

Telehealth Policy: The Current Landscape and Future Opportunities in Arizona



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2nd Annual Arizona Telemedicine Policy Symposium





Overview of Telemedicine Policy in Arizona

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current law

Commercial health insurance coverage parity for certain health care services

Allows for cost sharing requirements

Requires compliance with Arizona licensure requirements, accreditation standards, and any practice guidelines of relevant national medical provider associations

Telemedicine means the interactive use of audio, video or other electronic media

health care services

ARE DEFINED AS

services provided for trauma, burn, cardiology, infectious diseases, mental health disorders, neurologic disease (including strokes), dermatology, pulmonology, pain medicine, substance abuse, and urology.

2013

SB 1353

Beginning January 1, 2015, commercial health care insurers required to cover certain health care provided in rural Arizona through telemedicine, if the same services would be covered through in-person care

Authorizes the practice and oversight of teledentistry

2015

SB 1282

timeline

2016

SB 1363

Enacted state law to require health care insurers to cover services provided through telemedicine in every part of the state by 2018, if the same services would be covered through in-person care

Added pulmonology to telemedicine coverage

Added new telemedicine coverage for:

Urology (beginning January 1, 2020)

Pain medicine (beginning January 1, 2019)

Substance abuse (beginning January 1, 2019)

2018

HB 2042

timeline

2019

SB 1089

Benefits patients by increasing access and availability to healthcare services, and catalyzes the growth of telehealth technologies throughout Arizona

Arizona's prior telemedicine commercial coverage laws contained a number of restrictions that limited patients from receiving meaningful insurance coverage of services delivered via telemedicine. Accordingly, Arizona revisited the statute and the new legislation amended the law to align with best practices from other states.

timeline

Amends Arizona's telemedicine commercial insurance coverage laws to state that a health plan may not limit or deny coverage of health care services delivered via telemedicine and may apply only the same limits or exclusions on services delivered via telemedicine that are applicable to an in-person consultation for the same service.

Allows commercial health plans to apply the same limits and exclusions on a health care service that would be applicable to an in-person consultation for the same service.

SB 1089

Effective January 1, 2021

Amends the definition of *telemedicine* to include asynchronous store-and-forward technologies and remote patient monitoring technologies.

covid-19



CDC RECOMMENDATIONS

Telehealth services help provide necessary care to patients while minimizing transmission risk of COVID-19 to healthcare personnel and patients

It promotes the practice of social distancing

COVID-19: Declaration Of Emergency, Executive Order

News Release

March 11, 2020

LEARN MORE



Telemedicine can reduce the spread of disease by allowing potentially contagious patients to see a doctor without visiting an office, clinic, urgent care center or hospital where other individuals could be exposed.

March 11, 2020

**Declaration of Public Health
Emergency for COVID-19**

**Executive Order 2020-07:
Proactive Measures to Protect
Against COVID-19**

Requires all commercial insurers to cover telemedicine visits at a lower cost-sharing point for consumers than the same in-office services to encourage utilization of telemedicine

Governor Ducey Expands Telemedicine Coverage For Arizonans

News Release

March 25, 2020

LEARN MORE ▶



Requires health insurance plans to provide coverage for all healthcare services that are provided through telemedicine if the healthcare service would be covered were it provided through an in-person visit.

Requires insurers to reimburse at the same level of payment visit as they would for an in-person visit.

Requires insurers to allow for all electronic means of delivering telehealth, including telephone and video calls.

Ensures that a patient's home is considered an approved location to receive telemedicine services.

March 25, 2020

**Executive Order 2020-15:
Expansion of Telemedicine**

Expands the provider types that may provide telehealth services.

Requires all AHCCCS Medicaid Plans to cover all health care services that are covered benefits to be accessible by telemedicine to AHCCCS members, while prohibiting those plans from discounting rates for services provided via telemedicine.

Prohibits a regulatory boards from requiring an in-person examination of a patient prior to the issuance of a prescription.

“Access to health care is crucial at a time like this,” said Governor Ducey. “This order will ensure that Arizonans can access care without having to leave home while freeing up much needed capacity for our health care providers and hospitals. It’s commonsense and helps ensure our most vulnerable continue to have access to care in a way that protects them and public health.”



The Governor's COVID-19 Executive Orders remain in effect until the termination of the Public Health Emergency. Recent policy changes regarding telemedicine during COVID-19 have reduced barriers to telehealth access and promoted the use of telehealth as a way to deliver acute, chronic, primary, and specialty care.

timeline

current gaps

Payment Parity

**Alignment of statutory
definitions
of telemedicine**

**Expansion of provider
types**

**Allowing for all
electronic means to
deliver telemedicine
services**

**Ensuring minimal
to no limits on
approved
locations to
receive
telemedicine
services**

**Alignment of
Regulatory Board
requirements for
telemedicine**

Telemedicine vs. telehealth



Future Opportunities

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AZ Telehealth Advocacy 2020

Dr. Heather Carter

State Senator, LD 15

Vice-Chair, Health and Human Services



2019...COVID...2021





Action Item: Define Telemedicine vs. Telehealth

Have we transitioned from telemedicine to telehealth during the pandemic?

Bring stakeholders together to capture the variety of ways we have used technology during the pandemic.

What services are reimbursed/not reimbursed?

Look to statutory definitions to capture the expanded use of technology in health care and related to health.

Payment parity?

Regulatory burden?

Licensing?





Did you know we have an election coming up in a few weeks?

Federal

- President
- Senate (House)
- Supreme Court Appointments
- Federal Agencies

State

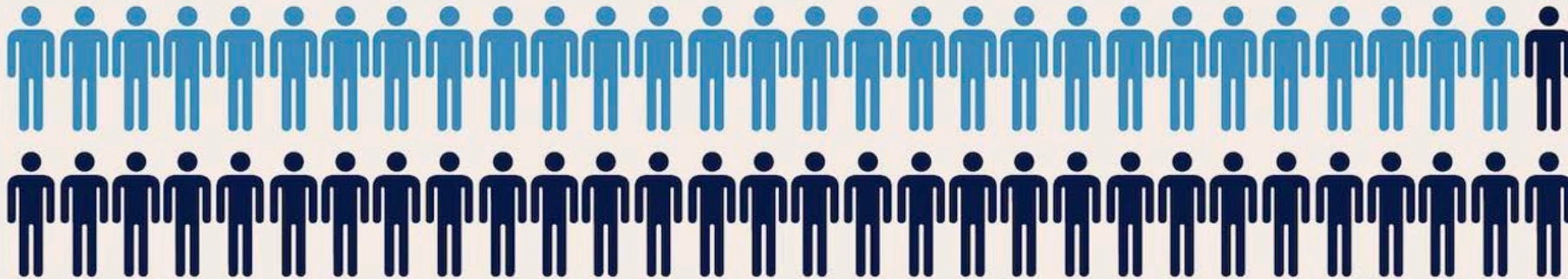
- Legislature
- County

Action Item: *Are you registered to vote?
Will you vote by mail?*



2020 Session Fifty-Fourth Legislature

HOUSE OF REPRESENTATIVES
29 DEMOCRATS & 31 REPUBLICANS



SENATE
13 DEMOCRATS & 17 REPUBLICANS





2020 Session

Fifty-Fourth Legislature Second Regular Session

Session Convened: January 13, 2020 Adjourned Sine Die: May 26, 2020

GENERAL EFFECTIVE DATE: AUGUST 25, 2020

Bills, Memorials, Resolutions

Introduced:

House 980

Senate 754

Total: 1734

Transmitted and Signed by

Governor:

Total: 90





Skinny Budget

The FY 2021 budget is based primarily upon the actions of the 54th Legislature's 2nd Regular Session. On March 28, 2020, the Governor signed into law the FY 2021 General Appropriation Act for the year beginning July 1, 2020.

Due to the COVID-19 pandemic, the Legislature adjourned from March 23 through mid-May. The Legislature adjourned sine die on May 26, 2020.

Subsequent to approval of the budget, the impact of the COVID-19 pandemic was expected to decrease revenues and affect expenditures for FY 2021 and future budget years. The JLBC Staff published a budget update in mid-June that reflected these impacts. Unless specifically noted, numbers cited below pertain to the budget after the June budget update.

The state's FY 2021 General Fund budget is \$11.76 billion. After accounting for non-General Fund monies, the state's "all funds" budget is \$45.1 billion. *(See the Summary of Appropriated Funds by Agency and Summary of Total Spending Authority for more details.)*

<https://www.azleg.gov/jlbc/21AR/bh2.pdf>





'21 Balance Could Vary from \$0 to \$(1) B Shortfall - Several Factors Will Influence the Outcome

- Potential for 2nd COVID wave and the government's policy response
- Availability and effectiveness of a future vaccine
- Willingness of the public to resume normal activities
- The Executive's plan for allocating federal COVID resources



What comes next?





Time to start today....

Build Stakeholder Consensus

Vote!

Educate....draft....advocate!