

2026-2030

VIRGINIA'S STATE TELEHEALTH PLAN

Presented by Virginia Telehealth Network

Approved by Virginia's State Board of Health
June 12, 2025



TABLE OF CONTENTS

INTRODUCTION.....	3
Monitoring the federal landscape.....	4
Gratitude for plan contributors.	5
§ 32.1-122.03:1. Statewide Telehealth Plan.....	8
Benchmarking surveys and strategy sessions.....	10
2026-2030 VIRGINIA STATE TELEHEALTH PLAN.....	13
Vision statement and areas of impact.	13
Plan components.	14
Broadband and technology access.....	15
Care innovations.	18
Person-centered accommodations.	22
Solutions tailored for high-need areas.	24
Sustainability, quality, and efficacy.	27
Workforce development and optimization.	29
Plan accountability.	31
APPENDIX A: Stakeholder interviews and focus groups.....	33
APPENDIX B: Glossary of Acronyms	36

INTRODUCTION

Following the passage of legislation that required the Virginia Board of Health to develop and implement a statewide telehealth plan, momentum for telehealth adoption has grown significantly – bolstered by telehealth’s capacity to enhance patient access to care, its embrace by patients, providers, and payers alike, as well as its many practical efficiencies.

Since the release of the initial State Telehealth Plan – published in 2021 by the Virginia Department of Health – support for and the growth of the telehealth ecosystem in Virginia has continued to accelerate and today remains on an upward trajectory.

The Virginia Telehealth Network (VTN) – a 501(c)(3) nonprofit organization dedicated to supporting telehealth efforts in the Commonwealth – was tapped by the legislature to facilitate the Plan by tracking implementation and informing enhancements. To fulfill this annual responsibility, VTN has engaged collaborative partners, conducted research, and facilitated stakeholder and community input through listening sessions and other forums.

This work includes:

- Conducting an annual “Benchmarking Telehealth Usage in the Commonwealth” survey of actively licensed providers in Virginia (including 2021, 2023, and 2024), a 2024 survey of EMS Agencies, and in 2021, designated surveys to collect insights from Virginia’s mental health providers, long-term care providers, free and charitable clinics, and federally qualified health centers.
- Hosting strategy discussions during the 2023 and 2024 VTN Summits, in partnership with the Mid-Atlantic Telehealth Resource Center and the Virginia Department of Health, to address necessary changes at federal, state, and local levels, spotlight Virginia-grown telehealth innovations as potential models for replication, and foster cross-sector dialogue on Virginia’s telehealth future.



- Conducting stakeholder interviews and establishing an advisory group to develop formal recommendations for enhancing the Plan - incorporating themes and information stemming from these discussions.
- Hosting listening sessions in partnership with the Virginia Department of Health and Virginia Rural Health Association focused on the needs of telehealth providers and patients in rural areas.
- Compiling recent recommendations and proposed legislation.
- Creating an inventory of interstate licensure compacts, relevant state plans and data sets (e.g., Virginia Rural Health Plan, Virginia Digital Opportunity Plan), other states' plans, and emerging quality standards (e.g., NCQA).
- Launching a statewide telehealth mapping system in partnership with the Mid-Atlantic Telehealth Resource Center.

Building upon the approved 2021 Plan, these efforts have directly shaped the 2026-2030 State Telehealth Plan. Key themes include the integration of remote patient monitoring and store-and-forward technology (particularly for chronic illness); expansion of telehealth in hospitals, schools, and state agencies; and the collection of usage and access data. The Plan also addresses broadband and technology gaps, accessibility for patients with hearing/visual impairments and limited English proficiency, and opportunities for improved care delivery, licensure, and workforce development. **A draft of this plan was posted on the VTN website for public feedback from April 25 to May 7, 2025.** Additionally, the 4,200 individuals who requested updates on the plan were sent the draft.

The 2026-2030 Plan reflects a collective commitment to advancing telehealth by continually learning and evaluating the best ways to employ telehealth so that it is sustainable, equitable, and cost-effective. VTN is grateful to our partners across the Commonwealth, including our partners at the Virginia Department of Health, for their assistance and support.

The 2021 Virginia State Telehealth Plan is available at: vdh.virginia.gov.

MONITORING THE HEALTH CARE AND TECHNOLOGY LANDSCAPES

At the time of this draft's release, numerous proposals have been announced that, if adopted, would have significant impact on the federal landscape. With the outcome of those proposals uncertain, this plan represents the current state of federal programming. The plan contributors will be charged with maintaining awareness of how federal developments, and resulting state response, impact plan implementation and prioritization.

FACILITATION TEAM

Virginia Telehealth Network	Virginia Department of Health	Subject Matter Experts
Mara Servaites, MSW, PCMH, CCE Executive Director	Sandra Serna Director, Office of Health Equity	Karen Rheuban, MD University of Virginia
Robin Cummings, MSHA Deputy Advisor for Strategy and Quality	Kandi Chamberlain Rural Health Manager	Kathy Wibberly, PhD Mid-Atlantic Telehealth Resource Center
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STATE TELEHEALTH PLAN ADVISORY GROUP

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Heidi Dix	Virginia Association of Health Plans
Ericca Facetti	Virginia Health Catalyst
Jamie Fisher	Virginia Pharmacy Association
Allyson Flinn	Medical Society of Virginia
W. Davis Gammon, MPA	Virginia Hospital and Healthcare Association

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Art Kellermann	Virginia Health Workforce Development Authority
Ray Lamura	Virginia Broadband Association of Virginia
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Mary Ochsner Krampen	Bay Rivers Telehealth Alliance
Elizabeth Parker, MEd	Henrico County Public Schools Department of Student Support and Wellness
Hallie Pence	Right Help, Right Now
Rufus Phillips	Virginia Association of Free and Charitable Clinics
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Karen Rheuban, MD	University of Virginia Center for Telehealth
Abraham Segres	Virginia Hospital and Healthcare Association
Felecia Smith	Virginia Department for Deaf and Hard of Hearing
Scott J. Spillman, MD	Local Health District Director - Danville, Pittsylvania, and Southside
Jim Werth, MD	Tri-Area Community Health Center
Kathy Wibberly, PhD	Mid-Atlantic Telehealth Resource Center & Virginia Telemental Health Initiative

VIRGINIA STAKEHOLDER GROUPS INVITED TO PARTICIPATE

Bay Rivers Telehealth Alliance	Right Help, Right Now
Birth in Color	Secretary of Health and Human Resources
CareFirst BlueCross BlueShield	Tri-Area Community Health Center
Community Pharmacy Association	University of Virginia Center for Telehealth
Department for Deaf and Hard of Hearing	VCTA: Broadband Association of Virginia
Department of Behavioral Health and Developmental Services	VDH Office of Emergency Medical Services
Department of Education	Virginia Association of Community Services Boards
Department of Health	Virginia Association of Free and Charitable Clinics
Department of Health Professions	Virginia Association of Health Plans
Department of Housing and Community Development	Virginia Board for People with Disabilities
Department of Juvenile Justice	Virginia Health Care Association
Department of Medical Assistance Services	Virginia Health Catalyst
Henrico County Public Schools	Virginia Health Workforce Development Authority
Joint Commission on Health Care	Virginia Hospital and Healthcare Association
Medical Society of Virginia	Virginia Neonatal Perinatal Collaborative
Mid-Atlantic Telehealth Resource Center	Virginia Pharmacy Association
Pittsylvania-Danville and Southside Health District	Virginia Rural Health Association

§ 32.1-122.03:1. Statewide Telehealth Plan.

A. As used in this section:

"Remote patient monitoring services" has the same meaning as in § [38.2-3418.16](#).

"Telehealth services" means the use of telecommunications and information technology to provide access to health assessments, diagnosis, intervention, consultation, supervision, and information across distance. "Telehealth services" includes the use of such technologies as telephones, facsimile machines, electronic mail systems, store-and-forward technologies, and remote patient monitoring devices that are used to collect and transmit patient data for monitoring and interpretation. Nothing in this definition shall be construed or interpreted to amend the appropriate establishment of a bona fide practitioner-patient relationship, as defined in § [54.1-3303](#).

"Telemedicine services" has the same meaning as in § [38.2-3418.16](#).

B. The Board shall amend and maintain, in consultation with the Virginia Telehealth Network, as a component of the State Health Plan a Statewide Telehealth Plan to promote an integrated approach to the introduction and use of telehealth services and telemedicine services. The Board shall contract with the Virginia Telehealth Network, or another Virginia-based nongovernmental, nonprofit organization focused on telehealth if the Virginia Telehealth Network is no longer in existence, to (i) provide direct consultation to any advisory groups and groups tasked by the Board with implementation and data collection as required by this section, (ii) track implementation of the Statewide Telehealth Plan, and (iii) facilitate changes to the Statewide Telehealth Plan as accepted medical practices and technologies evolve.

C. The Statewide Telehealth Plan shall include but not be limited to provisions for:

1. The promotion of the inclusion of telehealth services and telemedicine services in the operating procedures of hospitals, primary care facilities, public primary and secondary schools, state-funded post-secondary schools, emergency medical services agencies, and such other state agencies and practices deemed necessary by the Board;
2. The promotion of the use of remote patient monitoring services and store-and-forward technologies, including in cases involving patients with chronic illness;

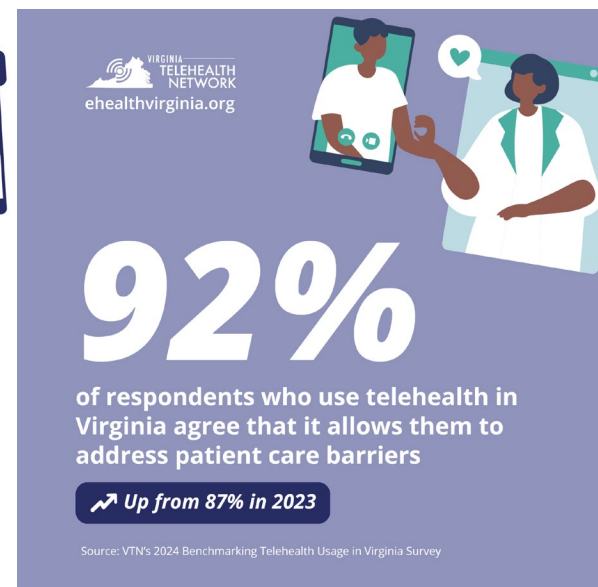
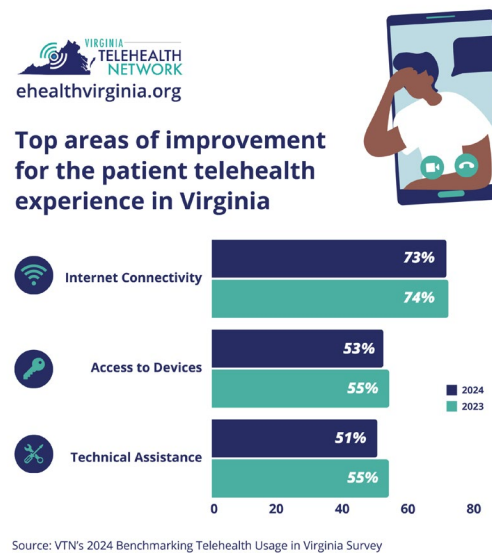
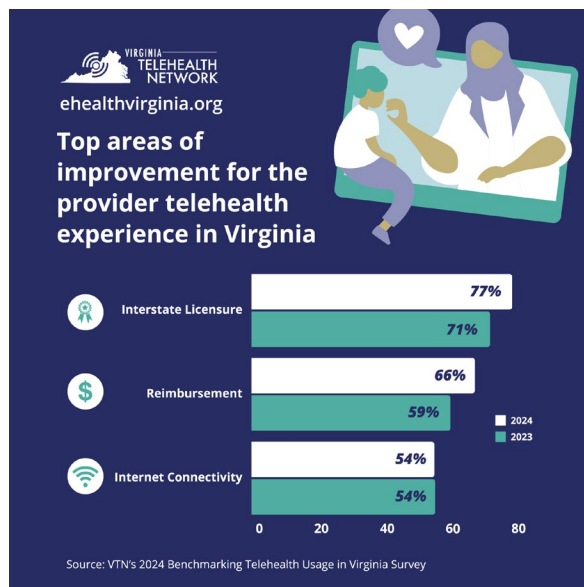
3. A uniform and integrated set of proposed criteria for the use of telehealth technologies for prehospital and interhospital triage and transportation of patients initiating or in need of emergency medical services developed by the Board in consultation with the Department of Health Professions, the Virginia College of Emergency Physicians, the Virginia Hospital and Healthcare Association, the Virginia Chapter of the American College of Surgeons, the American Stroke Association, the American Telemedicine Association, and prehospital care providers. The Board may revise such criteria from time to time to incorporate accepted changes in medical practice and appropriate use of new and effective innovations in telehealth or telemedicine technologies, or to respond to needs indicated by analysis of data on patient outcomes. Such criteria shall be used as a guide and resource for health care providers and are not intended to establish, in and of themselves, standards of care or to abrogate the requirements of § [8.01-581.20](#). A decision by a health care provider to deviate from the criteria shall not constitute negligence per se;
4. A strategy for integration of the Statewide Telehealth Plan with the State Health Plan, the Statewide Emergency Medical Services Plan, the Statewide Trauma Triage Plan, and the Stroke Triage Plan to support the purposes of each plan;
5. A strategy for the maintenance of the Statewide Telehealth Plan through (i) the development of an innovative payment model for emergency medical services that covers the transportation of a patient to a destination providing services of appropriate patient acuity and facilitates in-place treatment of a patient at the scene of an emergency response or via telehealth services and telemedicine services, where appropriate; (ii) the development of collaborative and uniform operating procedures for establishing and recording informed patient consent for the use of telehealth services and telemedicine services that are easily accessible by those medical professionals engaging in telehealth services and telemedicine services; and (iii) appropriate liability protection for providers involved in such telehealth and telemedicine consultation and treatment; and
6. A strategy for the collection of data regarding the use of telehealth services and telemedicine services in the delivery of inpatient and outpatient services, treatment of chronic illnesses, remote patient monitoring, and emergency medical services to determine the effect of use of telehealth services and telemedicine services on the medical service system in the Commonwealth, including (i) the potential for reducing unnecessary inpatient hospital stays, particularly among patients with chronic illnesses or conditions; (ii) the impact of the use of telehealth services and telemedicine services on patient morbidity, mortality, and quality of life; (iii) the potential for reducing unnecessary prehospital and interhospital transfers; and (iv) the impact on annual expenditures for health care services for all payers, including expenditures by third-party payers and out-of-pocket expenditures by patients.

2020, c. [729](#); 2022, cc. [724](#), [742](#).

PROVIDER SURVEYS & STRATEGY SESSIONS

BENCHMARKING TELEHEALTH USAGE IN VIRGINIA

As part of ongoing efforts to monitor the impact of telehealth on Virginia's patients and providers, the Virginia Telehealth Network (VTN) collaborates with the Virginia Department of Health Professions to conduct periodic "Benchmarking Telehealth Usage in Virginia" surveys of actively practicing licensed providers across the Commonwealth. This research effort is designed to help us better understand Virginia's current and future needs with virtual care.



- [2024 Benchmarking Telehealth Usage in Virginia](#) (.pdf)
- [2024 Telehealth Survey of Virginia's EMS agencies](#) (.pdf)
- [2023 Benchmarking Telehealth Usage in Virginia](#) (.pdf)

- [2021 Benchmarking Telehealth Usage in Virginia](#) (.pdf)
- [2021 In-depth follow-up survey results](#) (.pdf)

PROVIDER AND STAKEHOLDER STRATEGY SESSIONS

The Virginia Telehealth Network has hosted, in partnership with the Virginia Department of Health, two statewide strategy sessions. These community gatherings provided insights from a variety of stakeholders and their input has been incorporated into this draft of the Virginia State Telehealth Plan.

Highlights from 2023 VTN Summit: 105 Registrants

STRENGTHS: What successes and lessons learned can we build on?	OPPORTUNITIES: Where should we prioritize our efforts?
• Virginia is a national leader in telehealth policy, innovation • Virginia legislators, leaders have been telehealth champions • Medicaid expenditure data during the COVID-19 pandemic showed telehealth services are largely substitutive • Telehealth waivers and subsequent legislative changes enabled a significant scaling of telehealth services • Improved access to mental health care • DMAS accessibility and responsiveness • Community paramedicine innovations	• Integrated care model: right-sizing of virtual care • Alignment across payers; public policies must stay abreast with innovations in health care • Creative problem solving for enhanced access: school-based, telehealth access points, FQHCs as distant site • Broadband access, health information exchange, identifying community-based collaborative care settings • Advance conversations on alternative payment models, building upon lessons learned from fee-for-service
ASPIRATIONS: What are you most excited about?	RESULTS: How will we know we made an impact?
• Workforce development: support provider burnout, address provider shortages, leveraging paraprofessionals • Identifying other services that telehealth can support • Investments in digital health and value-based contracting • Continued improvements gained via telehealth: improved no-show rates, improved access to psychiatric care, improved access to timely appointments • Opportunities to integrate lessons learned in various use cases and care settings (e.g., primary care integration, teledentistry, correctional facilities) • How can virtual care enhance quality best?	• Improved access to care and reduction in barriers to receiving care: access for low-income and older adults, reduction in transportation as a barrier, ensuring functionally equivalent access • Less complexity in care delivery (e.g., simplifying billing and coding, reduction in administrative burden) • Patient satisfaction, provider satisfaction • Utilization, costs per visit, reduction in duplicative care, improved patient compliance • Improved clinical outcomes; patients receiving the right care at the right time

Highlights from 2024 VTN Summit: 56 Registrants

What are one or two health care challenges TELEHEALTH can help with in Virginia?	
• Maternity care access • Provider shortages • School-based shortages • Access • Providing speciality services • Support for patients with restricted mobility	• Transportation • Triage - sick visits • Supporting rural areas • Psychiatry services • Substance Use Disorder treatment • Access to care in correctional facilities
Based on the 2021 State Telehealth Plan, where does more work need to be done?	
• School-based telehealth for medical, teledentistry and behavioral health • EMS-centric telehealth • Further data collection on usage	• Remote patient monitoring (RPM) for management of pregnant and postpartum patients • Enhance use in primary care • Broad expansion of RPM

VISION STATEMENT

Embed and leverage telehealth as a solution to achieve the health priorities of the Commonwealth of Virginia.

The benefits of telehealth apply to the entire person, extending beyond physical health to include education, workforce development, connectivity, public safety, and infrastructure objectives, thereby **creating a healthier Virginia**.

AREAS OF IMPACT

How will we know we're making progress?

Several themes and priority areas emerged across all discussions and data analysis. These are the areas where all stakeholders agreed telehealth could be a focused solution for **patient access** and **provider distribution** challenges. Plan activities will be intentionally targeted towards advancing solutions that **support the health of the Commonwealth**.

Access to the right care at the right time

- Maternal health
- Behavioral and mental health including crisis supports and substance use disorder supports
- Preventive health
- Skilled nursing care
- Oral health
- Emergency medical care

Advancing the health of the Commonwealth

- Education
- Workforce development
- Connectivity
- Public safety
- Infrastructure
- Private-public collaboration

COMPONENTS OF VIRGINIA'S STATE TELEHEALTH PLAN

1. BROADBAND AND TECHNOLOGY ACCESS

Leveraging infrastructure opportunities to achieve cross-sector gains

2. CARE INNOVATIONS

Deploying proven models that can positively impact the health of Virginia's communities

3. PERSON-CENTERED ACCOMMODATIONS

Care that supports individual access needs and accommodations

4. SOLUTIONS TAILORED FOR HIGH-NEED AREAS

Improving network adequacy where enhanced access to care is most needed

5. SUSTAINABILITY, QUALITY, AND EFFICACY

Aligning in-person, virtual, and technology standards

6. WORKFORCE DEVELOPMENT AND OPTIMIZATION

Expanding telehealth capacity to achieve Virginia's workforce goals

7. PLAN ACCOUNTABILITY

Providing for stakeholder collaboration, effective oversight, benchmarking, and implementation of this plan



1. BROADBAND AND TECHNOLOGY ACCESS

Leveraging infrastructure opportunities to achieve cross-sector gains

Significant investment is occurring statewide to enhance access to broadband. Targeted initiatives, such as the [State Digital Opportunity Plan](#) created by the Virginia Department of Housing and Community Development, help create a roadmap for enhancing access to care via telehealth. Collaboration between health and sectors such as community development, the broadband industry, education, and other efforts to expand technology access will allow for leveraging limited resources for optimal impact.

1.1 Improve access to adequate broadband technology for users of telehealth - both organizational (e.g., health clinics in rural areas, emergency medical service providers, hospitals, medical practices, etc.) and individual (e.g., patients, telehealth access points, work-from-home telehealth providers).

1.1.1 Leverage existing programs, such as the Federal Communications Commission (FCC) Rural Health Care Program, among others, for community investment.

1.1.1.1 Create and maintain a library of these programs and resources and communicate opportunities to relevant audiences.

1.1.1.2 Monitor and promote the state's efforts regarding investment of Broadband Equity Access and Deployment (BEAD) Program funds.

1.1.1.3 Create opportunities for shared learning and cross-sector investment. For instance, connect the work of the Library of Virginia to offer privacy pods and equipment to library patrons with the efforts of pharmacies seeking to implement telehealth access points in rural communities.

1.1.2 Create and/or promote publicly available mapping tools to help patients, providers, and navigators know what community resources are available to support access to broadband and/or technology.



1.1.2.1 Collaborate with the Mid-Atlantic Telehealth Resource Center, Commonwealth Connection, and other relevant stakeholders to create and maintain maps of telehealth providers (including hospitals) and telehealth access points to support decision-making regarding investment prioritization.

1.1.2.2 Overlay mapping of maternity deserts, pharmacy deserts, psychiatry deserts, etc. to understand where publicly available telehealth access points may be a critical local investment opportunity.

1.1.2.3 Collaborate with relevant stakeholders to develop a plan to centralize a lookup and scheduling option for telehealth access points and alternative access solutions that are publicly available for consumer use.

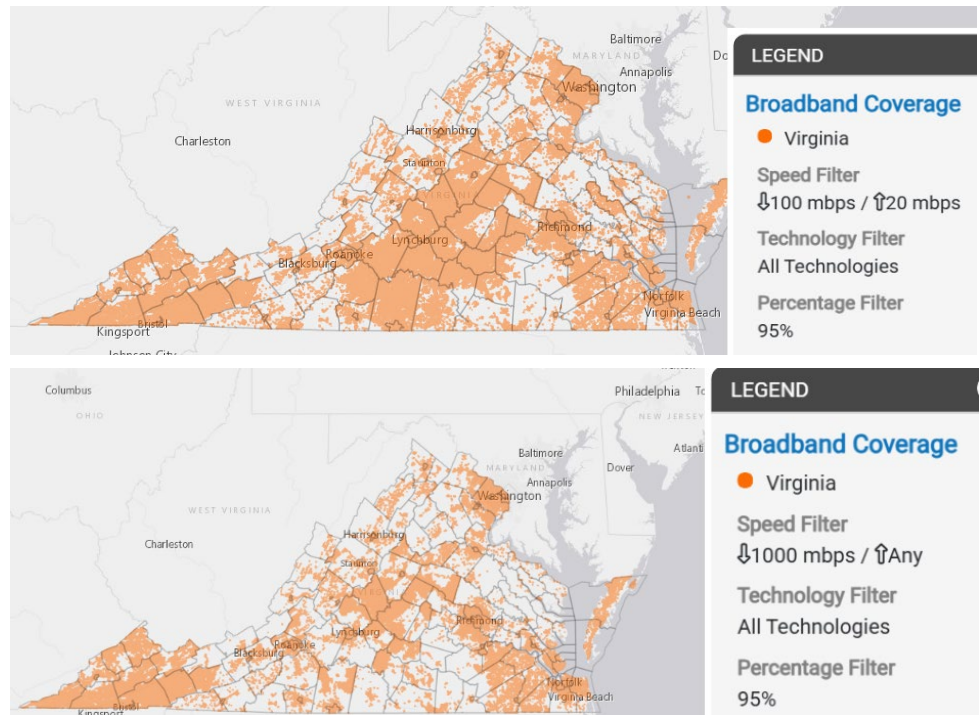
What Internet Speed Do Providers Need?

The Federal Communications Commission recommends the following **minimum** bandwidth speed for:

- Clinic (5 to 25 providers) = 25 Mbps
- Hospital = 100 Mbps
- Large medical center = 1,000 Mbps

in order to:

- Support management functions, email, and web browsing
- Allow simultaneous use of EHR and high-quality video consultations
- Enable real-time image transfer
- Enable continuous remote monitoring
- Make possible use of HD video consultations



Source: <https://www.healthit.gov/faq/what-recommended-bandwidth-different-types-health-care-providers> and <https://broadbandmap.fcc.gov/home>

1.1.3 Support private investment in telehealth infrastructure through the development of cost analyses related to telehealth deployment, growth, and replication.

1.2 Support digital literacy of Virginians through deployment of training materials and navigation supports.

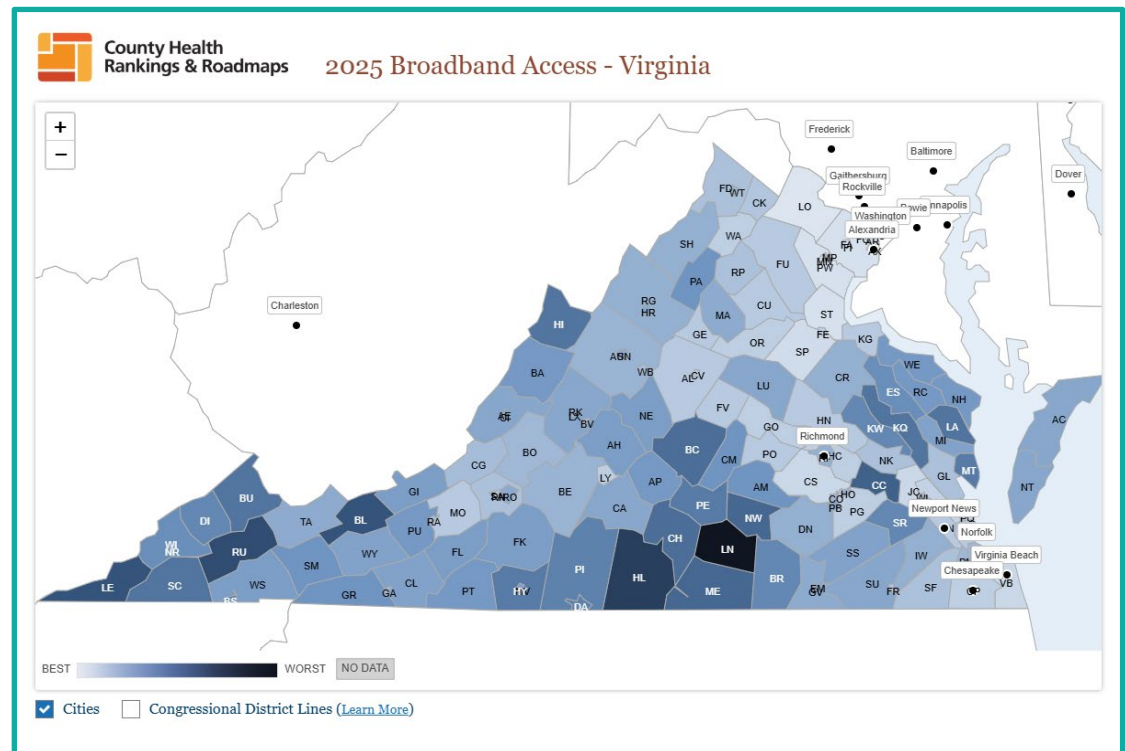
1.2.1 Provide digital literacy and broadband connection support, focusing on vulnerable and underserved communities of the state.

1.2.1.1 Collaborate with the Virginia Broadband Council on mapping low cost internet provider options for the benefit of patients who may not be able to easily afford a connection.

1.2.1.2 Collaborate with relevant stakeholders on the identification of low-cost technology options that are telehealth-compatible.

1.2.1.3 Support initiatives that would provide digital navigation to Virginians in need of technology support. These navigators could be available to support other technology needs - such as job searching - and there are models for library deployment of these efforts.

1.2.2 Establish a forum comprised of a broad group of constituents to foster statewide collaboration and alignment in delivering telehealth technology solutions and support.



2. CARE INNOVATIONS

Deploying proven models that can positively impact the health of Virginia's communities

Virginia is home to many of the country's leading health care innovators, with telehealth policy and innovation at the national level being driven by Virginia providers and governmental leaders. With our wealth of creative communities who are eager to collaborate in order to enhance care for their constituents, Virginia continues to be a space where new technology can be vetted and replicated.

2.1 Examine and evaluate the outcomes of telehealth innovation, integration, and expansion in Virginia, with a focus on measuring effectiveness, scalability, and long-term impact.

2.1.1 Establish a working group to prioritize data needs for measuring the impact of telehealth on accessibility, quality of care, cost of care, and patient outcomes.

2.1.1.1 Identify existing dashboards that can inform data collection and analysis (e.g., FCC's Mapping Broadband Health in America).

2.1.1.2 Define measures specific to this plan's objectives.

2.1.1.3 Define measures specific to: maternal health; behavioral and mental health (including crisis supports and substance use disorder supports); preventive health; skilled nursing care; oral health; and emergency medical services.

2.1.1.4 Define measures specific to telehealth technologies being utilized in Virginia, including audio-only services, eVisits, eConsults, and remote patient monitoring.

2.1.1.5 Develop and present a plan for data collection, analysis, and prioritization of these efforts.



2.1.2 Curate a library of Virginia-grown telehealth innovations, with priority given to programs that advance one or more of the plan priorities for enhancing access to the right care at the right time.

2.1.2.1 Collaborate with the Department of Housing and Community Development to identify BEAD projects that are scalable.

2.1.2.2 Prioritize information sharing in the areas of maternal health; behavioral and mental health (including crisis supports and substance use disorder supports); preventive health; skilled nursing care; oral health; and emergency medical services.

2.1.3 Identify opportunities for cross-sector collaboration and sustainability in replicating and growing “innovations that work.”

2.2 Promote and support integration of school-based telehealth options that can create a model for comprehensive student health and improved wellness.

2.2.1 Collaborate with the Virginia Department of Education and the Virginia Department of Health on mapping various counties in Virginia that are offering school-based telehealth.

2.2.1.1 Survey school districts and/or individual schools about needs, barriers, and wins in this space.

2.2.1.2 Spotlight Virginia success stories for school district consideration of replication.

2.2.1.3 Provide a venue for sharing best practices and innovation development for school-based telehealth.

2.2.2 Based on survey findings, collaborate with the Virginia Department of Education, the Virginia Department of Health, the Virginia Department of Behavioral Health and Developmental Services, and the Mid-Atlantic Telehealth Resource Center to deploy educational materials to interested schools and school districts.

2.2.2.1 Establish a resource center for schools and school districts to access for toolkits, guidance, and models for consideration.

2.2.2.2 Identify best practices in referral, informed consent, communication between providers - patients - parents/caregivers, HIPAA and FERPA, etc.

2.2.2.3 Create health literacy tools and educational content that can help schools best communicate about offerings to parents and students.

2.2.2.4 Identify best practices in how telehealth can support exceptional learners, such as virtual assessments and access to specialized support services such as school psychologists, therapists, and social workers.

2.2.2.5 Participate in learning collaboratives, such as the [School-Based Telehealth Learning Collaborative](#), to maintain information on best practices.

2.3 Promote telehealth opportunities and benefits to the Virginia EMS system.

2.3.1 Create a library of best practices in mobile integrated health care, including local innovations, and disseminate information through email lists and social media.

2.3.2 Develop basic template for telehealth operating procedures for EMS agencies.

2.3.3 Monitor the progress of the Virginia Department of Health in establishing a uniform and integrated set of proposed criteria for the use of telehealth technologies for prehospital and interhospital triage and transportation of patients initiating or in need of emergency medical services developed by the Board in consultation with the Department of Health Professions, the Virginia College of Emergency Physicians, the Virginia Hospital and Healthcare Association, the Virginia Chapter of the American College of Surgeons, the American Stroke Association, the American Telemedicine Association, and prehospital care providers.

2.3.4 Collaborate with the Office of EMS to:

2.3.4.1 Review State EMS formulary and make recommendations regarding telehealth-appropriate services.



2.3.4.2 Recommend a uniform and integrated set of proposed criteria for the use of telehealth technologies for pre-hospital and inter-hospital triage and transportation; and (3) identify example programs that may present opportunities for replication at Virginia EMS agencies.

2.4 Promote Remote Patient Monitoring (RPM), particularly for monitoring of chronic illness, high risk pregnancies, and for prevention of hospital readmission.

2.4.1 Survey impacted stakeholders statewide on utilization of RPM to determine gaps.

2.4.2 Disseminate information regarding best practices, payer policies and promote educational opportunities regarding use cases for remote patient monitoring.

2.5 Monitor areas of evolving technology, such as artificial intelligence, and make adjustments to plan as needed.

3. PERSON-CENTERED ACCOMMODATIONS

Care that supports individual access needs and accommodations

To fully realize the benefits of telehealth and its potential to resolve barriers to care, ensuring patient access is paramount. Innovations and adaptations in telehealth delivery can help support individual patient needs - including access to fundamental technology knowledge and skills, often termed digital literacy.

3.1 Incorporate patient representation in workgroups.

3.1.1 Collaborate with patient-facing organizations to identify representatives that can support inclusive policy development that meets individual access needs and accommodations.

3.2 Examine accessibility issues such as gaps in service accessibility for older adults, those with limited English language proficiency, and people with physical, sensory, cognitive or developmental disabilities including people who are deaf or hard of hearing, blind, or visually impaired.

3.2.1 Conduct surveys and/or focus groups and interviews regarding satisfaction with telehealth and how delivery can be improved to meet accessibility needs. Identify providers doing this well and promote them as a model.

3.2.2 Collaborate with patient-facing organizations, such as Area Agencies on Aging and the Department of Aging and Rehabilitative Services, to disseminate relevant information to constituents and providers.



3.3 Partner with the Mid-Atlantic Telehealth Resource Center, payers, and provider associations to disseminate information on resources and best practices in patient-centered accessibility.

3.3.1 Explore how the intersection of telehealth and assistive technologies, such as Virginia Relay, can best support patient access.

3.3.2 Establish best practice guidance for telehealth access points in affordable housing developments.

3.3.4 Identify training opportunities and collaborative spaces for digital navigators to support local connection needs.

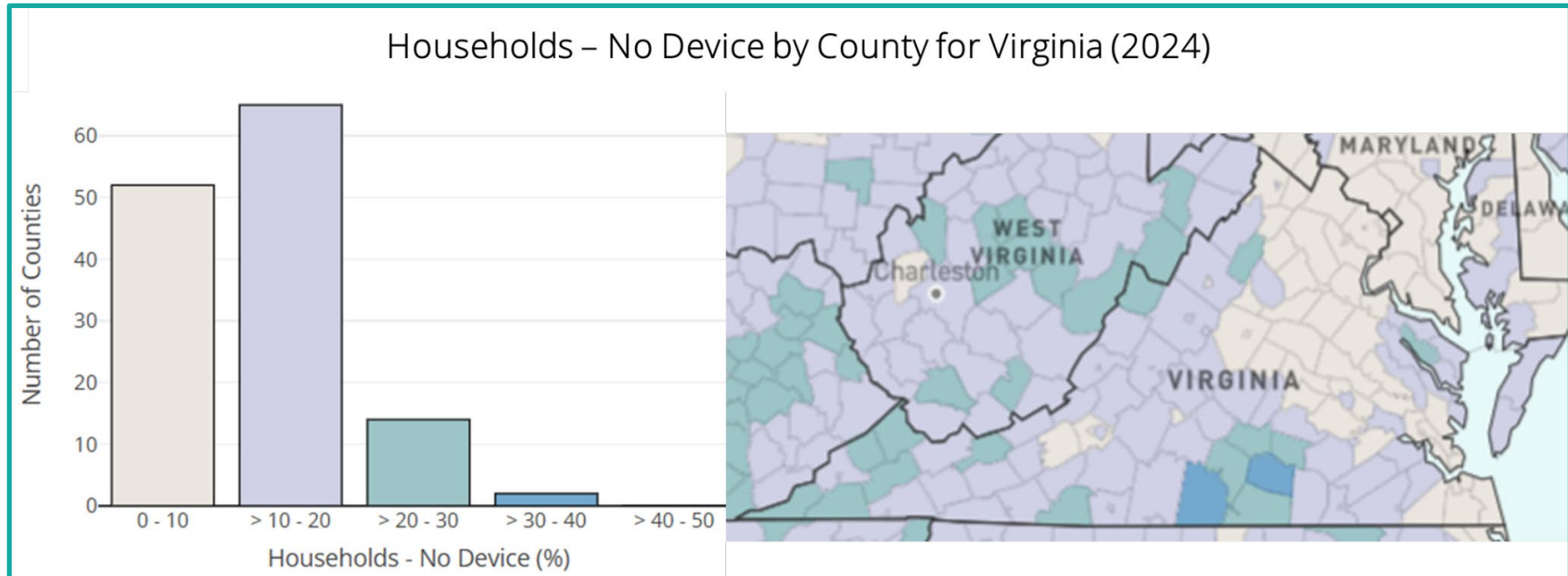
3.3.5 Identify Telehealth 101 digital literacy training opportunities and collaborative spaces for community learning (e.g., libraries).

3.3.6 Collaborate with the Virginia Board for People with Disabilities and the VCU Partnership for People with Disabilities to disseminate training materials and opportunities to stakeholders.

4. SOLUTIONS TAILORED FOR HIGH-NEED AREAS

Improving network adequacy where enhanced access to care is most needed

The most important consideration for patient access to telehealth services is appropriate technological infrastructure (e.g., devices,



Internet connectivity) and the ability to use it effectively (digital literacy).

4.1 Collaborate with the Virginia Department of Health Division of Social Epidemiology to map access deserts in Virginia, overlaid with telehealth access points and broadband availability so as to define areas for targeted infrastructure investment.

4.1.1 Utilize existing tools such as the [Telehealth Broadband Project](#) to help inform these efforts.

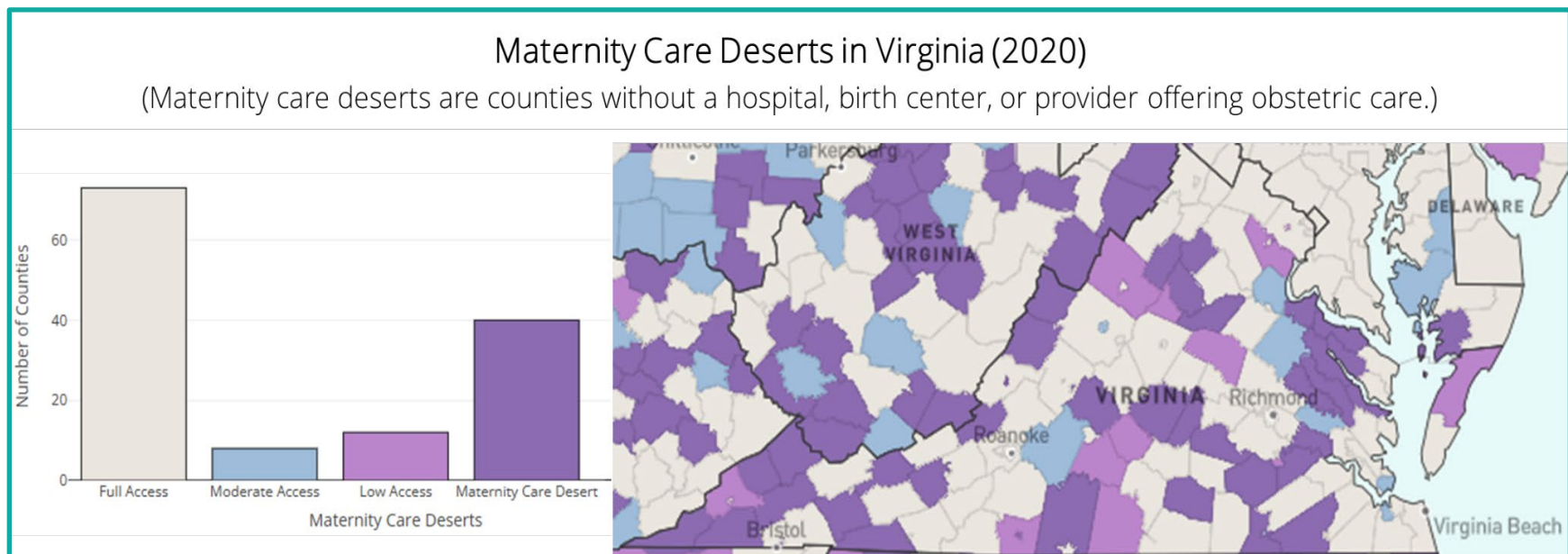
4.2 Explore alternatives for situations where video feed is unstable.

4.2.1 Identify low-cost technology solutions for individuals who lack the resources for video-compatible technology.

4.2.1.1 Identify potential solutions for improved access, such as technology lending libraries and telehealth access points.

4.2.1.2 Advocate for opportunities for utilization of audio-only telehealth services in the event of patient technology difficulties.

4.2.1.3 Provide recommendations, based on cost and potential impact, for enhancing technology access for Virginians.



Source: <https://www.fcc.gov/reports-research/maps/connect2health/>

4.2.2 Benchmark audio-only usage and determine best use cases, barriers, and suggestions for enhanced use.

4.3 Promote Remote Patient Monitoring (RPM) for high risk patients, including mental health, maternal health, child protection, and chronic disease management.

4.3.1 Provide education and best practices for providers around accessing and using RPM technology.

4.3.2 Work collaboratively with payers to provide information to providers on current coverage options and potentials for expansion to coverage.

4.4 Address barriers to providers utilizing telehealth.

4.4.1 Identify opportunities for loan repayment options for telehealth providers.

4.4.2 Advocate for continued remote prescribing of controlled substances and provide up-to-date information on any changes.

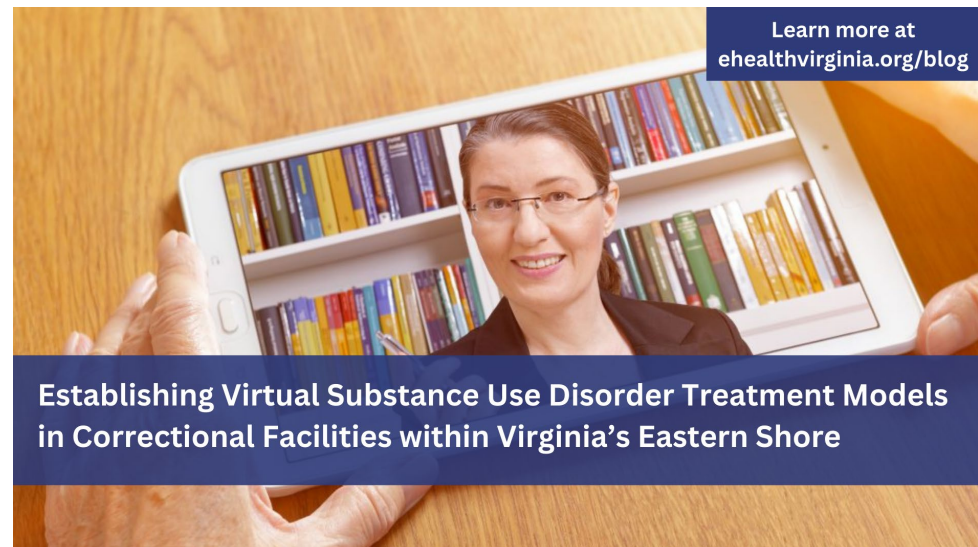
4.4.3 Advocate for confidentiality of telehealth providers' personal information that can include home address.

4.5 Prioritize telehealth supports for state institutions where provider access is limited.

4.5.1 Collaborate with the Department of Corrections, regional jails, and the Department of Juvenile Justice to explore opportunities and barriers for telehealth in such facilities.

4.5.2 Collaborate with the Department of Behavioral Health and Developmental Services to explore opportunities and barriers for telehealth in state mental health facilities and programs.

4.6 Collaborate with the Virginia Department of Health to explore opportunities and barriers for telehealth as an emergency/pandemic response resource.



4.7 In prioritizing areas of focus, seek alignment with Virginia Rural Health Plan, VBPD Geographic Disparities in Healthcare Access.

5. SUSTAINABILITY, QUALITY, AND EFFICACY

Aligning in-person, virtual, and technology standards

Virginia has served as a leader nationally in its policy and advocacy efforts for telehealth. As the industry shifts against environmental impacts, remaining vigilant and flexible will remain necessary to keep telehealth sustainable and efficient.

5.1 Advocate for policy permanency.

5.1.1 Monitor federal shifts in telehealth reimbursement regulations and policies and develop strategies to support telehealth at the statewide level as needed.

5.1.2 With state and private payers, develop guidance regarding telehealth payment, codes, and reimbursement.

5.1.3 Develop guidance for implementation, sustainability, and replication of new and effective use cases.

5.1.4 Work with community partners to identify channels to keep Virginians providers abreast of policy changes that may impact practice.

5.2 Encourage planning and investment by creating transparency around payer policies and requirements.

5.2.1 Partner with payers to create a statewide resource that continuously monitors the telehealth reimbursement landscape in Virginia and nationally.



5.3 Maintain information regarding telehealth certifications, quality standards, and other areas of interest impacting telehealth quality.

5.4 Data collection regarding the potential for reducing unnecessary inpatient hospital stays.

5.4.1 Support evaluation of instances where screening via telehealth could have reduced or eliminated unnecessary emergency department visits.

5.4.2 Identify areas where telehealth could prevent hospitalizations from skilled nursing facilities.

5.4.3 Explore the prevention of unnecessary hospitalizations and emergency department visits by accessing care with primary care and/or emergency medical services via telehealth.

5.4.4 Monitor telehealth integrated environments/hybrid environments (e.g., mobile integrated health care) for lessons learned, opportunities for replication.

6. WORKFORCE DEVELOPMENT AND OPTIMIZATION

Expanding telehealth capacity to achieve Virginia's workforce goals

Virginia has a long history of growing and developing the next generation of health care leaders. It has developed supportive ways to encourage homegrown innovation in health care and ensuring health care providers can provide services to their patients in a safe and ethical manner. Telehealth offers an opportunity to further support workforce development in the Commonwealth.

6.1 Provider benchmarking to determine workforce originating state and state licensure status.

6.1.1 Promote and support interstate licensure compacts to ensure providers can serve patients in accordance with licensing laws.

6.1.2 Develop guidance for acquiring a Virginia state license for those in another state through compacts or expedited licensure and track the number of providers seeking these licenses.

6.1.3 Develop guidance for providers serving Virginia residents across state lines based on the needs of these providers.

6.1.4 Develop guidance and infrastructure recommendations for provider-to-provider eConsults.

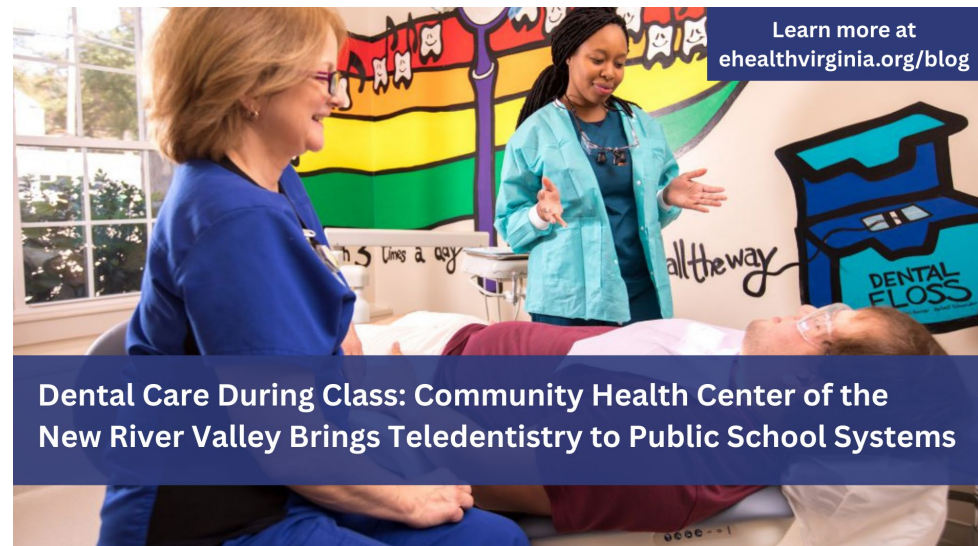
6.2 Registry of providers offering telehealth.

6.2.1 Collaborate with the Mid-Atlantic Telehealth Resource Center to identify and promote.

6.3 Consider workforce potential.

6.3.1 Identify best practices used by provider training programs from across the country that incorporate telehealth as part of their curriculum. Develop a forum to communicate potential options for inclusion of telehealth in provider training programs.

6.3.2 Support workforce expansion programs that offer opportunities for providers to expand their scope of practice and/or accelerate their path to licensure.



6.3.3 Identify innovative training programs that support telehealth such as virtual medical interpreters, digital navigators, military medics, and/or virtual scribes.

6.3.4 Utilize collaborative partners, such as Virginia Workforce Development Authority, Area Health Education Centers, and Go Virginia, to identify innovative workforce development opportunities improved by the use of telehealth.

6.3.5 Pulling from national best practices and statewide innovators, develop standards for telemental health services and telehealth substance misuse services.

7. PLAN ACCOUNTABILITY

Providing for stakeholder collaboration, effective oversight, benchmarking, and implementation of this plan

A critical component to any plan development is creating accountability strategies to keep the plan relevant, timely, and useful. Structures developed in the updating of the State Telehealth Plan can be maintained to serve as a source of support. The Virginia Telehealth Network is prepared to serve as the facilitator and convener, allowing the plan to morph and change as necessary.

7.1 Establish benchmarks for ongoing monitoring of plan implementation.

7.2 In collaboration with the Virginia Department of Health, develop a timeline, budget and staffing plan for ensuring up to date monitoring, evaluation, and modifications of this plan.

7.2.1 Prioritize elevation and sustainability of replicable and scalable programs that improve access to care, such as school-based telehealth programs, the Virginia Telemental Health Initiative, Department of Corrections-Bay Rivers substance use disorder supports, mobile mammography, etc.

7.3 Utilizing the existing advisory group structure, continue regular communications and bi-annual meetings to review efforts and discussion modifications.

7.3.1 Monitor federal and state priorities and changes in telehealth to give to the group for input.

7.3.2 As needed, update the plan to reflect current telehealth status.

7.4 In collaboration with the Virginia Department of Health, create a communication plan to disseminate the plan.

7.4.1 Identify a central location (i.e., VTN website) to store the plan and communications about the plan.

7.4.2 Maintain a database of interested constituents (e.g., VTN) with a vested interest in the plan.

7.4.2 As able, incorporate related elements of the plan into existing plans such as:

- State Health Plan
- State Emergency Medical Services Plan

- State Trauma Triage Plan
- Stroke Triage Plan
- VDOE, VDOC, VDHP, VDMAS, VDVS agency telehealth plans

7.5 Explore option to provide a forum for interagency information sharing on telehealth and related opportunities.

APPENDIX A: GRATITUDE FOR YOUR COLLABORATION & INSIGHTS

STAKEHOLDER INTERVIEWS & FOCUS GROUPS (SCHEDULED)

Date:	Organization:	Attendees:
2023	Medical Society of Virginia	Clark Barrineau Scott Castro
2023	Virginia Rural Health Association	Beth O'Connor, M Ed.
2023	American Telemedicine Association	Kyle Zebley Tom Mann
2023	Virginia Community Healthcare Association	Daniel Neal Fernan Caparas Kevin Ajmera Roopak Manchanda
2023	Virginia Health Catalyst	Ericca Facetti
2023	Virginia Hospital and Healthcare Association	Kelly Cannon Abraham Segres R. Brent Rawlings
2023	Virginia Association of Health Plans	Heidi Dix
2023	Birth in Color	Chelsea Dade Galina Varchena
2023	Virginia Rural Health Association - Conference Listening Session	Heather Anderson 15 individuals representing hospitals, academia, nursing, and health nonprofits

VIRGINIA STATE TELEHEALTH PLAN
2026 - 2030

2023	Northwest Regional Telehealth Resource Center (NRTRC) - AK, WA, OR, MT, ID, WY, UT and the US-Affiliated Pacific Islands	Jaleen Johnson
2023	California Telehealth Resource Center (CTRC)	Aislynn Taylor
2023	Heartland Telehealth Resource Center (HTRC) - Missouri, Oklahoma and Kansas	Molly Brown
2023	Southeastern Telehealth Resource Center (SETRC) - Alabama, Florida, Georgia, Puerto Rico, South Carolina, and USVI	Boyd Mark
2023	National Consortium of Telehealth Resource Centers (NRTRC)	Christine Calouro
2023	National Center for Quality Assurance	Peter Fourinier
2025	Virginia Department of Medical Assistance Services	Lisa Price Stevens, MD, MBA, MPH, FACP Rhonda Newsome, ODA
2025	Virginia Department of Behavioral Health and Developmental Services	Curt Gleeson Alexis Aplasca, MD Nicole Gore
2025	Virginia Association of Health Plans	Heidi Dix
2025	Chair, Joint Commission on Health Care Chair, House Select Committee on Advancing Rural and Small Town Health Care	Del. Rodney Willett
2025	Virginia Department of Health (invited)	Karen Shelton, MD
2025	Office of Emergency Medical Services	George Lindbeck, MD
2025	Virginia Department of Health Professions	Erin Barrett, JD Yetty Shobo, PhD

2025	Virginia Pharmacy Association	Jamie Fisher
2025	Tri-Area Community Health	Jim Werth, PhD, ABPP
2025	Virginia Board for People with Disabilities	Jennifer Krajewski
2025	Virginia Department of Education	Joseph Wharff Martha Montgomery Na-Keisha White, MSN-PH, RN, NCSN
2025	Secretary of Health and Human Resources	Mindy Diaz Monay Leah Mills

The following organizations were also invited to participate:

Department of Juvenile Justice, Virginia Association of Community Services Boards, Virginia Community Pharmacy Association

APPENDIX B: GLOSSARY OF ACRONYMS

ADA	Americans with Disabilities Act
BEAD	Broadband Equity, Access and Deployment Program
DBHDS	(Virginia) Department of Behavioral Health and Developmental Services
DMAS	(Virginia) Department of Medical Assistance Services
EMS	Emergency Medical Services
FCC	Federal Communications Commission
FERPA	Family Educational Rights and Privacy Act
FQHC	Federally Qualified Health Center
HIPAA	Health Insurance Portability and Accountability Act
MATRC	Mid-Atlantic Telehealth Resource Center
MBPS	Megabits per second
NCQA	National Committee for Quality Assurance
OEMS	Office of Emergency Medical Services

RPM	Remote Patient Monitoring
VBPD	Virginia Board for People with Disabilities
VCTA	Virginia Cable Telecommunications Association - Broadband Association of Virginia
VCU	Virginia Commonwealth University
VDH	Virginia Department of Health
VDHP	Virginia Department of Health Professions
VDOC	Virginia Department of Corrections
VDOE	Virginia Department of Education
VTN	Virginia Telehealth Network