BACKGROUND
- Prior to the COVID-19 pandemic, the use of teledentistry was limited.
- Adoption was hindered by many factors including:
  - Reluctance to innovate
  - Concerns about costs related to infrastructure and software
  - Preservation of having necessary technological skills to use teledentistry
  - Concerns about patients’ acceptance of virtual visits
- The COVID-19 pandemic impacted the adoption and expansion of teledentistry:
  - Full or partial closure of health care provider organizations, including dental practices, catalyzed innovative thinking about how best to connect patients with providers
  - Executive orders encouraged use of telehealth to care for patients
  - Federal directives expanded reimbursement for teledentistry
  - Teledentistry was enabled by emergency directives that loosened stringent HIPAA requirements

STUDY OBJECTIVES
- To describe the impact of the COVID-19 pandemic on the delivery of oral health services in the dental safety-net using teledentistry to consult with patients
  - Objective 1: Conduct a review of enabling statutes and regulations for the provision of teledentistry services in each of the regulatory jurisdictions in the US
  - Objective 2: Develop an Infographic

METHODS
- Collaborated with NNOHA to identify most pertinent topics around teledentistry regulation
- Compiled a dictionary of regulatory parameters for providing teledentistry services in each of the 50 states and the District of Columbia
- Reviewed and subsequently compiled data to:
  - Understand basic circumstances and permissions for the conduct of teledentistry services in each jurisdiction
  - Determine common elements that could be compared across states
  - Identify current standing law that guided the provision of teledentistry once executive orders expanding privileges had or would expire

RESULTS
- Synchronous teledentistry was limited to only video in 21 states.
- Video or audio was permitted in 24 states and DC.
- Teledentistry services via other modalities (such as mobile apps and email) were permitted in 16 states.
- Three states required that a patient must be an established patient of record prior to a teledentistry visit, while 16 states allowed a patient to become established as a patient of record during the teledentistry visit.
- Patient-informed consent was required for any teledentistry visit in 26 states and DC.
- 16 states allowed a teledentistry visit in 26 states and DC.
- Medicaid reimbursed CDT codes D9995 and D9996 in 8 states.

CONCLUSIONS
- Telehealth legislation is highly nuanced; in some states, regulatory language is detailed and descriptive, while in other states they are vague and subject to broad interpretation
- Fundamental terminology and definitions related to virtual services vary considerably, suggesting that teledentistry is still an emerging practice
- Sources of regulatory authority vary widely in states, as do the ways in which teledentistry use is addressed
- Infographic informs providers, policymakers, and teledentistry advocates of the variation of teledentistry regulation across states

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Variation in Teledentistry Regulation by State