



CLOSING CARE GAPS THROUGH TELEHEALTH POLICY AND BROADBAND ACCESS

2024 RURAL AND PUBLIC HEALTH POLICY FORUM
FEBRUARY 6, 2024

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Reminder

The information contained and delivered in this presentation is for educational and informational purposes only and should not be considered legal advice.

The views, opinions, and positions expressed are mine alone and do not necessarily reflect the views, opinions, or positions of my employers or affiliated organizations.

I hope the information presented will help you better navigate telehealth policy issues and support adding your voice to the discussions.



Overview

Snapshot: Federal and state telehealth law and policy landscape in 2024

Research and resources to help close the care gap with telehealth policy
(including broadband and digital literacy)

Looking ahead: What's next for telehealth policy in Arizona?

Telehealth policy and access to care in rural areas

Federal

- Reimbursement (Medicare)
- Prescribing of Controlled Substances
- Licensure
- Privacy
- Digital health equity and broadband

State – Arizona

- Pending legislation
- Reimbursement (Medicaid and private payer)
- Licensure
- Acute Hospital Care at Home Program and caring for our aging population in AZ

Efforts to harmonize state laws that impact telehealth services

- Uniform Telehealth Act
- Interstate licensure compacts

Post-PHE has become Post-December 31, 2024...

Provisions from Consolidated Appropriations Act (2023)

Disentangling Telehealth from the Public Health Emergency

By Tara Sklar, JD, MPH on Jan 12, 2023



<https://telemedicine.arizona.edu/blog/disentangling-telehealth-public-health-emergency>

[Legislation](#) signed on 12/29/22.

Sec. 4113. Advancing Telehealth Beyond COVID–19

- Telehealth **originated sites includes any site where the beneficiary is located** at the time of telehealth service, including the home.
- Coverage for **audio-only** telehealth services
- Expand list of Medicare eligible telehealth providers: Occupational therapists, physical therapists, speech-language pathologists, and audiologists.
- Waive frequency limitations on telehealth visits for Skilled Nursing Facilities.
- Distant site providers can use their enrolled practice location instead of home address.



Rural Telehealth

Telehealth increases access to health care for rural patients, particularly specialty care, by removing travel burdens and provider shortages.

Telehealth visits for rural Medicare beneficiaries increased from 2004 to 2013 at an annual growth rate of 28%.

Rural hospitals are more likely to use telehealth to assist with providing radiology, emergency, and trauma healthcare services.

Nearly 80% of rural beneficiary telehealth visits were for behavioral health

Challenges

Medicare flexibilities put in place during the COVID-19 Public Health Emergency will expire on December 31, 2024 without congressional action.

Medicare reimbursement is commonly cited as a major challenge for telehealth programs, particularly for rural health clinics which are paid outside of their All-Inclusive Rate for Medicare telehealth services.

The physician licensure system places burdens on physicians who want to practice across state lines. Physicians must be licensed by the professional licensing board in each state where they are delivering care to patients.

The broadband gap between rural and urban areas leads to health inequities. Many rural communities do not currently have access to internet connection speeds that support the use of telehealth.

The CONNECT for Health Act is reintroduced, again

A bipartisan group of 60 senators reintroduced the updated 2023 version of the Creating Opportunities Now for Necessary and Effective Care Technologies for Health Act. A companion bill was introduced in the House.

- Permanently removes geographic barriers.
- FQHCs and RHCs serve as distant site providers.
- **First introduced in 2015... June 2023**

Legislation Aims to Support Telehealth Access in Rural Areas

A group of representatives introduced new legislation to maintain telehealth access in rural America by making permanent Medicare coverage of virtual care.

- **S.1636/HR 3440 - Protecting Rural Telehealth Access Act**
- Introduced in May 2023

Rural Behavioral Health

Factors contributing greater behavioral health challenges in rural America.

- Lack of access to treatment options
- Behavioral health workforce shortages
- Greater sense of stigma
- Longer distances and fewer transportation options
- Higher rates of under- or un-insurance



NRHA Supported Legislature and Programs

Better Mental Health Care for Americans Act (S. 923)

Senators Bennet (D-CO) and Wyden (D-OR)

Reforms and improves mental health and substance use care under the Medicare and Medicaid programs to ensure full parity and integration of these services.

TREATS Act (S. 3193/H.R. 5163)

Senators Murkowski (R-AK), Whitehouse (D-RI) & Reps. Trone (D-MD), Fitzpatrick (R-PA)

Makes prescribing buprenorphine for opioid use disorder via telehealth permanent, including the use of audio-only.

Farmers First Act (S. 1736/H.R. 6379)

Senators Ernst (R-IA), Baldwin (D-WI) & Reps. Costa (D-CA), Feenstra (R-IA)

Reauthorizes the Farm & Ranch Stress Assistance Network to provide increased funding for farmer behavioral health resources and allows grant recipients to establish referral relationships with key rural behavioral health providers, including RHC and CAHs.

HRSA-Supported Programs

NRHA urges continued support through the appropriations process for Health Resources and Services Administration Rural Communities Opioid Response Program. NRHA also supports increasing rural behavioral health capacity by including the Rural Health Clinic Behavioral Health Initiative in the next appropriations cycle.

• About 7.7 million rural adults (23%) report having any mental illness in 2022.

• Rural counties see twice as many suicides as urban areas despite similar rates of mental illness.

• 8 million adults misused prescription pain relievers at least once in the previous year, with approximately 1 million of those adults in rural areas.

• The opioid overdose rate was higher in rural areas than in cities between 2009 and 2019.

Re-introduced on Nov 6, 2023

Bipartisan Bill Aims to Expand OUD Medication Access via Telehealth

The reintroduced TREATS Act would permanently allow clinicians to prescribe buprenorphine for OUD treatment through telehealth without a prior in-person exam.

POLITICS

STAT+

Senate bill would permanently extend Covid-era rules on telehealth addiction treatment

Virtual prescribing of controlled substances extended to Dec. 31, 2024



Second Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications

A Rule by the Drug Enforcement Administration and the Health and Human Services Department on 10/10/2023

PUBLISHED DOCUMENT

AGENCY:
Drug Enforcement Administration, Department of Justice; Substance Abuse and Mental Health Services Administration, Department of Health and Human Services.

ACTION:
Temporary rule.

SUMMARY:
On March 1, 2023 the Drug Enforcement Administration (DEA), in concert with the Department of Health and Human Services (HHS), promulgated two notices of proposed rulemakings (NPRMs) soliciting comments on proposals to allow for prescribing of controlled medications pursuant to the practice of telemedicine in instances where the prescribing practitioner has never conducted an in-person medical evaluation of the patient. On May 10, 2023, following initial review of the comments received, DEA, jointly with HHS, issued a temporary rule (First Temporary Rule) extending certain exceptions granted to existing DEA regulations in March 2020 as a result of the COVID-19 Public Health Emergency (COVID-19 PHE). These exceptions were granted in order to avoid lapses in care for patients. In particular, with respect to practitioner-patient relationships formed after the May 11, 2023, expiration of the COVID-19 PHE, the First Temporary Rule extended the temporary exceptions until November 11, 2023. In this second temporary rule, as DEA and HHS continue to consider revisions to the proposed rules set forth in the March 1, 2023 NPRMs and in light of Telemedicine Listening Sessions that DEA hosted on September 12 and 19, 2023, DEA and HHS are further extending such exceptions to existing DEA regulations for new practitioner-patient relationships through December 31, 2024.

DATES:
As of November 11, 2023, the end of the effective period for the temporary rule published at 88 FR 30037 on May 10, 2023, is extended from November 11, 2024, to December 31, 2024. This rule is effective November 11, 2023.

FOR FURTHER INFORMATION CONTACT:

DOCUMENT DETAILS

Printed version:
PDF

Publication Date:
10/10/2023

Agencies:
Department of Justice
Drug Enforcement Administration
Department of Health and Human Services

Dates:
As of November 11, 2023, the end of the effective period for the temporary rule published at 88 FR 30037 on May 10, 2023, is extended from November 11, 2024, to December 31, 2024. This rule is effective November 11, 2023.

Effective Date:
05/10/2023

Document Type:
Rule

Document Citation:
88 FR 60876

Page:
60876-60883 (8 pages)

CFR:
21 CFR 1307
42 CFR 12

Agency/Docket Number:
Docket No. DEA-497

RIN:
1117-AB40
1117-AB78

Document Number:
2023-22406

DOCUMENT STATISTICS

- Approx. 37,000 comments received, which is a record for any administrative agency to receive in a public comment period.
- DEA may revisit **special registration pathway** that they were supposed to propose in 2019.
- **DEA may start early** (as opposed to right before the end of 2024) to prepare for potential avalanche of comments.

Mismatch Between the Problem the DEA is Trying to Solve and the Proposed Rules

Effective oversight

- Already exists via safeguards and data monitoring

Safeguards

- Business practices that confirm patient identity
- Policies that monitor for potential abuses
- Compliance with state law
- Approaches that assure effective oversight without limiting access via in-person visits

Data

- Lack of evidence indicating abuse and diversion (aggregate or anecdotal)

DEA Telehealth Proposal Brings Risks, Not Patient Protections

[Georgia Gaveras, DO](#)

MARCH 23, 2023

“Choosing a psychiatrist should not simply be determined by proximity.

Expertise, ability, and therapeutic alliance — the trust and safety a patient feels with their psychiatrist— are all critical for successful outcomes.”

2023

CTeL

TELEHEALTH | RESEARCH • POLICY • ACTION



THE UNIVERSITY OF ARIZONA
JAMES E. ROGERS COLLEGE OF LAW

Health Law

50 STATE SURVEY

PRESCRIBING OF NON-CONTROLLED SUBSTANCES VIA TELEMEDICINE

ARIZONA
TELEMEDICINE
PROGRAM



The Arizona Telemedicine Program Blog

<https://telemedicine.arizona.edu/blog>

Is a physical examination required?

Is a pre-existing provider-patient relationship required?

How is a provider-patient relationship established?

Can a physical examination be conducted via telehealth?

What are the requirements for a physical examination?

In addition to these questions, the survey dissected each states:

- ✓ Policies around the use of online questionnaires before prescribing
- ✓ State law exceptions to the above requirements/prohibitions

Interest in being a guest blog author?

Licensure

Rise of interstate telehealth

 Telehealth.HHS.gov

[For patients](#) ▾ [For providers](#) ▾ [Licensure](#) ▾ [Research](#) ▾ [Funding](#) [Events](#) ▾ [About](#) ▾

[Home](#) > [Licensure](#)



Licensure

Interstate licensure resources for health care providers, states, and health care organizations.



[Getting started with licensure](#)

Learn about the role of the federal government and state boards in licensing and overseeing health care providers delivering telehealth services.



[Licensing across state lines](#)

The ability to deliver health care services across state lines varies based on state regulations and may be subject to change.



[Licensure compacts](#)

There are many compacts between states that make it easier for health care providers from a range of specialties to practice telehealth in multiple states.

WSJ | OPINION

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The Doctor Is In, but the Patient Is Out of State

“While I never hesitated to pick up the phone to call the boy’s parents and give them advice...

Giving medical advice to an out-of-state patient over the phone can put me at risk of losing my license, and, in states such as California and New Jersey, of criminal charges as well.”

Advent of:
Telemedicine parking lots

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

Shannon MacDonald, M.D.; Paul
Gardner, M.D.; J.A., a minor, by and
through guardian and next friend
Michael Abell; Michael Abell; and
Hank Jennings,

Plaintiffs,

v.

Otto F. Sabando, in his official
capacity as President of the New
Jersey State Board of Medical
Examiners,

Defendant.

No. _____

**Complaint for Declaratory
and Injunctive Relief**

<https://pacificlegal.org/wp-content/uploads/2023/12/12.13.23-Shannon-MacDonald-M.D.-et-al.-v.-Otto-Sabando-PLF-Complaint.pdf>



NJ state licensure laws violates the US
Constitution under the:

- Commerce Clause
- Privileges and Immunities Clause

Privacy

Concerns about trust and unauthorized disclosures

December 2023

HHS Releases Healthcare Sector Cybersecurity Strategy

According to the Office of Civil Rights (OCR), from 2018 to 2022, there was a **93% increase** in large security breaches within healthcare entities.

HIPAA

OCR moved from “exercising discretion” regarding HIPAA enforcement during PHE to updating HIPAA in 2024 to include:

- New cybersecurity requirements
- Increased penalties
- More audits and more technical assistance

<https://www.ftc.gov/news-events/news/press-releases/2023/07/ftc-hhs-warn-hospital-systems-telehealth-providers-about-privacy-security-risks-online-tracking>

[FTC Health Breach Notification Rule)



FTC and HHS Warn Hospital Systems and Telehealth Providers about Privacy and Security Risks from Online Tracking Technologies

Letters highlight concerns stemming from use of technologies that may share a user's sensitive health information

News: ACP Could Be Ending

Unless Congress acts to renew the Affordable Connectivity Program funds could run out by April 2024.

• ACP applications and enrollments will not be processed after February 7, 2024 at 11:59 PM ET.

• Households who have applied, been approved, and are receiving the monthly internet discount before February 8, 2024 will continue to receive their ACP benefit until ACP funds run out, as long as the household remains enrolled in the program.

• After the ACP funds run out (projected in April 2024), households participating in the ACP will no longer receive the ACP discounts.



ACP has helped 21 million households across the US.

Approximately 1 million households in Arizona are eligible for ACP funding

- Arizona's enrollment is about 50% of eligible households (1 in 5 households in the state)

Introduced on
January 10, 2024

\$7B to end of year

<https://www.congress.gov/bill/118th-congress/senate-bill/3565/text?s=3&r=1&q=%7B%22search%22%3A%22s.+3565%22%7D>

118TH CONGRESS
2D SESSION

S. 3565

To appropriate funds for the Affordable Connectivity Program of the Federal Communications Commission.

IN THE SENATE OF THE UNITED STATES

JANUARY 10, 2024

Mr. WELCH (for himself, Mr. VANCE, Mr. CRAMER, and Ms. ROSEN) introduced the following bill; which was read twice and referred to the Committee on Appropriations

A BILL

To appropriate funds for the Affordable Connectivity Program of the Federal Communications Commission.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Affordable
5 Connectivity Program Extension Act of 2024”.

6 **SEC. 2. APPROPRIATION FOR AFFORDABLE CONNECTIVITY**

7 **PROGRAM.**



Talking BEAD, Economic Development and the State's Middle Mile Network with Arizona's Broadband Director

Posted on January 23, 2024 9:24am by Doug Adams



BEAD

Fiber Broadband

Funding

Middle Mile

Arizona is slated to receive nearly a billion (**\$993 million**) in Broadband Equity Access & Development (BEAD) Funds from the National Telecommunications and Information Administration (NTIA).

Over 200 miles of the middle mile network have been completed, from Flagstaff to Nogales.

Bhowmick: **Confident that BEAD will help eradicate Arizona's digital divide.**

- Some homes may be too remote for fiber and some even too remote for fixed wireless

An additional middle mile network of 197 miles is currently being built to Flagstaff from California for \$152 million, funded by the ARPA's State and Local Fiscal Recovery Fund program.

Digital Divide in Accessing Telehealth

Think beyond providing an internet connection

- Older adults
- Racial and ethnic minority groups
- Disability
- Low socioeconomic status
- Living in rural areas
- Limited English Proficiency

<https://telemedicine.arizona.edu/blog/encounters-telehealth-older-adults-limited-english-proficiency-living-rurally>



The screenshot shows the Arizona Telemedicine Program website. At the top is a red header with the program's logo and name. Below it is a dark blue navigation bar with links for Home, Blog, About Us, Distance Education, and Applications & Network. A breadcrumb trail indicates the current page is 'Encounters with Telehealth: Older Adults with Limited English Proficiency Living Rurally'. The main content area features the title of the blog post, the author's name 'By Alissa Hafezi on September 29, 2022', and a photograph of an elderly person using a laptop to participate in a telehealth session with a healthcare provider.

Use of Telemedicine among Office-Based Physicians, 2021

ONC Data Brief | No.65 | March 2023

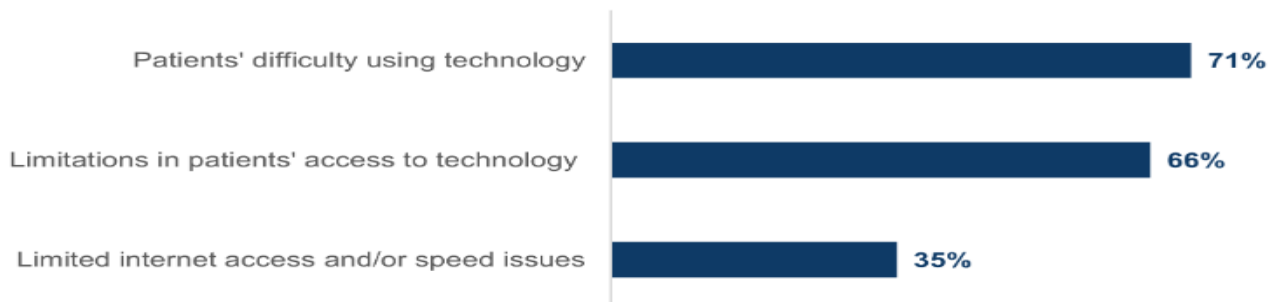


Office of the National Coordinator
for Health Information Technology

Patients' difficulty using telemedicine tools was the most common reported barrier affecting physicians' use of telemedicine.

FINDINGS

- ★ The most common barriers for telemedicine use experienced by physicians involved patients' difficulties using and accessing telemedicine technology.
- ★ Over 1 in 3 physicians reported internet access and speed issues as an issue affecting their use of telemedicine.
- ★ Less than 1 in 4 physicians reported telemedicine is not appropriate for their practice (26%) and telemedicine platform is not easy to use (18%).



[https://www.healthit.gov/data/data-briefs/use-telemedicine-among-office-based-physicians-2021#:~:text=FINDINGS,-%E2%98%85&text=Not%20having%20any%20telemedicine%20platform,person%20visits%20\(under%2050%25\).](https://www.healthit.gov/data/data-briefs/use-telemedicine-among-office-based-physicians-2021#:~:text=FINDINGS,-%E2%98%85&text=Not%20having%20any%20telemedicine%20platform,person%20visits%20(under%2050%25).)

By Gillian K. SteelFisher, Caitlin L. McMurtry, Hannah Caporella, Kerl M. Lubell, Lisa M. Koonin, Antonio J. Neri, Eran N. Ben-Porath, Ateev Mehrotra, Ericka McGowan, Laura C. Espino, and Michael L. Barnett

Video Telemedicine Experiences In COVID-19 Were Positive, But Physicians And Patients Prefer In-Person Care For The Future

ABSTRACT To help inform policy discussions about postpandemic telemedicine reimbursement and regulations, we conducted dual nationally representative surveys among primary care physicians and patients. Although majorities of both populations reported satisfaction with video visits during the pandemic, 80 percent of physicians would prefer to provide only a small share of care or no care via telemedicine in the future, and only 36 percent of patients would prefer to seek care by video or phone. Most physicians (60 percent) felt that the quality of video telemedicine care was generally inferior to the quality of in-person care, and both patients and physicians cited the lack of physical exam as a key reason (90 percent and 92 percent, respectively). Patients who were older, had less education, or were Asian were less likely to want to use video for future care. Although improvements to home-based diagnostic tools could improve both the quality of and the desire to use telemedicine, virtual primary care will likely be limited in the immediate future. Policies to enhance quality, sustain virtual care, and address inequities in the online setting may be needed.

The increased use of telemedicine during the COVID-19 pandemic has been hailed as key to ensuring health care access in future pandemics, as well as a boon for patients who generally cannot easily access in-person care.^{1,2} However, the expansion of telemedicine during the pandemic was driven by a series of temporary regulatory and payment changes that will likely expire at the end of the nationwide public health emergency declaration.³ There is ongoing debate about postpandemic telemedicine policies, particularly in primary care, where telemedicine can facilitate access to preventive services, management of chronic conditions, mental health screening, and triage for infectious disease.^{4,5} One key factor in this debate is the perspective of providers

and patients. Depending on their interest in using video-based care, policies to sustain telemedicine in the postpandemic era may need to adapt to demand.

Prior studies examining physicians' and patients' perceptions of telemedicine during the pandemic have largely found high overall satisfaction with telemedicine for primary care during the pandemic, but there are important limitations. Many examined care in single systems or settings for specialized populations^{6,7} or relied on a relatively broad definition of satisfaction, such as willingness to recommend a practice to others.⁸ Few studies have been national in scope or asked providers or patients to make direct comparisons between in-person and virtual care. Further, only a few studies addressed the perceived quality of clinical care.^{9,10} Quantifying

DOI: 10.1377/hlthaff.2022.01027
HEALTH AFFAIRS 42,
NO. 4 (2023): 575-584
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The People-to-People Health
Foundation, Inc.

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Key findings

Satisfaction high

Yet, strong preference to return to in-person care

- 80% of primary care physicians
- 64% of patients
- **Older patients** less likely to want to use video visits (even if have internet access)
- May reflect comfort level and concerns about **age-based discrimination** in an online setting.

Lack of preference is a problem for digital care to become a meaningful part of the health system.



Digital Equity Plan

Draft **for Public Comment**

Arizona Commerce Authority
January 2024

- Culmination of a year-long, statewide collaborative effort
- Attentive listening to the voices of communities across Arizona
- Written in response to requirements from National Telecommunications and Information Administration (NTIA) to address barriers faced by Arizonans bridging the digital divide.

Collected comments until February 1:

https://www.azcommerce.com/broadband/arizona-digital-equity-plan/?trk=feed_main-feed-card_feed-article-content

Looking ahead: What's next for telehealth policy in Arizona?

Priorities ahead for telehealth to become more inclusive, equitable, and effective part of our state's healthcare ecosystem.

State - Arizona



At A Glance

MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: Yes
- Remote Patient Monitoring: Yes
- Audio Only: Yes

PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: Yes

PROFESSIONAL REQUIREMENTS

- Licensure Compacts: IMLC, NLC, OT, PSY, PTC
- Consent Requirements: Yes

<https://www.cchpca.org/>

<https://www.cchpca.org/pending-legislation/>

Recent and pending AZ legislation



Enacted May 2023 [SB 1053](#)

Allows a veterinarian to establish a veterinarian client patient relationship using audio-video.

[SB 1249](#)

Prescribing authority for psychologists.

[SB 1173](#) / [HB 2280](#)

Enacts the Counseling Compact in Arizona.

[SB 1036](#)

Enacts the Social Work Compact in Arizona.

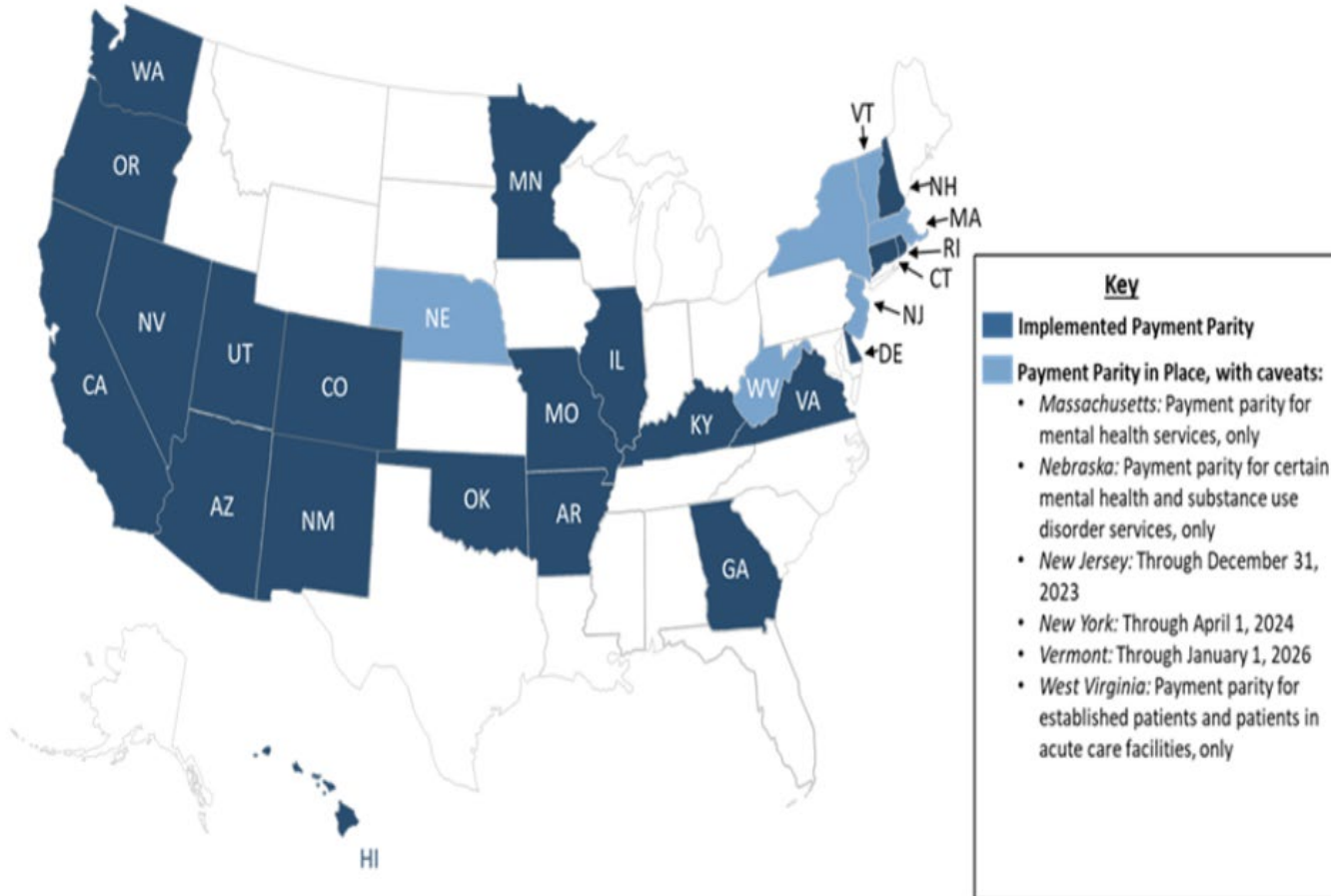
[HB 2448](#)

Requires consent for school-based telehealth services.



2023 Arizona Telehealth Policy Summit

Figure 1. Map of States With Laws Requiring Insurers to Implement Payment Parity (as of April 2023)



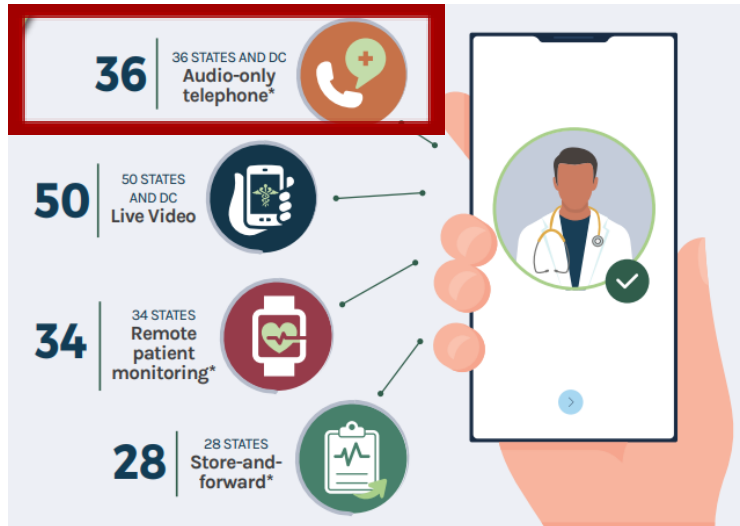
**21 states:
Explicit Payment
Parity**

**6 states:
Payment Parity
with **Caveats****

**23 states:
No Payment Parity**

Source:
<https://www.jdsupra.com/legalnews/executive-summary-tracking-telehealth-6103521/>

Legislative Telehealth Definitions re: Modalities Parity and Reimbursement Impact Access to Healthcare



Source:

<https://www.cchpca.org/resources/state-telehealth-laws-and-reimbursement-policies-report-spring-2023/>

<https://www.cchpca.org/resources/state-telehealth-laws-and-reimbursement-policies-report-fall-2023-2/>

Legislative Telehealth Definition

Interactive use of **audio**, video or other electronic media, including asynchronous store-and-forward technologies and remote patient monitoring technologies, for the practice of health care, assessment, diagnosis, consultation or treatment and the transfer of medical data; and

Audio-only if an audio-visual telehealth encounter is not reasonably available due to the patient's functional status or lack of technology or infrastructure limits, as determined by the healthcare provider.



AZ HB 2454

Enacted May 2021

36-3601. [Definitions](#)

Uniform Telehealth Act

Telehealth definition

Use of **synchronous or asynchronous telecommunication technology** by a practitioner to provide health care to a patient at a different physical location than the practitioner.

Uniform Telehealth Act

drafted by the

NATIONAL CONFERENCE OF COMMISSIONERS
ON UNIFORM STATE LAWS

and by it

APPROVED AND RECOMMENDED FOR ENACTMENT
IN ALL THE STATES

at its

ANNUAL CONFERENCE
MEETING IN ITS ONE-HUNDRED-AND-THIRTY-FIRST YEAR
PHILADELPHIA, PENNSYLVANIA
JULY 8–13, 2022



WITH PREFATORY NOTE AND COMMENTS

<https://www.uniformlaws.org/committees/community-home?CommunityKey=2348c20a-b645-4302-aa5d-9ebf239055bf>

October 2022

Uniform Telehealth Act

drafted by the

NATIONAL CONFERENCE OF COMMISSIONERS
ON UNIFORM STATE LAWS

and by it

APPROVED AND RECOMMENDED FOR ENACTMENT
IN ALL THE STATES

at its

ANNUAL CONFERENCE
MEETING IN ITS ONE-HUNDRED-AND-THIRTY-FIRST YEAR
PHILADELPHIA, PENNSYLVANIA
JULY 8-13, 2022



WITH PREFATORY NOTE AND COMMENTS

Current Version Legislation

Jurisdiction	Year	Bill Number	Status
District of Columbia	2023	25-125	Introduced
Nevada	2023	AB 198	Introduced
Rhode Island	2023	HB 5556	Introduced
Washington	2023	SB 5481	Introduced

If enacted, provides a telehealth registration system for out-of-state providers, as alternative to licensure.

Compact Nation

Increasing in number of states, applications, and new compacts

- Interstate Medical Licensure Compact (IMLC)
- Nurse Licensure Compact (NLC)
- Advanced Practice Registered Nurse Compact (APRN Compact)
- Emergency Medical Services Personnel Licensure Compact (The EMS Compact)
- The Physical Therapy Compact (PT Compact)
- The Psychology Interjurisdictional Compact (PSYPACT)
- Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC)
- The Occupational Therapy Licensure Compact (OT Compact)
- Counseling Compact - [introduced in AZ]
- Social Work Compact - [introduced in AZ]
- Physician Assistant Compact
- Dentists and Dental Hygienists Compact

Telehealth registration

Exemption to licensure

- Current, valid, and unrestricted license in another state;
- Not subject to any past disciplinary proceedings in any state where the provider holds a professional license;
- Must maintain and provide evidence of professional liability insurance;
- Must not open an office or offer in-person treatment in that state; and
- Must annually register and pay a fee with the appropriate state licensing board.

Telehealth registration active in eleven states:

- [Arizona](#)
- Delaware
- Florida
- Georgia
- Kansas
- Louisiana
- New Mexico
- Oregon
- Minnesota
- Vermont
- West Virginia

CMS waiver for hospital-at-home designed to address COVID-

19-driven capacity issues

Dec 14, 2020

Leading Health Innovators Launch Alliance To Advance Care In The Home

Coalition to focus on site of service flexibility for clinical care in the wake of pandemic

Amazon Care, Intermountain, Ascension launch hospital-at-home healthcare alliance

Jackie Drees - Wednesday, March 3rd, 2021 Print | Email

Jun 14, 2021, 08:30am EDT | 1,405 views

Where Hospital-At-Home Programs Are Heading After Last Year's Boom



Ashish V. Shah Forbes Councils Member
Forbes Technology Council COUNCIL POST | Membership (Free-Based)
Innovation

[Global Edition](#) [Telehealth](#)

Kaiser, Mayo, Medically Home found coalition to promote advanced hospital-at-home services

Federal regulators should "put guardrails on, but let us continue the good work," says Mayo Clinic's Dr. Michael Maniaci.

Hospital at Home: Users Group

**182 hospitals/systems
now have a program- up
from 5-10 pre-pandemic**

To date:

311 hospitals

across 37 states
participate in the
Acute Hospital Care
at Home [program](#)
since Nov. 2020.

What if You Could Go to the Hospital ... at Home?

Hospital-at-home care is an increasingly common option, and it is often a safer one for older adults. But the future of the approach depends on federal action.

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Raymond Johnson of Boston spent four days as an inpatient while he was being treated for heart failure: one day in a hospital, followed by three in his own apartment receiving hospital-level care in an alternative called hospital at home. Sophie Park for The New York Times

By [Paula Span](#)
Nov. 19, 2022

Late last month, Raymond Johnson, 83, began feeling short of breath. “It was difficult just getting around,” he recently recalled by

A New York City study found that hospital-at-home care also worked well for economically disadvantaged patients .

*“Twenty percent of people **over 65** become delirious during a hospital stay... Studies have found that patients in hospital-at-home programs spend less time as inpatients and, afterward, in nursing homes.*

They are less sedentary, less likely to report disrupted sleep and more apt to rate their hospital care highly.”

HEALTH INC.

With Workers In Short Supply, Seniors Often Wait Months For Home Health Care

June 30, 2021 - 5:03 AM ET

PHIL GALEWITZ

FROM **KHN**



Waitlists for Medicaid's Home-and Community-Based Services:

- Nearly 820,000 people across 41 states
- Average wait time is three years

The New York Times

Opinion

50 Million Americans Are Unpaid Caregivers. We Need Help.

Ratio of working age people to seniors stands at 7:1 in 2021.
By 2050, it will be less than 3:1.

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PRESCRIBING IN TELEMEDICINE: CHARTING THE COURSE BEYOND THE PHE ERA

TUESDAY, FEBRUARY 13, 2024

12:00 pm Arizona Time
11:00 am PST - 12:00pm MST - 5:00 pm CST - 2:00 PM EST

Prescribing medications in telemedicine, identify emerging trends and technologies, and discuss potential opportunities and challenges for practice.

OUTCOME OBJECTIVES

- Understand the current landscape of prescribing medications in telemedicine, including relevant regulations and guidelines.
- Identify emerging technologies and trends in telemedicine that are influencing the prescription and management of medications.
- Discuss potential opportunities and challenges in prescribing medications via telemedicine, including patient safety, privacy and security, and the role of the healthcare provider.

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Disclosure Statement

All Faculty, CME Planning Committee Members, and the CME Office Reviewers have disclosed that they do not have any relevant financial relationships with ineligible companies that could constitute a conflict of interest concerning this CME activity.

For more information, contact Melanie Esher, MAdm, at mesher@telemicine.arizona.edu

This webinar is made possible through funding provided by Health Resources and Services Administration, Office for the Advancement of Telehealth (U424252).

PRESENTER



Baju Shah, PharmD, MBA
Senior Telemicine Success Manager
doxy.me

Dr. Shah has over 25 years in both healthcare and technology as both a pharmacy automation expert and a thought leader. With his current role, he is integral in leading advocacy initiatives centered around pharmacy and telehealth prescribing regulations. Throughout his career, Dr. Shah's passion for healthcare innovation has led him to specialize in the medication use process, working extensively with pharmacy information systems and EHRs. His career experience has led him to become a go-to speaker for both industry and educational events.

FACILITATOR



Tara Sklar, JD, MPH
Faculty Director of Health Law, Arizona Law
Associate Director of Telehealth Law & Policy,
Arizona Telemicine Program

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