



50-State Survey of Telemental/Telebehavioral Health

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What is the definition of “telemedicine” or “telehealth”?

According to a policy published in May 2015 by the Vermont Board of Medical Practice, the term “[t]elemedicine” means the practice of medicine using electronic communications, information technology or other means between a licensee in one location, and a patient in another location with or without an intervening healthcare provider. Generally, telemedicine is not an audio-only, telephone conversation, e-mail/instant messaging conversation, or fax. It typically involves the application of secure videoconferencing or store and forward technology to provide or support healthcare delivery by replicating the interaction of a traditional, encounter in person between a provider and a patient.”

[Vermont Board of Medical Practice, *Policy on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine* \(May 2015\), at 4 \(citation omitted\).](#)

PSYCHIATRISTS

Are there any licensing requirements specific to telemedicine/telehealth (e.g., requirements to be licensed in the state where the patient is located)?

According to a policy published in May 2015 by the Vermont Board of Medical Practice, “[a] physician must be licensed, or under the jurisdiction, of the medical board of the state where the patient is located. The practice of medicine occurs where a patient is located at the time telemedicine technologies are used. Physicians who treat or prescribe through online services sites are practicing medicine and must possess appropriate licensure in all jurisdictions where patients receive care.”

[Vermont Board of Medical Practice, *Policy on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine* \(May 2015\), at 5 \(citation omitted\).](#)

What are the criteria for establishing a practitioner-patient relationship via telemedicine/telehealth?

“A health care provider delivering health care services through telemedicine shall obtain and document a patient’s oral or written informed consent for the use of telemedicine technology prior to delivering services to the patient.”

[VT. STAT. ANN. tit. 18, § 9361\(c\)\(1\).](#)



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A policy published in May 2015 by the Vermont Board of Medical Practice states the following:

The health and well-being of patients depends upon a collaborative effort between the physician and patient. The relationship between the physician and patient is complex and is based on the mutual understanding of the shared responsibility for the patient's health care. Although the Board recognizes that it may be difficult in some circumstances to precisely define the beginning of the physician-patient relationship, particularly when the physician and patient are in separate locations, in most cases formation of the relationship starts when an individual with a health-related matter seeks assistance from a physician who may provide assistance. The relationship is fully established when, through words or actions, the physician agrees to undertake diagnosis and treatment of the patient, and the patient agrees to be treated, whether or not there has been an encounter in person between the physician (or other appropriately supervised health care practitioner) and patient.

The physician-patient relationship is fundamental to the provision of acceptable medical care. It is the expectation of the Board that physicians recognize the obligations, responsibilities, and patient rights associated with establishing and maintaining a physician-patient relationship. Use of electronic means to provide medical care does not diminish the obligations that arise upon formation of the physician-patient relationship. Vermont law makes it unprofessional conduct to prescribe or dispense medication, furnish medical services or to provide prescription-only devices without taking necessary steps to verify the patient's identity, establish a documented diagnosis through the use of accepted medical practices, and maintain an appropriate record. 26 V.S.A. § 1354(a)(33). Also, in that Vermont recognizes the requirement that a physician must be licensed in the jurisdiction where the patient is located at the time that medical care is delivered, another inherent obligation is to determine the location of a patient when a physician is rendering services through electronic means in order to confirm appropriate licensure. Likewise, it is an inherent obligation for a physician to disclose to the patient the physician's identity and credentials, regardless of how care is delivered. Another obligation that applies equally when care is provided through telemedicine is the need to obtain informed consent after all appropriate disclosures, including any special disclosures that might arise because of the use of telemedicine technologies.

Based upon the foregoing concepts relating to the physician-patient relationship and licensure requirements, a physician is discouraged from rendering medical advice and/or care using telemedicine technologies without (1) fully verifying and authenticating the location and, to the extent possible, identifying the requesting patient; (2) disclosing and validating the provider's identity and applicable



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credential(s); and (3) obtaining appropriate consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including any special informed consents regarding the use of telemedicine technologies. An appropriate physician-patient relationship has not been established when the identity of the physician may be unknown to the patient. Where appropriate, a patient must be able to select an identified physician for telemedicine services, not be assigned to a physician at random, and have access to follow-on care.

[Vermont Board of Medical Practice, *Policy on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine* \(May 2015\), at 3-4 \(citations omitted\).](#)

PSYCHOLOGISTS

What are the criteria for establishing a practitioner-patient relationship via telemedicine/telehealth?

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[VT. STAT. ANN. tit. 18, § 9361\(c\)\(1\).](#)

SOCIAL WORKERS

What are the criteria for establishing a practitioner-patient relationship via telemedicine/telehealth?

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VERMONT**COUNSELORS**

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[VT. STAT. ANN. tit. 18, § 9361\(c\)\(1\).](#)

MARRIAGE/FAMILY THERAPISTS

What are the criteria for establishing a practitioner-patient relationship via telemedicine/telehealth?

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[VT. STAT. ANN. tit. 18, § 9361\(c\)\(1\).](#)

ADVANCED PRACTICE REGISTERED NURSES (APRNs)

What are the criteria for establishing a practitioner-patient relationship via telemedicine/telehealth?

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[VT. STAT. ANN. tit. 18, § 9361\(c\)\(1\).](#)

Does an APRN have prescribing authority? If so, under what conditions/limits may an APRN prescribe via telemedicine/telehealth?

Subject to the limitations of the license under which the individual is practicing, a health care provider licensed in this State may prescribe, dispense, or administer



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drugs or medical supplies, or otherwise provide treatment recommendations to a patient after having performed an appropriate examination of the patient in person, through telemedicine, or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically. Treatment recommendations made via electronic means, including issuing a prescription via electronic means, shall be held to the same standards of appropriate practice as those in traditional provider-patient settings. . . .

[VT. STAT. ANN. tit. 18, § 9361\(a\).](#)

PRIVACY/CONFIDENTIALITY

Are there privacy/confidentiality requirements specifically related to telemental/telebehavioral/telepsychiatric health services?

A policy published in May 2015 by the Vermont Board of Medical Practice states the following:

Physicians should meet or exceed applicable federal and state legal requirements of medical/health information privacy, including compliance with the Health Insurance Portability and Accountability Act (HIPAA) and state privacy, confidentiality, security, and medical retention rules. Physicians are referred to “Standards for Privacy of Individually Identifiable Health Information,” issued by the Department of Health and Human Services (HHS). Guidance documents are available on the HHS Office for Civil Rights Web site at: www.hhs.gov/ocr/hipaa.

Written policies and procedures should be maintained at the same standard as traditional face-to-face encounters for documentation, maintenance, and transmission of the records of the encounter using telemedicine technologies. Such policies and procedures should address (1) privacy, (2) health-care personnel (in addition to the physician addressee) who will process messages, (3) hours of operation, (4) types of transactions that will be permitted electronically, (5) required patient information to be included in the communication, such as patient name, identification number and type of transaction, (6) archival and retrieval, and (7) quality oversight mechanisms. Policies and procedures should be periodically evaluated for currency and be maintained in an accessible and readily available manner for review.

Sufficient privacy and security measures must be in place and documented to assure confidentiality and integrity of patient-identifiable information. Transmissions, including patient e-mail, prescriptions, and laboratory results must



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be secure within existing technology (i.e. password protected, encrypted electronic prescriptions, or other reliable authentication techniques). All patient-physician email, as well as other patient-related electronic communications, should be stored and filed in the patient's medical record, consistent with traditional record-keeping policies and procedures.

[Vermont Board of Medical Practice, *Policy on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine* \(May 2015\), at 7 \(citations omitted\).](#)

FOLLOW-UP CARE

What are the requirements regarding follow-up care for telemental/telebehavioral/telepsychiatric health services?

A policy published in May 2015 by the Vermont Board of Medical Practice states the following:

Patients should be able to seek, with relative ease, follow-up care or information from the physician [or physician's designee] who conducts an encounter using telemedicine technologies. Physicians solely providing services using telemedicine technologies with no existing physician-patient relationship prior to the encounter must make documentation of the encounter using telemedicine technologies easily available to the patient, and subject to the patient's consent, any identified care provider of the patient immediately after the encounter.

[Vermont Board of Medical Practice, *Policy on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine* \(May 2015\), at 6.](#)

COVERAGE & REIMBURSEMENT

Does the state have a parity statute in place mandating coverage by private insurers for telemedicine/telehealth services (including telemental/telebehavioral/telepsychiatric health services) on par with those provided in face-to-face/in-person encounters?

(a) All health insurance plans in this State shall provide coverage for telemedicine services delivered to a patient in a health care facility to the same extent that the services would be covered if they were provided through in-person consultation.



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(b) A health insurance plan may charge a deductible, co-payment, or coinsurance for a health care service provided through telemedicine so long as it does not exceed the deductible, co-payment, or coinsurance applicable to an in-person consultation.

(c) A health insurance plan may limit coverage to health care providers in the plan's network and may require originating site health care providers to document the reason the services are being provided by telemedicine rather than in person.

(d) Nothing in this section shall be construed to prohibit a health insurance plan from providing coverage for only those services that are medically necessary, subject to the terms and conditions of the covered person's policy.

(e) A health insurance plan may reimburse for teleophthalmology or teledermatology provided by store and forward means and may require the distant site health care provider to document the reason the services are being provided by store and forward means.

(f) Nothing in this section shall be construed to require a health insurance plan to reimburse the distant site health care provider if the distant site health care provider has insufficient information to render an opinion.

(g) In order to facilitate the use of telemedicine in treating substance use disorder, health insurers and the Department of Vermont Health Access shall ensure that both the treating clinician and the hosting facility are reimbursed for the services rendered, unless the health care providers at both the host and service sites are employed by the same entity.

[VT. STAT. ANN. tit. 8, § 4100k\(a\)-\(g\).](#)

Does Medicaid provide coverage for telemental/telebehavioral/telepsychiatric health services? If so, what are the coverage criteria?

Updated citation: [Vermont Agency of Human Services, Department of Vermont Health Access, Green Mountain Care Provider Manual, § 10.3.53 \(Aug. 24, 2017\), at 104-105.](#)