



FOUNDATIONS OF TELEHEALTH LAW & POLICY

APRIL 23, 2024
DEVELOPING A TELEMEDICINE PROGRAM

Tara Sklar, JD, MPH

Associate Director, Telehealth Law & Policy, Arizona Telemedicine Program
Faculty Director, Health Law & Policy Program, UArizona James E. Rogers College of Law
Senior Advisor, Innovations in Healthy Aging, UArizona Health Sciences

Reminder

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

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

Overview

**Payment and Practice of Telehealth
Federal and State Levels**

Digital Health Equity Considerations

**Looking Ahead
Resources for telehealth law and policy**

How can telehealth law and policy advance or hinder access to healthcare?

Payment of Telehealth

Federal

- Medicare
- Eligible providers and services

State

- Medicaid and private payers
- Telehealth modalities

Practice of Telehealth

Federal

- Prescribing controlled substances

State

- Licensure

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

- No geographic restrictions - **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.
- Eligible services: Continue **Acute Hospital Care at Home** Program.
- Waive frequency limitations on telehealth visits for Skilled Nursing Facilities.
- Distant site providers can use their practice location instead of home address.

Temporary extension seems more likely than permanent expansion

April 10, 2024, House Committee of Energy & Commerce

Hearing: Legislative Proposals to Support Patient Access to Telehealth Services

Examined telehealth-related bills for permanent access to telehealth services.

*Need to establish **long-term solutions** to telehealth services that allow for **flexible regulatory adjustments**, reduce utilization barriers, and preserve telehealth as a resilient care delivery modality.*

Tuesday, April 9, 2024, Senate Committee on Finance

Hearing: Closing Gaps in the Care Continuum: Opportunities to Improve Substance Use Disorder Care in the Federal Health Programs

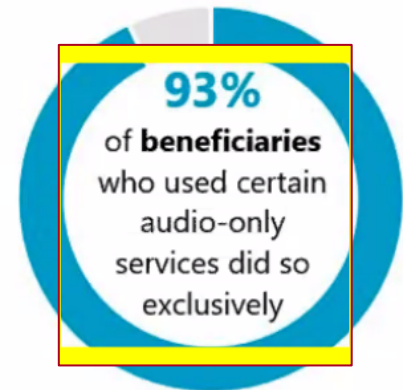
“Can we utilize telehealth more than we’ve already utilized it?”

Importance of telehealth in eliminating barriers to access substance use treatment, esp. for Continuum of Care and Medicaid reimbursement rates.

- **Almost 1 in 5 beneficiaries used certain audio-only telehealth services, with the vast majority of these beneficiaries using them exclusively.**
- **Older beneficiaries were more likely to use these audio-only services than younger beneficiaries.**
 - **Notable because older beneficiaries were less likely to use all telehealth services than younger beneficiaries.**

<https://oig.hhs.gov/oei/reports/OEI-02-20-00720.pdf>

The vast majority of beneficiaries who used certain audio-only services **did not use any audio-video telehealth services.**



Source: OIG analysis of CMS data, 2022.

Acute Hospital Care at Home

Overview

Reporting Measures

Resources

Webinars

Acute Hospital Care at Home Individual Waiver Only (not a blanket waiver)

i Update: On Thursday, December 29, 2022, President Biden signed into law [H.R. 2716](#), the Consolidated Appropriations Act (CAA) for Fiscal Year 2023. This legislation provides more than \$1.7 trillion to fund various aspects of the federal government, including an extension of the major telehealth waivers and the Acute Hospital Care at Home (AHCaH) individual waiver that were initiated during the federal public health emergency (PHE).

CMS is accepting waiver requests to waive **§482.23(b)** and **(b)(1)** of the Hospital Conditions of Participation, which require nursing services to be provided on premises 24 hours a day, 7 days a week and the immediate availability of a registered nurse for care of any patient.

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 (Fee-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:
321 hospitals
across 37 states
participate in the
**Acute Hospital Care
at Home [program](#)**
since Nov. 2020.

Set to expire
12.31.24.

Post-hospital syndrome

20 percent of people **over 65** become delirious during a hospital stay.

- Sleep deprivation
- Excessive inactivity

If receive care at home:

- Fewer readmissions
- Lower mortality

Substantially reduces costs

Spend less time as inpatients and, afterward, in nursing homes.

Caren G. Solomon, M.D., M.P.H., Editor

Delirium in Hospitalized Older Adults

Edward R. Marcantonio, M.D.

This Journal feature begins with a case vignette highlighting a common clinical problem. Evidence supporting various strategies is then presented, followed by a review of formal guidelines, when they exist. The article ends with the author's clinical recommendations.

From the Division of General Medicine and Primary Care, Department of Medicine, Beth Israel Deaconess Medical Center, and Harvard Medical School—both in Boston. Address reprint requests to Dr. Marcantonio at Beth Israel Deaconess Medical Center, 330 Brookline Ave., CO-216, Boston, MA 02215, or at emarcant@bidmc.harvard.edu.

N Engl J Med
DOI: 10.1056/
Copyright © 2015

A 75-year-old man is admitted for scheduled major abdominal surgery. He is functionally independent, with mild forgetfulness. His intraoperative course is uneventful, but on postoperative day 2, severe confusion and agitation develop. What is going on? How would you manage this patient's care? Could his condition have been prevented?

JAMA
Network | Open

Original Investigation | Health Policy

Association of Costs and Days at Home With Transfer Hospital in Home

Shubing Cai, PhD; Orna Intrator, PhD; Caitlin Chan, SM; Laurence Buxbaum, MD, PhD; Mary Ann Haggerty, CRNP; Caran S. Phibbs, PhD; Edna Schwab, MD; Bruce Kinoshian, MD

Abstract

IMPORTANCE New Centers for Medicare & Medicaid Services waivers created a payment mechanism for hospital at home services. Although it is well established that direct admission to hospital at home from the community as a substitute for hospital care provides superior outcomes and lower cost, the effectiveness of transfer hospital at home—that is, completing hospitalization at home—is unclear.

OBJECTIVE To evaluate the outcomes of the transfer component of a Veterans Affairs (VA) Hospital in Home program (T-HIH), taking advantage of natural geographical limitations in a program's service area.

DESIGN, SETTING, AND PARTICIPANTS In this quality improvement study, T-HIH was offered to veterans residing in Philadelphia, Pennsylvania, and their outcomes were compared with those of propensity-matched veterans residing in adjacent Camden, New Jersey, who were admitted to the VA hospital from 2012 to 2018. Data analysis was performed from October 2019 to May 2020.

INTERVENTION Enrollment in the T-HIH program.

MAIN OUTCOMES AND MEASURES The main outcomes were hospital length of stay, 30-day and 90-day readmissions, VA direct costs, combined VA and Medicare costs, mortality, 90-day nursing home use, and days at home after hospital discharge. An intent-to-treat analysis of cost and utilization was performed.

Key Points

Question Is transfer hospital in home (T-HIH) associated with increased days at home without being associated with increased costs?

Findings In this quality improvement study, T-HIH was significantly associated with 18% more days at home and significantly less posthospital nursing home use but was not associated with increased Veterans Affairs or Medicare costs.

Meaning These findings suggest that T-HIH provides benefits to patients, payers, and health care systems.

Author affiliations and article information are listed at the end of this article.



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.

- First introduced in 2016
- Sponsors letter to HHS in Jan 2024
- Referred to Senate Committee on Finance
- Similar bills: HEALTH Act, Telehealth Modernization Act, Telemental Health Care Access

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
- Referred to Senate Committee on Finance / House Committee on Energy & Commerce

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.

Feb 2, 2024

HHS/SAMHSA Final Rule Makes Opioid-Related Telehealth Flexibilities Permanent

- Buprenorphine can be initiated via telehealth after **audio-only** or audio-visual visit
- Methadone can be ordered after audio-visual visit for take-home doses
- Expands provider eligibility to PAs and NPs
- Effective **4.2.24**

HHS SAMHSA final rule makes PHE opioid-related telehealth flexibilities permanent


By Danny McDermott on Feb 15, 2024



<https://southwesttrc.org/index.php/blog/2024/hs-samhsa-final-rule-makes-phe-opioid-related-telehealth-flexibilities-permanent>

Return of Ryan Haight Act

Ryan Haight Online Pharmacy Consumer Protection Act (2008) requires **in-person** medical evaluation for virtual prescribing of controlled substances.

 Is my prescription a controlled medication?

NO, IT'S A NON-CONTROLLED MEDICATION


Many common prescriptions are **non-controlled medications** and will **not** be impacted by these rules, including:

- Acne creams
- Blood pressure medications
- Antibiotics
- Cholesterol medications
- Birth control
- Insulin

YES, IT'S A CONTROLLED MEDICATION

Controlled medications are classified into one of five schedules based on medical use and potential for abuse or dependency. Examples of common controlled medications include:

SCHEDULE II	<ul style="list-style-type: none">• Adderall• Oxycodone• Ritalin• Vicodin
SCHEDULE III	<ul style="list-style-type: none">• Anabolic Steroids• Buprenorphine
SCHEDULE IV	<ul style="list-style-type: none">• Ambien• Tramadol• Valium• Xanax
SCHEDULE V	<ul style="list-style-type: none">• Lomotil• Lyrica

 For a complete list of controlled medications visit: https://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf

Exceptions to the Ryan Haight Act's in-person requirement



Patient is being treated in a DEA-registered hospital or clinic.

Patient is being treated in the physical presence of a DEA-registered practitioner.

Telehealth visit conducted by a DEA-registered practitioner for Indian Health Service.

Telehealth visit conducted **during a PHE** as declared by Secretary of the U.S. DHHS.

Telehealth visit conducted by a practitioner with a **special telemedicine registration**.

Telehealth visit conducted by a VHA practitioner during a medical emergency.

Telehealth visit conducted under other circumstances specified by DEA regulations.

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 13, 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

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-407

RIN:
1117-AB40
1117-AB78

Document Number:
2023-22406

- March 2023, DEA proposed a rule that received approx. 38,000 comments
 - May 2023 issued waiver to 11/2023
 - September 2023 listening session
- DEA may revisit **special registration pathway**, which Congress has repeatedly asked the agency to do.
- **DEA may start early** to prepare for potential avalanche of comments.

Mental healthcare deserts

75% of rural counties have no mental health providers or fewer than 50 per 100,000 people. ([CMS Data, 2022](#)).

DEA Telehealth Proposal Brings Risks, Not Patient Protections

[Georgia Gaveras, DO](#)

MARCH 23, 2023

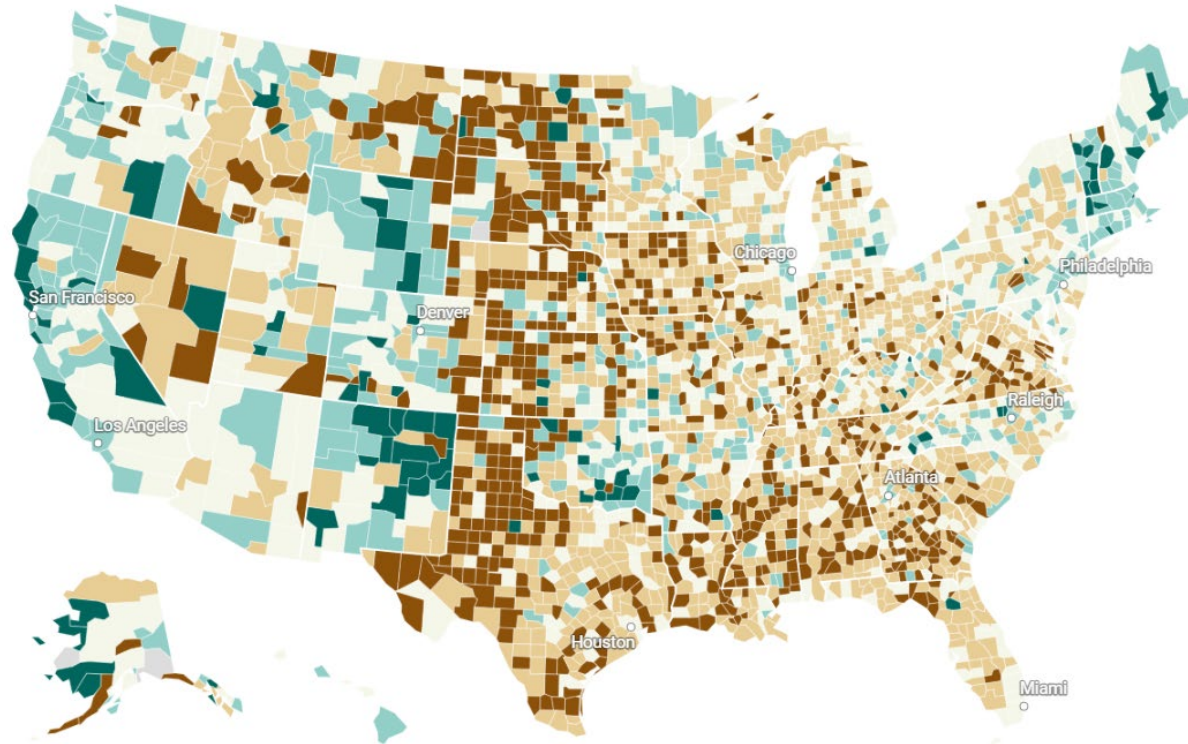
“Choosing a psychiatrist should not simply be determined by **proximity...**

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

Mental health care access across the country

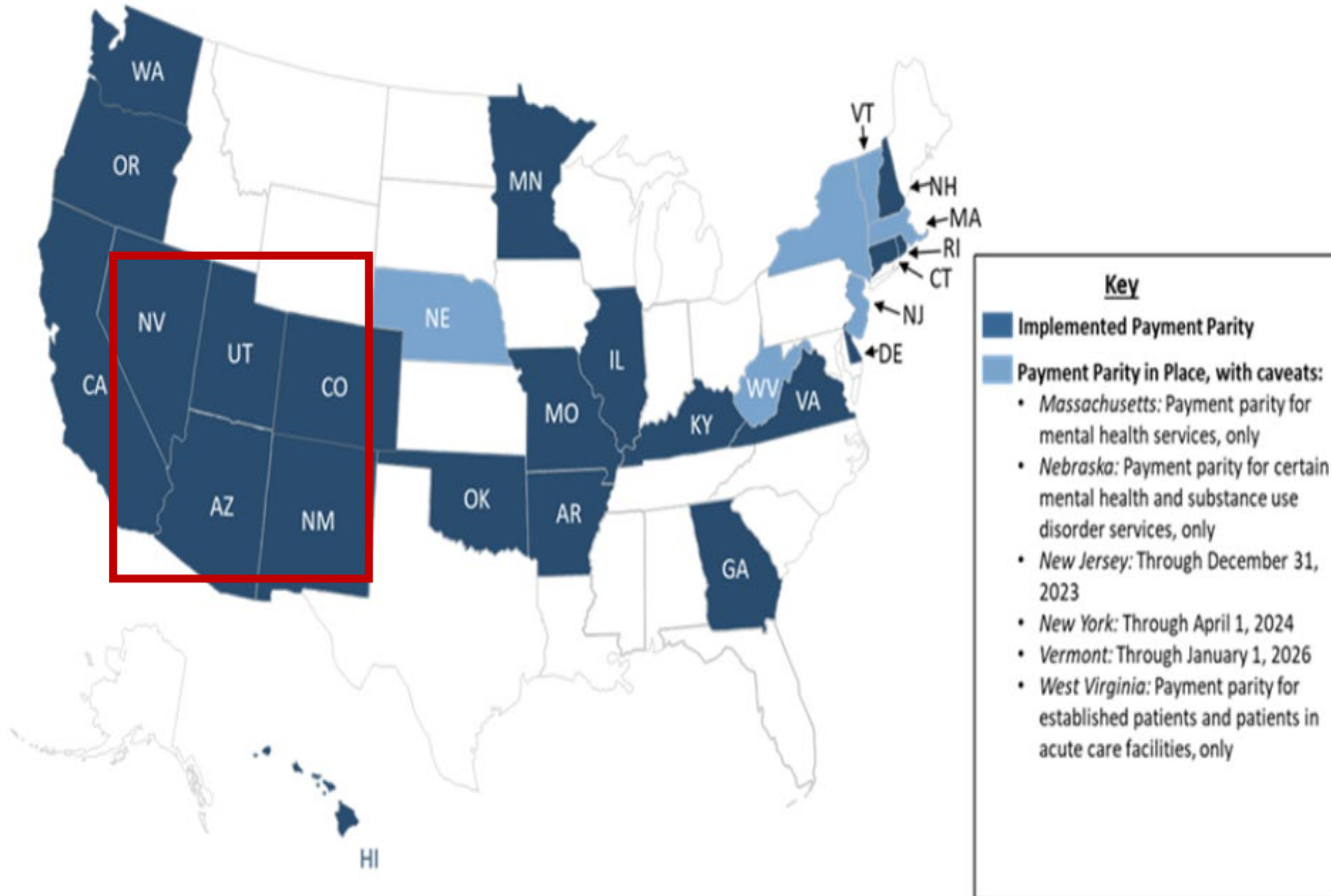
The number of psychologists, psychiatrists, counselors and other mental health providers per 100,000 residents by county, according to U.S. Centers for Medicare & Medicaid Services data. Click on a county for more detail.

■ < 10 ■ 10-50 ■ 50-100 ■ 100-200 ■ ≥ 200



Map: Maggie Green and John Kelly • Source: [ABC OTV analysis of federal government's health care provider database.](#)

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



**21 states:
Explicit Payment
Parity**

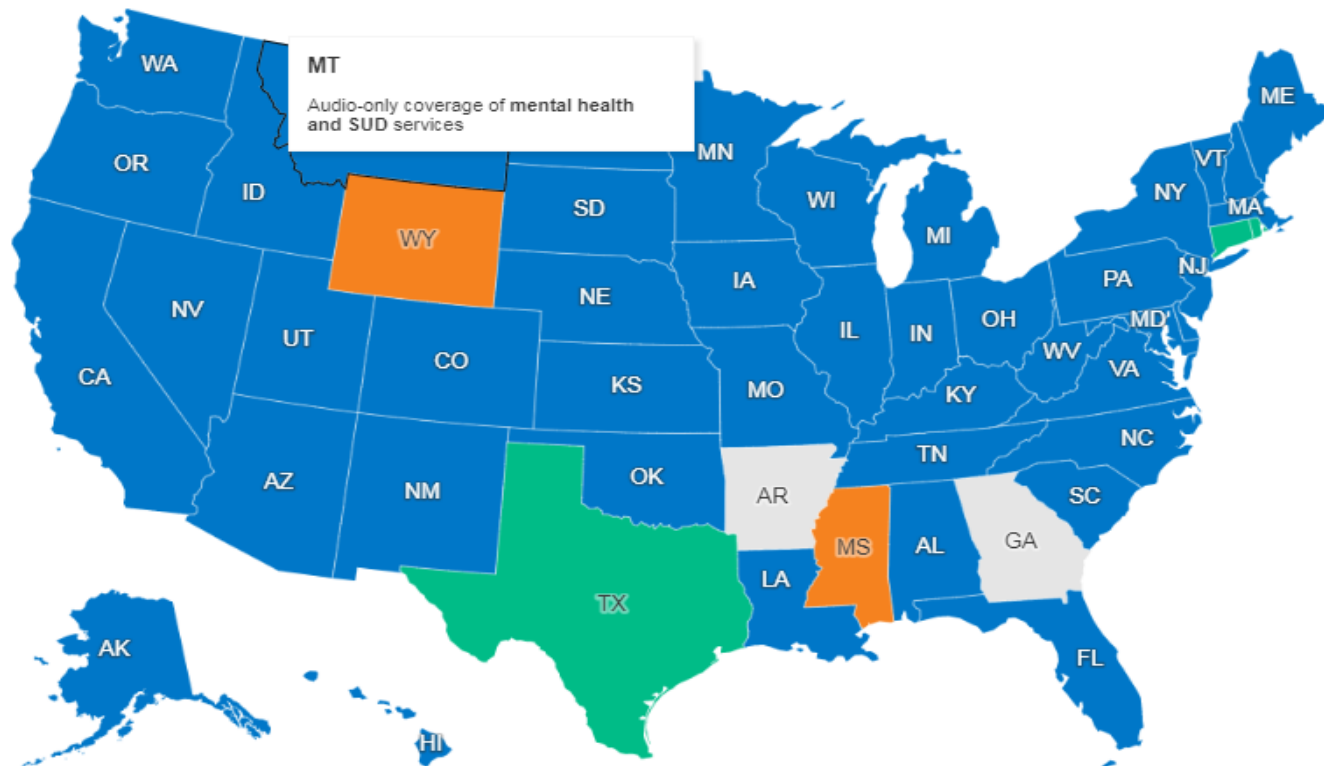
**6 states:
Payment Parity
with **Caveats****

**23 states:
No Payment Parity**

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

States Providing Medicaid Coverage of Behavioral Health Services Delivered via Audio-Only Telehealth, as of 7/1/2022

■ Audio-only coverage of **mental health and SUD** services (44 states incl DC) ■ Audio-only coverage of **mental health** services (not SUD) (3 states) ■ No audio-only coverage of mental health or SUD services (2 states) ■ NR (2 states)



[Telehealth Delivery of Behavioral Health Care in Medicaid: Findings from a Survey of State Medicaid Programs](#)

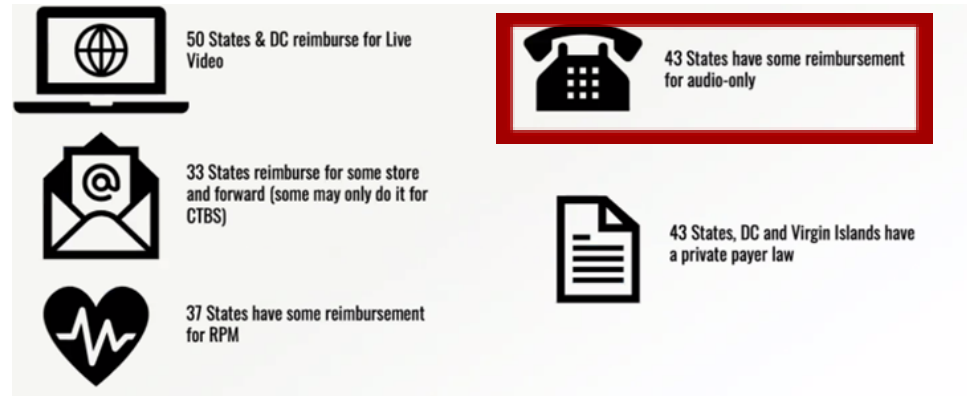
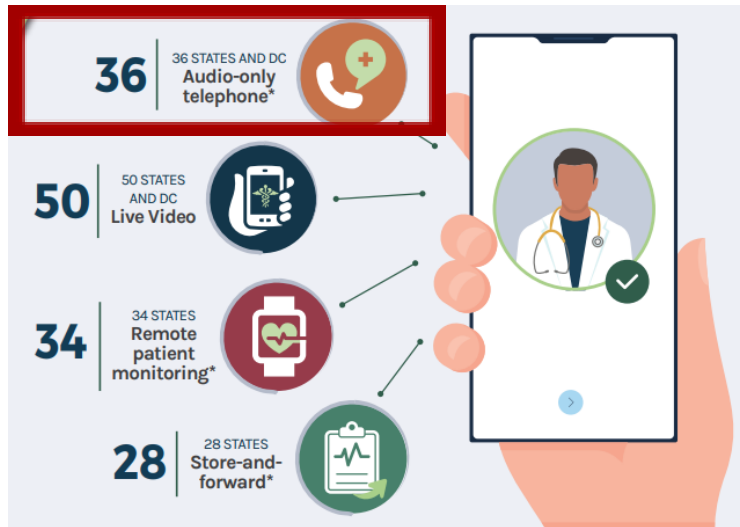
NOTE: Findings are from KFF's 22nd annual [budget survey](#) of Medicaid officials conducted by KFF and Health Management Associates (HMA).

SOURCE: [Telehealth Delivery of Behavioral Health Care in Medicaid: Findings from a Survey of State Medicaid Programs](#) • PNG



Jan 10, 2023

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

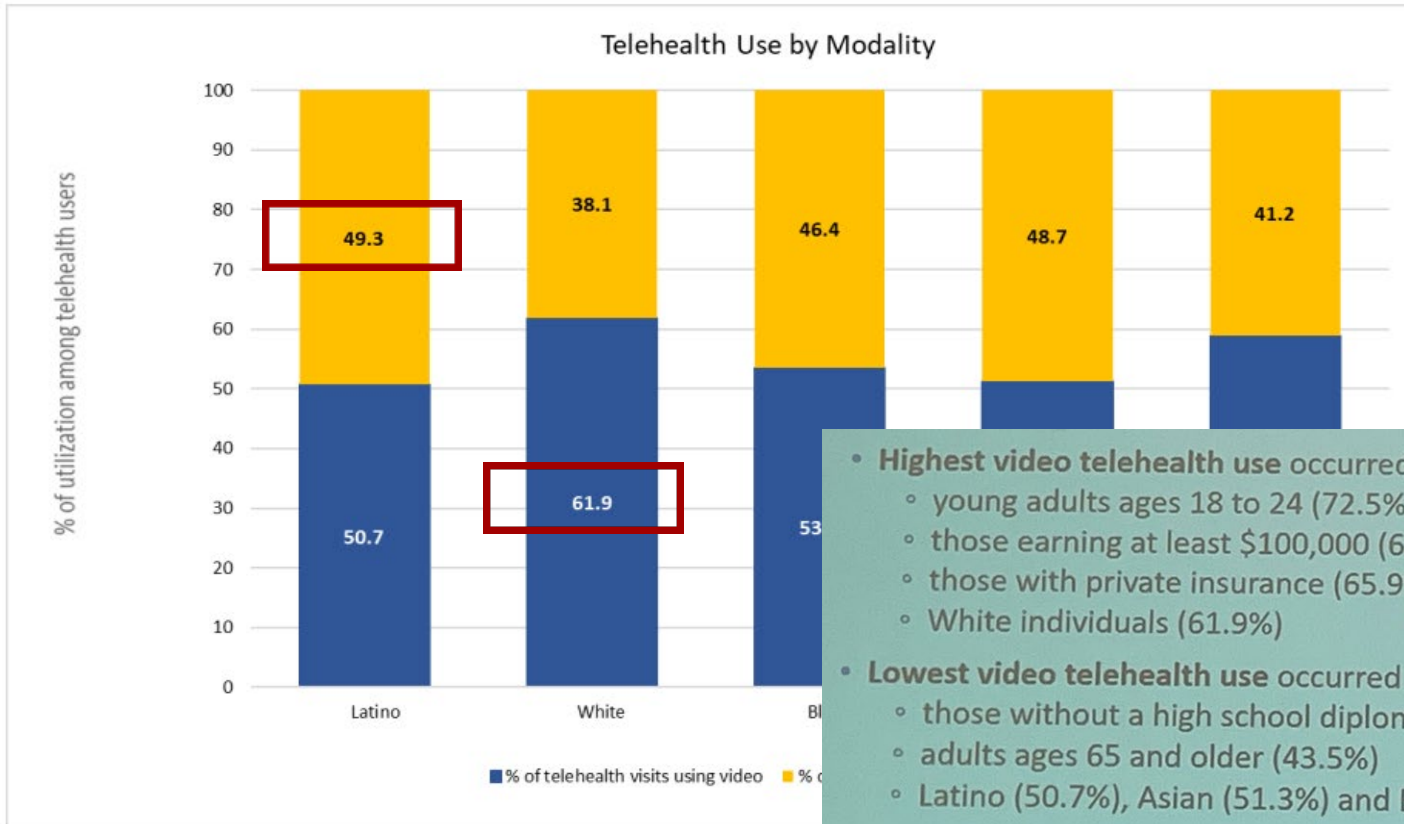


Source:

<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/>

Figure 2. Telehealth Modality (Video vs. Audio) Among Telehealth Users, By Race/Ethnicity



- **Highest video telehealth use** occurred among:
 - young adults ages 18 to 24 (72.5%)
 - those earning at least \$100,000 (68.8%)
 - those with private insurance (65.9%)
 - White individuals (61.9%)
- **Lowest video telehealth use** occurred among:
 - those without a high school diploma (38.1%)
 - adults ages 65 and older (43.5%)
 - Latino (50.7%), Asian (51.3%) and Black individuals (53.6%)

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

Licensure

Rise of interstate telehealth

Advent of:

Telemedicine parking lots

WSJ | OPINION

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

“Giving medical advice to an out-of-state patient over the phone can put me at risk of losing my license.”

“Every day, my ethical obligations to my patients are in direct conflict with the legal framework.”

Physician seeking a license in all 50 states would spend \$90,000 in fees.

<https://www.cnbc.com/2019/10/13/telemedicine-doctors-are-getting-licenses-in-all-50-states.html>

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 violate the US Constitution under the:

- Commerce Clause
- Privileges and Immunities Clause
- Other claims

Recommendations for (NJ) legislature to consider

- Exceptions for established patients
- Specialty referrals



<https://ciceroinstitute.org/wp-content/uploads/2023/02/Few-Disciplinary-Issues-with-Out-of-State-Telehealth-Report.pdf>

Few Complaints in Florida or Idaho

In the first two and half years that Florida has allowed out-of-state telehealth registrations, there have been no cases that have resulted in discipline for a provider offering services to Florida patients.

Takeaways on state licensure

Increasingly complex for **providers** to navigate and apply each state's requirements to telehealth across state lines.

“**scan-xiety**” – **patient** nervousness awaiting test results and demand for change.

With federal inactions, **states are active:**

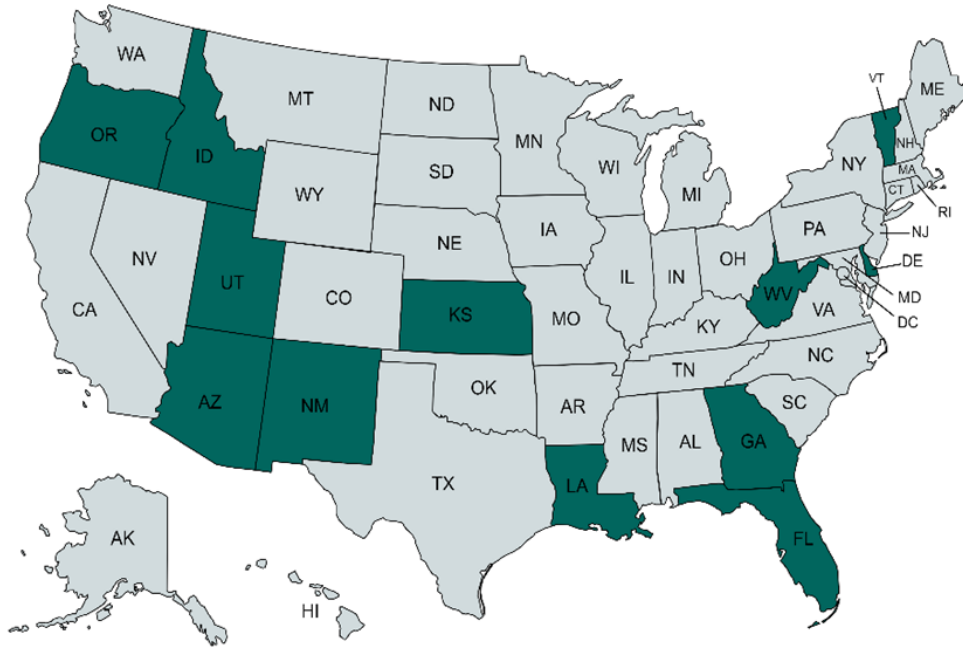
- Limited “common sense” telehealth exemptions
- Telehealth registration pathways
- Interstate licensure compacts

Telehealth registration

Example of 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
- Maintain professional liability insurance
- Not open an office or offer in-person treatment in that state
- Annually register and pay a fee with state licensing board

Map of 12 States with Telehealth Registration, 2024



■ States with telehealth registration

Notable Variations

Limits disciplinary review to previous five years (Florida)

Emergency exception that allows in-person care (Georgia)

Shall not receive telephone calls in this state from patients (Louisiana)

Must have 10 years of experience prior to application (Utah)

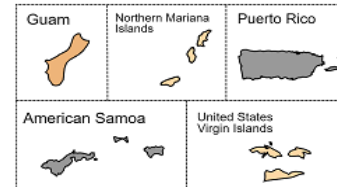
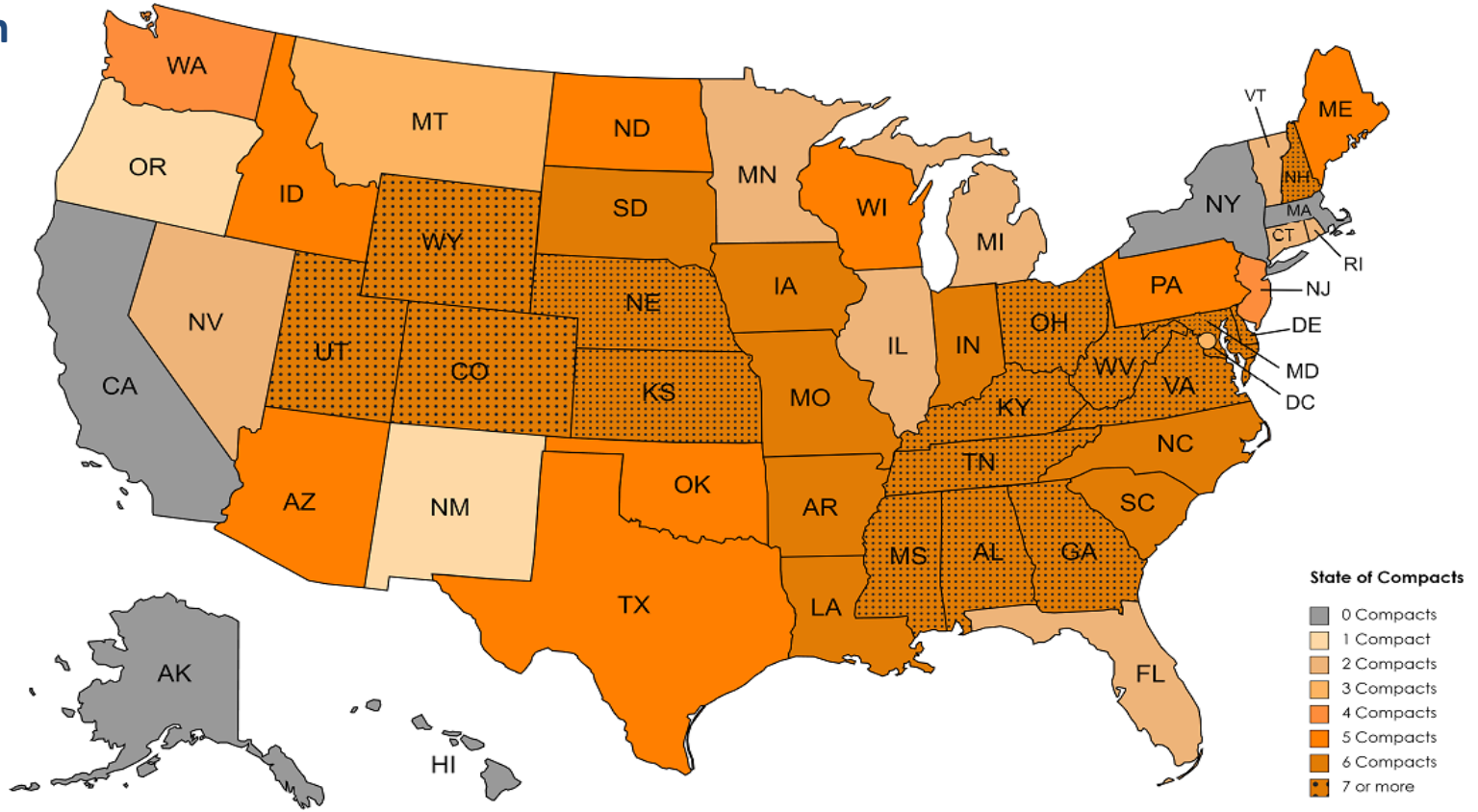
Restricts to 10 unique patients in a period of 120 days (Vermont)

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
- Social Work Compact - [introduced in AZ]
- Physician Assistant Compact
- Dentists and Dental Hygienists Compact

Compact Nation 2023



A Professional's Guide to Occupational Licensure Compacts

An occupational compact hub for various professions highlighting how each is utilizing a compact to improve licensure portability.

Compact information for



Counseling



Dentistry



Dietitian



Emergency Medical Services



Medicine



Physician Assistants



Nursing



Advanced Practice
Nursing



Occupational Therapy



Physical Therapy



Psychology



School Psychologists



Social Work

<https://licensureproject.org>



Overview

**Payment and Practice of Telehealth
Federal and State Levels**

Digital Health Equity Considerations

**Looking Ahead
Resources for Telehealth Law and Policy**

Broadband

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 23 million households across US



Approx. 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)

Arizonians are saving \$15.3 million each month ([ACP Fact Sheet](#)).

Continue ACP
Introduced on
January 10, 2024
\$7B
to end of year

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.**

HEALTH AND HUMAN SERVICES

End of Internet Subsidies Could Threaten Telehealth Access

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

https://www.govtech.com/health/end-of-internet-subsidies-could-threaten-telehealth-access?trk=feed_main-feed-card_feed-article-content

Decoding FCC's 'Broadband Nutrition Labels': What You Should Know

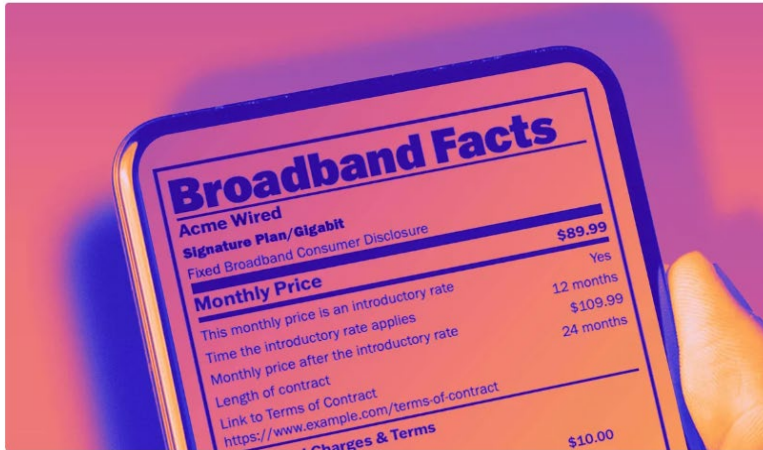
You can now find basic information like speeds, price increases and data caps without digging through the fine print.



Joe Supan

April 15, 2024 2:04 p.m. PT

5 min read



- Price
- Speed
- Fees
- Data allowances

"You shouldn't have to be a lawyer to know just what is in your internet service plan," said FCC Chairwoman Jessica Rosenworcel.

*"**Broadband nutrition labels** are designed to make it simpler for consumers to know what they are getting, hold providers to their promises, and benefit from greater competition -- which means better service and prices for everyone."*

Use of Telemedicine among Office-Based Physicians, 2021

ONC Data Brief | No.65 | March 2023

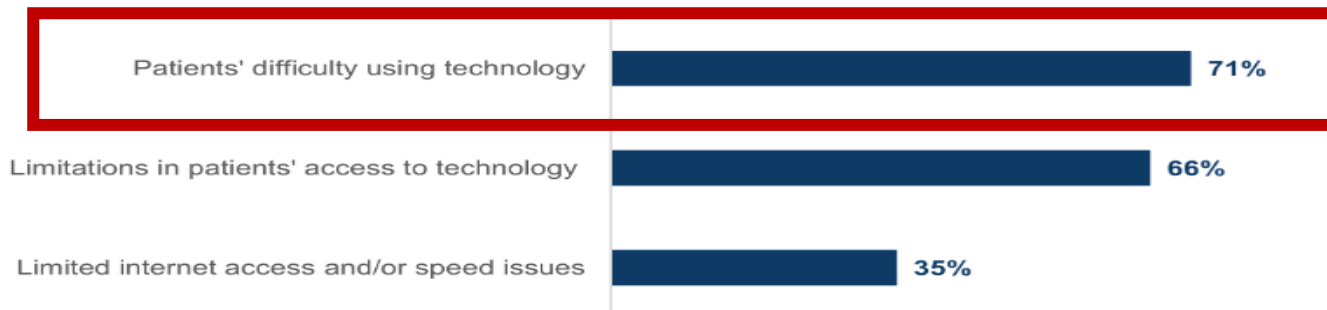


Office of the National Coordinator
for Health Information Technology

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%).



Digital Divide in Accessing Telehealth

Beyond connectivity

- 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 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 article title in bold blue text, followed by the author's name 'By Alissa Hafezi on September 29, 2022'. Below the text is a photograph of an elderly person's profile as they look at a laptop screen displaying a female telehealth provider in a white coat and stethoscope.

ARIZONA TELEMEDICINE PROGRAM



RESOURCES

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

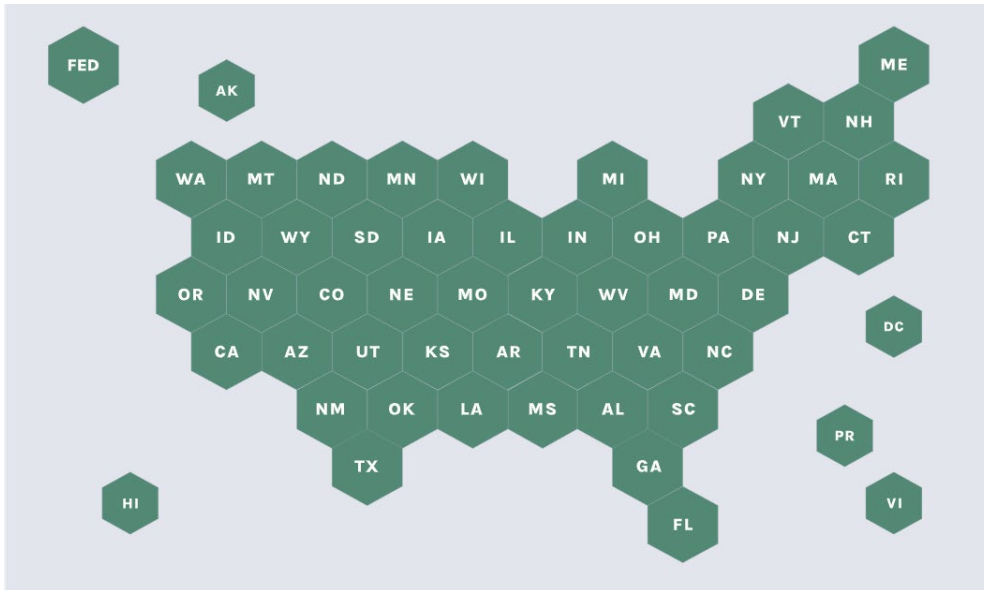
<https://southwesttrc.org/>



State Resources



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 2024

[SB 1173 / HB 2280](#)

Counseling Compact in Arizona, April 3, 2024

Pending

[SB 1036](#)

Enacts the Social Work Compact in Arizona.

[SB 1267](#)

Specifies telehealth supervision allowed for physical therapy students.

[SB 1249](#)

Prescribing authority for psychologists.



[2023 Arizona Telehealth Policy Summit](#)

Home > Calendar & Events > Previous Webinars and Workshops

By Year

2024
2023
2022
2021
2020

Previous Webinars and Workshops

Search Webinar Title
Contains all words

Presenter(s) Items per page 40 Reset Search Apply

2024

01/25/2024 The Arizona CoWORTH: Study Design and Early Findings
Kristen Pogreba-Brown, PhD, MPH

Telemedicine Service Provider Directory
ATP Service Desk
Telemedicine Training

CLICK to view webinar
Attachment
Webinar Flyer
Presentation Slides

01/18/2024 Stand Out from the Rest: Untangling Telehealth, Broadband, Competitive Edge
Victoria Fine & Megan Berezford

Arizona Telemedicine Council
Contact Us
Southwest Telehealth Resource Center

Attachment
Webinar Flyer
Presentation Slides
Handout



ARIZONA TELEMEDICINE PROGRAM WEBINAR SERIES

The practice and delivery of healthcare is changing with an emphasis on improving quality, safety, efficiency, & access to care. Telemedicine can help you achieve these goals! The Arizona Telemedicine Program and Southwest Telehealth Resource Center invite you to a free one-hour CME webinar on the implementation and practice of telemedicine. CME provided by The University of Arizona College of Medicine - Tucson.

COME AS YOU ARE?: DEMOCRATIZING HEALTHCARE THROUGH BLACK CHURCH-TELEHEALTH INITIATIVES

THURSDAY, MAY 23, 2024 - New Date
12:00 pm Arizona Time
12:00 am PDT ~ 1:00pm EDT ~ 1200 pm CDT ~ 3:00 PM EDT

Join us to learn more about how legal and policy reforms can help telehealth partnerships with community-based organizations, such as Black Churches, democratize healthcare

OUTCOME OBJECTIVES

- Identify emerging trends in telehealth partnerships with community-based organizations to help address certain social determinants of health.
- Discuss potential opportunities to expand access to healthcare via two, proposed models for Black Church-Telehealth Initiatives.
- Explore legal and policy challenges that limit expansion of the proposed models for Black Church-Telehealth Initiatives, including those related to medical privacy and confidentiality laws and Medicare/Medicaid reimbursement.

CONTINUING MEDICAL EDUCATION

Accreditation Statement

The University of Arizona College of Medicine - Tucson is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The University of Arizona College of Medicine - Tucson designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s). Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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.

REGISTRATION

www.telemedicine.arizona.edu

For more information, contact Melanie Esher, MAdm, at meshert@telemedicine.arizona.edu

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PRESENTER



Meighan Parker, JD
Harry A. Bigelow Teaching Fellow,
Lecturer in Law
University of Chicago Law School

Meighan Parker is a Bigelow Teaching Fellow and Lecturer in Law at the University of Chicago Law School. She is a health law scholar focused on the legal implications of novel telehealth and digital health technologies designed to democratize healthcare. More specifically, she studies the impact of these new technologies on the practice of medicine and access to care, especially in marginalized and vulnerable communities. To learn more about Meighan Parker, <https://www.law.uchicago.edu/people/meighan-parker>

FACILITATOR



Tera Sklar, JD, MPH
Faculty Director of Health Law, Arizona Law
Associate Director of Telehealth Law & Policy,
Arizona Telemedicine Program

Data Privacy & Cybersecurity in Health Care

Health Information Privacy, Compliance & Data Security

University of Arizona Law, Health Law & Policy

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LAW 580D Telehealth Law and Policy
University of Arizona Law, Health Law & Policy • 56 views • 5 months ago



Law 580: Introduction to Privacy
University of Arizona Law, Health Law & Policy • 42 views • 4 months ago

[Health Law at Arizona Law
Health Law YouTube Channel
law-healthcare@arizona.edu](https://www.youtube.com/channel/UCu4252)

ARIZONA
TELEMEDICINE
PROGRAM



THE UNIVERSITY OF ARIZONA
JAMES E. ROGERS COLLEGE OF LAW

Health Law

Thank you

trsklar@arizona.edu

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

<https://southwesttrc.org/>

<https://law.arizona.edu/health>