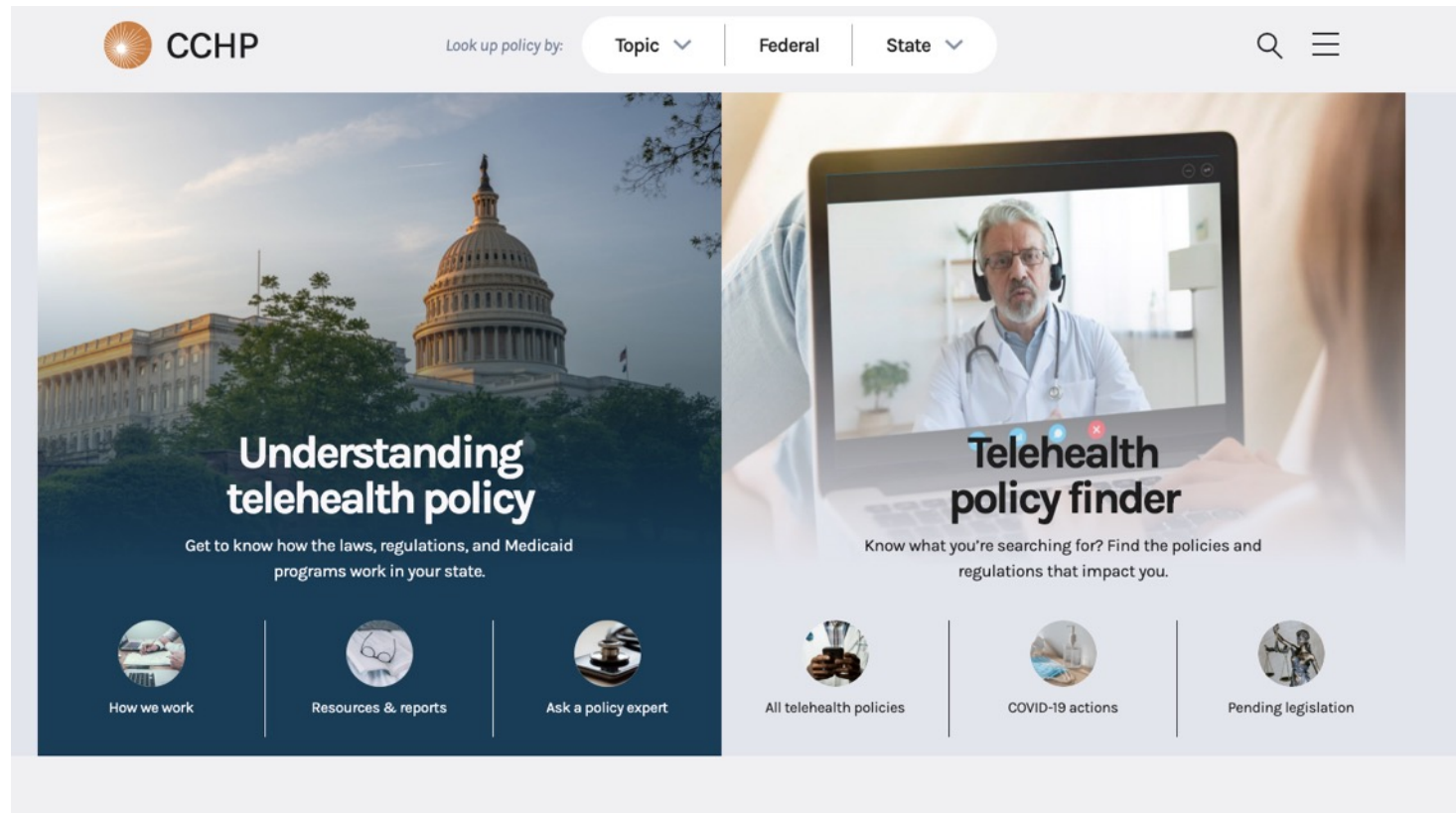


NEW LEGISLATIVE YEAR

- **Status of federal telehealth Medicare waivers does not have an immediate direct impact on states' telehealth policy**
- **Majority of States have finalized their post-pandemic telehealth policies**
- **States now looking at what new policies to implement**
 - Licensure
 - AI
 - Look for policy changes due to RHTP



➤ CCHP Website – cchpca.org



➤ Subscribe to the CCHP newsletter at cchpca.org/contact/subscribe





**Center for Connected
Health Policy**

THE NATIONAL
TELEHEALTH POLICY
RESOURCE CENTER

Thank You!

www.cchpca.org

info@cchpca.org

APPENDIX



Q&A Questions

- Can another provider do the in-person visit for mental health for the telehealth provider?

These in-person visits may be performed by a physician or practitioner of the same specialty within the same group practice as the physician or practitioner who furnishes the telehealth service, if the physician or practitioner who furnishes the telehealth service is not available.

<https://www.cms.gov/files/document/telehealth-faq-updated-11-26-2025.pdf>

- If the waivers expire, may FQHC/RHCs continue to use audio-only to provide services?

Yes, but they would need to show that the beneficiary was not capable of or does not consent to the use of video.

[2025 PFS](#) (contains the requirement language); [2026 PFS](#) (shows the extension to Dec. 31, 2026)

CCHP

➤ Telehealth Policy Finder Tool

- Includes all state and federal telehealth specific laws, regulations, policies, and active legislation – rolling updates every 3 months
- Can Search by State, Federal, or by Category/Topic
 - Medicare; Medicaid Live Video, Store & Forward, RPM; Private Payer Laws; Professional Regulation, Licensing, Prescribing & More

➤ Policy Trend Maps

- Highlights telehealth trends across the states in Medicaid reimbursement by modality, private payer laws and payment

Our Next Webinar

The NCTRC Webinar Series

Occurs 3rd Thursday of every month.

Hosting TRC: Mid-Atlantic Telehealth Resource Center (MATRC)

Telehealth Topic: Resilience, Relationships, Readiness and Recovery

Date: February 19, 2026

Times: 11 AM – 12 PM (PT)



Please Complete Our Survey

Your opinion of this webinar is valuable to us.

Please participate in this brief perception survey (will also open after webinar):

<https://www.surveymonkey.com/r/XK7R72F>

