



ARIZONA  
TELEMEDICINE  
PROGRAM



SOUTHWEST  
TELEHEALTH  
RESOURCE CENTER™



THE UNIVERSITY OF ARIZONA  
JAMES E. ROGERS COLLEGE OF LAW  
Health Law

# NAVIGATING TELEHEALTH LEGISLATIVE AND POLICY CHANGES BEYOND THE PUBLIC HEALTH EMERGENCY

**Tara Sklar, JD, MPH**

Faculty Director, Health Law & Policy Program, Arizona Law

Associate Director, Telehealth Law & Policy, Arizona Telemedicine Program, College of Medicine-T

Senior Advisor, Innovations in Healthy Aging, UA Health Sciences

# Reminder

---

The information contained in this presentation and delivered as part of this presentation are for educational and informational purposes only.

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.

## Overview

### Federal

- Public Health Emergency
- Virtual Prescribing of Controlled Substances ★
- Regulatory Oversight and Drug Advertising

### State Level – (Arizona)

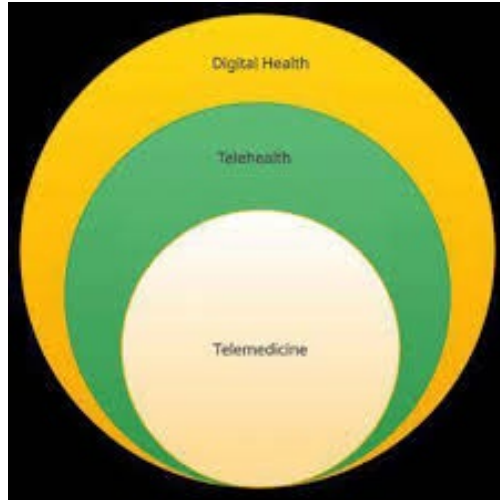
- Licensure Pathways
- Uniform Telehealth Act

### Looking Ahead

- Digital Equity Infrastructure

# Definitions and Advancements

---



**Telehealth**  
Delivering Care  
at a Distance

**Telemedicine**  
Practicing Medicine  
at a Distance



**Interactive Patient Care (IPC)**

Live Video, Chat, or Phone Interaction  
between a Clinician and a Patient



**Remote Patient Monitoring (RPM)**

Continuous & Periodic Transmission  
of Vital Signs

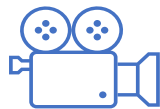


**Store & Forward (S&F)**

Asynchronous Transmission  
of Images, Video, Sound, etc.

# Emerging Digital Health Tools and Patient's Role

Services carried out using a **variety of digital health technologies** such as:



**Synchronous Tools**  
(videoconferencing)



**Asynchronous Tools**  
(secure messaging, SMS)



**Audio Digital Tools**  
(phone calls)

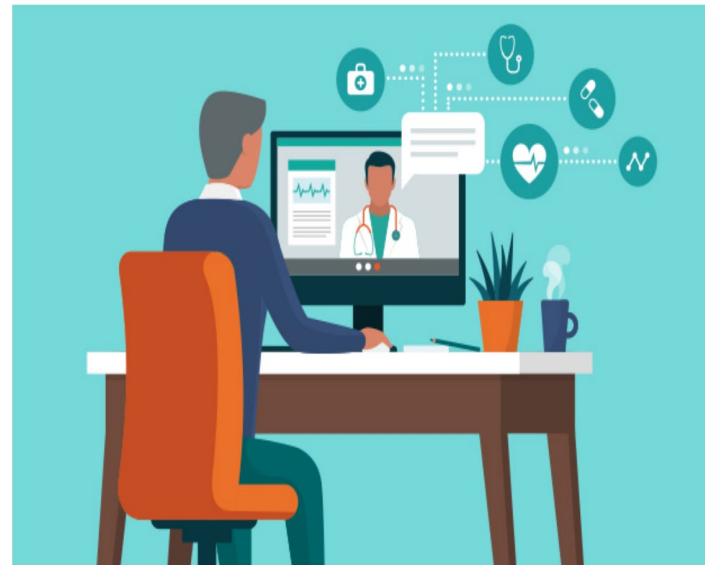


**Digital Self-Care Tools**  
(applications that collect and store biometric data)

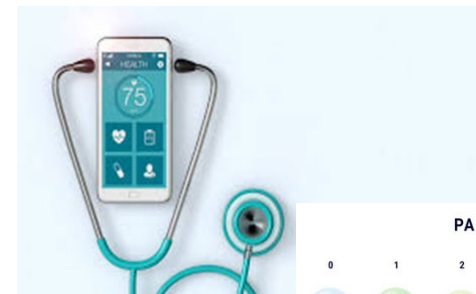


**Remote Home Monitoring**

Only 5% of Medicare beneficiaries use RPM. Estimates project 25% by 2025.



[HTTPS://WWW.OUTSOURCING-PHARMA.COM/ARTICLE/2021/04/07/PATIENT-CENTRIC-APPROACH-MORE-IMPORTANT-THAN-EVER-DELOITTE](https://www.outsourcing-pharma.com/article/2021/04/07/patient-centric-approach-more-important-than-ever-deoitte)



## PAIN MEASURING



# 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

Title 36, Chapter 36  
Public Health & Safety,  
Telehealth

[Sec. 3601: Definitions](#)

[Sec: 3601-3608](#)

# Legislative Telehealth Definition

---

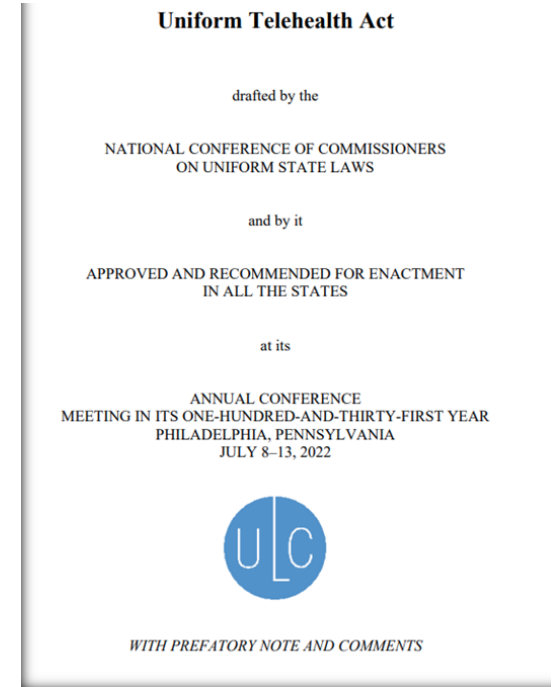
Delivery of medical services through **HIPAA-compliant telecommunications** systems, while the patient is located at an **originating site** and the licensee is located at a distant site.

CO HB 1190  
Enacted May 2021



# Legislative 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.



# Telehealth Definition Impacts Reimbursement and Access

## MEDICAID REIMBURSEMENT BY SERVICE MODALITY

### (Fee-for-Service)



Live Video

50 states and DC



Store and Forward

25 states



Remote Patient Monitoring

34 states



Audio-Only

34 states and DC

*As of Fall 2022*



## *Telehealth Advisory Committee on Telehealth Best Practices*

Submitted [report](#) re: **audio-only** on  
12/2021 and [amended](#) on 3/2022.

**Payment parity** between audio and video visits helps ensure there are  
no financial incentives to limit modalities that meet the standard of care.

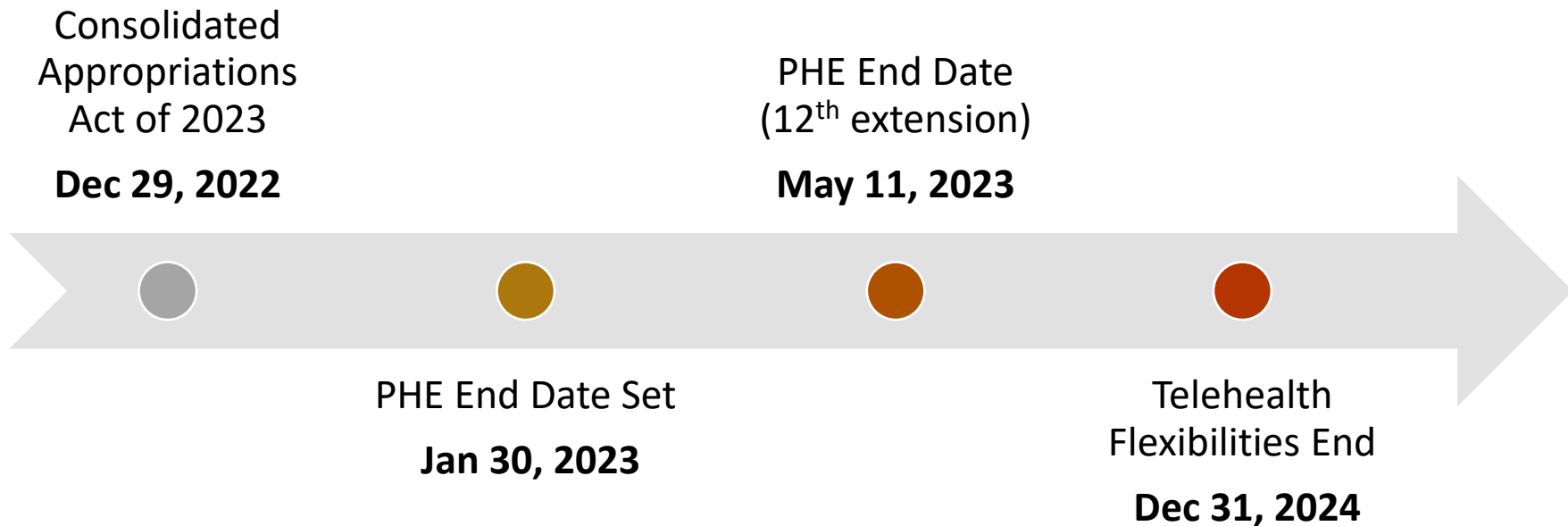
Federal

Public Health Emergency

Virtual Prescribing of Controlled Substances

# PHE is Ending

## Key Dates for Telehealth



## Disentangling Telehealth from the Public Health Emergency

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



Five Key Telehealth Takeaways from the Consolidated Appropriations Act of 2023

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

**#1:** Home is considered an originating site.

**#2:** Medicare reimbursement for audio-only telehealth services.

**#3:** In-person visits for telebehavioral health waived under CAA, but virtual prescribing for controlled substances tied to PHE.

**#4:** Extend pre-deductible telehealth waiver.

**#5:** Expand care options with eligible practitioners, safety net providers, and acute hospital care at home programs.

**Extended to December 31, 2024**

Legislation signed on 12/29/22.

**Sec. 4113.** Advancing Telehealth Beyond COVID–19.

# DEA's Proposed Rules for Telehealth Prescribing of Controlled Substances Post-PHE

**Join us:** March 23, 2023

9am PDT, 10am MDT, 11am CDT, 12pm EDT

## **Objectives:**

1. Understand key provisions of the proposed rules and new process if the rules go into effect.
2. Increase understanding of the current public comment period and how to participate.
3. Learn what to do now in case the proposed rules go into effect post-PHE.

## **Presenters:**

**Christa Natoli**, CTel Executive Director

**Ben Steinhafel**, CTel Director of Policy & External Affairs

**Tara Sklar, JD, MPH**, ATP Associate Director Telehealth Law & Policy

Facilitator: **Elizabeth Krupinski, PhD**, SWTRC Director

ARIZONA  
TELEMEDICINE  
PROGRAM



# CTel

TELEHEALTH | RESEARCH · POLICY · ACTION



To register visit: [www.Telemedicine.Arizona.edu](http://www.Telemedicine.Arizona.edu)

Webinar recording:

<https://swtrc.wistia.com/medias/xrud2yhaq2>

# 30-day public comment period ended on **March 31, 2023**



**FEDERAL REGISTER**

The Daily Journal of the United States Government



 Proposed Rule

## Telemedicine Prescribing of Controlled Substances When the Practitioner and the Patient Have Not Had a Prior In-Person Medical Evaluation

**35,466**  
comments  
submitted

<https://www.regulations.gov/document/DEA-2023-0029-0001>

# Federal PHE ends on May 11, 2023 with return of:

---



Ryan Haight Online Pharmacy Consumer Protection Act (2008) in-person requirement for virtual prescribing of controlled substances returns **unless DEA proposed rules become final.**



Office of Civil Rights will no longer be exercising enforcement discretion on HIPAA non-compliance.  
**90-day transition** without penalties to August 9, 2023.

<https://www.hhs.gov/about/news/2023/04/11/hhs-office-for-civil-rights-announces-expiration-covid-19-public-health-emergency-hipaa-notifications-enforcement-discretion.html>

# 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.

## Telemedicine Prescribing of Controlled Substances When the Practitioner and the Patient Have Not Had a Prior In-Person Medical Evaluation

- ☐ Establish a qualified telemedicine **referral pathway**.
- ☐ Practitioner who issue a “telemedicine prescription,” must have a **DEA registration** in both the state where the patient is located and the state where the practitioner is located. DEA registered practitioners do not need a “physical address” in each state they practice medicine.
- ☐ **180-day waiver** for in-person requirement for patients with an established telemedicine relationship.

# Qualifying Telemedicine Referral

---

Referring practitioner has conducted **at least one in-person medical evaluation of the patient.**



A qualifying telemedicine referral must note the name and National Provider Identifier (NPI) of the practitioner to whom the patient is being referred.

If the prescribing telemedicine practitioner receives a qualifying telemedicine referral for the patient, **a prescription may be issued for any controlled substance.**



## 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

- Adderall
- Oxycodone
- Ritalin
- Vicodin

#### SCHEDULE III

- Anabolic Steroids
- Buprenorphine

#### SCHEDULE IV

- Ambien
- Tramadol
- Valium
- Xanax

#### SCHEDULE V

- Lomotil
- Lyrica



For a complete list of controlled medications visit:  
[https://www.deadiversion.usdoj.gov/schedules/orangebook/c\\_cs\\_alpha.pdf](https://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf)

Schedule III-V

UP TO 30-DAY INITIAL  
PRESCRIPTION



# What happens next?

---

DEA has **41 days** - April 1 to May 11<sup>th</sup>

DEA must conclude that proposed rule  
**accomplishes the goals** of the problems identified.

DEA must also consider whether  
**alternate solutions** would be more effective or cost less.

# **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)

# Disproportionate impact on marginalized groups, **Medicaid** beneficiaries, and counter to other federal efforts.

**Gender affirming care**  
and access to  
testosterone.

**Patients at end of life** on  
palliative care and  
hospice at home.

Veterans Health  
Administration and Biden  
Administration efforts to  
improve access to  
**behavioral health**  
**for veterans.**

## 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.”

# Alternatives to a blanket in-person requirement

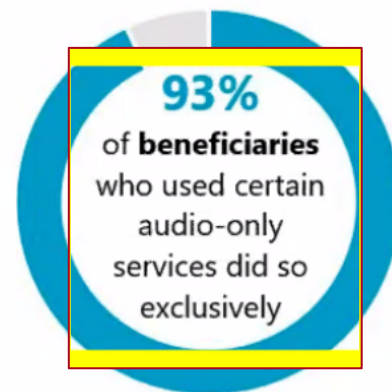
---

- ❑ Proposal not tenable given **demand** far exceeding supply.  
Half of U.S. counties have zero psychiatrists.
- ❑ Recognize **short notice** and lack of infrastructure.  
Change care delivery and business models (providers)  
Compliance and enforcement (DEA)
- ❑ Propose enforcement discretion by not require in person visit for **established provider-patient relationships** (beyond proposed 180-days) until end of **December 31, 2024** (CAA 2023).

- 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.

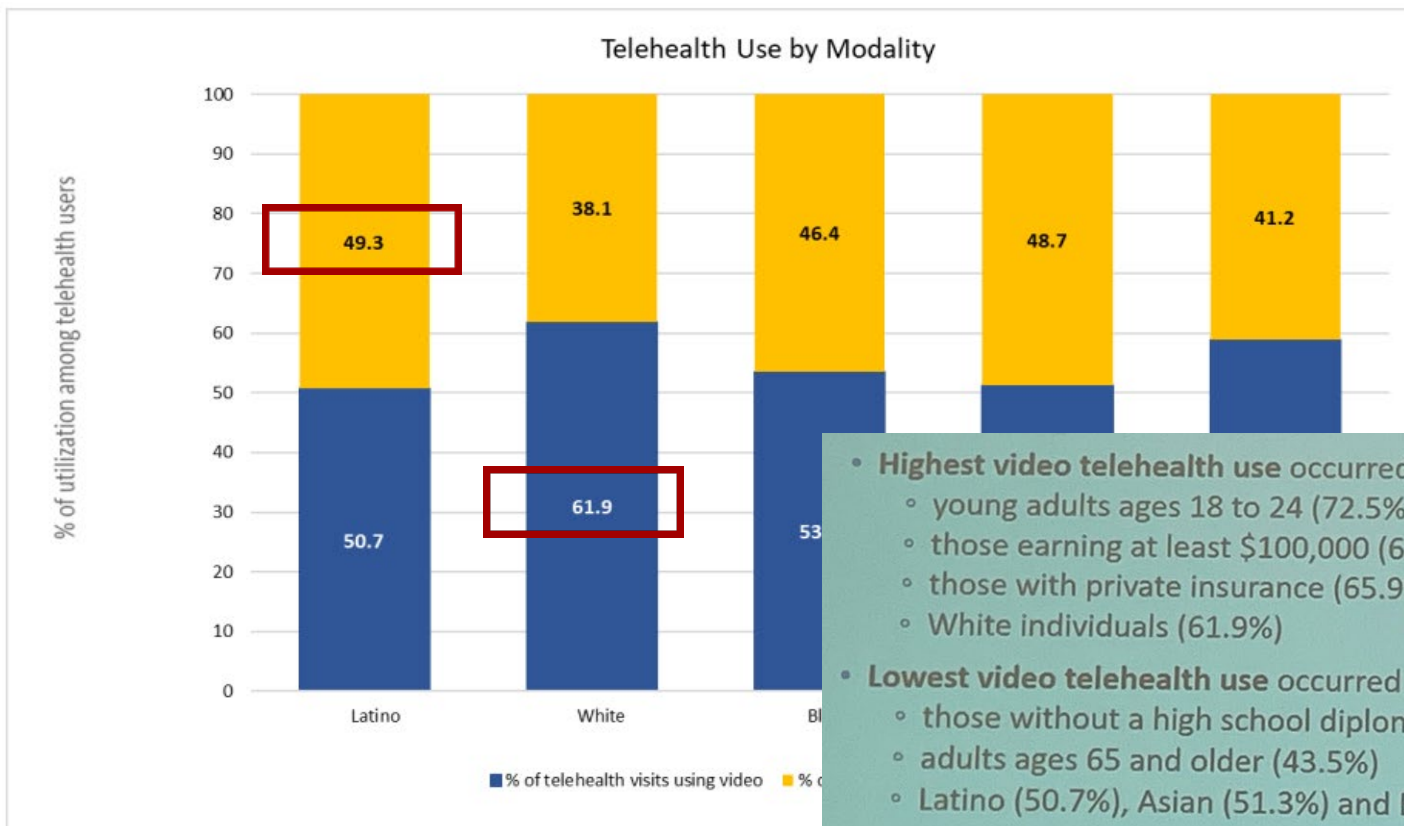
Medicare Telehealth Services During the First Year of the Pandemic:  
Program Integrity Risks  
<https://oig.hhs.gov/oei/reports/OEI-02-20-00720.pdf>

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.

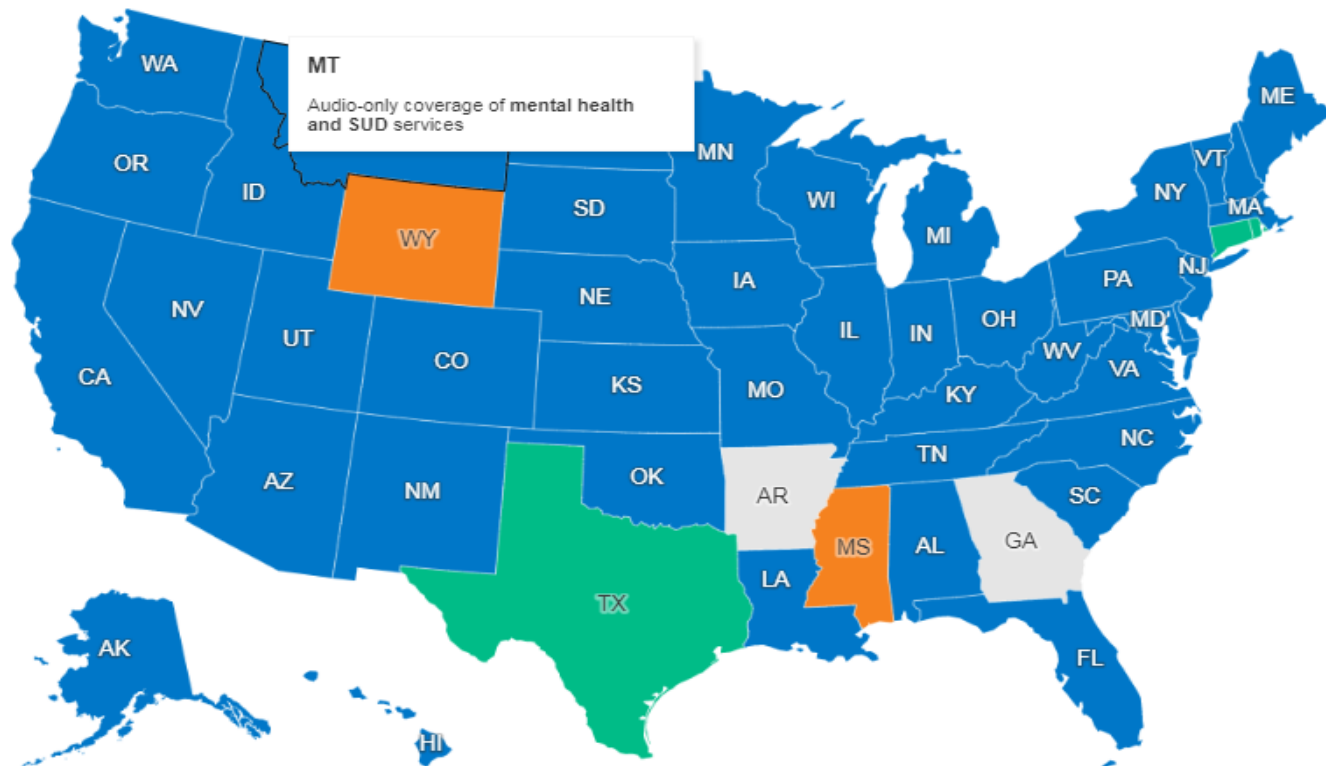
**Figure 2. Telehealth Modality (Video vs. Audio) Among Telehealth Users, By Race/Ethnicity**



- **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%)

# 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

KFF

Jan 10, 2023

# Prepare for the impact

---

- ❑ **DEA registration** required in states where provider is located and where patients reside otherwise in violation of federal law.
- ❑ Strategy to schedule **current patients** for an in-person visit within 180-days of post-PHE. One in-person visit establishes a virtual prescribing relationship.
- ❑ **Set up process for new patients to have an in-person visit.**
- ❑ Utilize the ‘**qualifying telemedicine referral**’
- ❑ **Hybrid visit:** In-person exam with provider, patient, and telehealth prescriber.
- ❑ **Inform patients** of potential new requirement and schedule in-person visits.

# Prepare for the impact

---

## ☐ Use communication channels

- Inform clinicians, patients, and colleagues
- Use social media to inform the general public

## ☐ Connect to congressional representatives

- **Congress can push back** on these proposed rules and some members already have published statements about the potential harm.

## ☐ Keep going

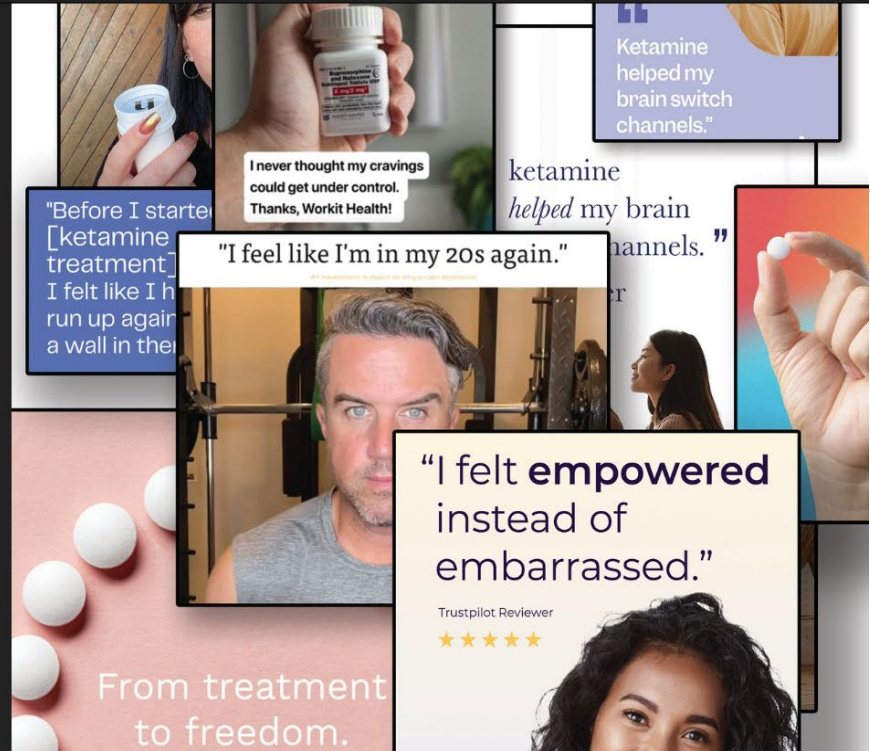
- Document safeguards and publish data

Federal

**Regulatory Oversight and Drug Advertising**

## Misleading Ads Fueled Rapid Growth of Online Mental Health Companies

Some employees and patients say these marketing practices have contributed to the abuse of controlled substances



“Digital ad spending by telehealth companies **swelled to more than \$100 million** in 2021 from around \$10 million in 2020.”



Supports a full ban of direct-to-consumer ads.

*“It turns the healthcare interaction on its head where you’re **starting with the treatment** instead of starting with the problem,”* - Jack Resneck, AMA president.

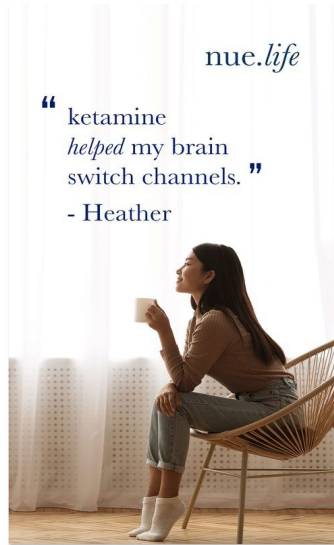
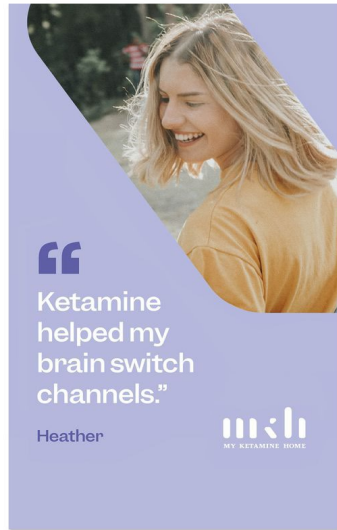


Has oversight over drug manufactures or distributors.

- ☐ Present information on each side effect and contraindication and effectiveness – a “true statement of information”
- ☐ Not false or misleading
- ☐ Approved or permitted for use
- ☐ Fair balance (benefits and uses with side effects and risks)



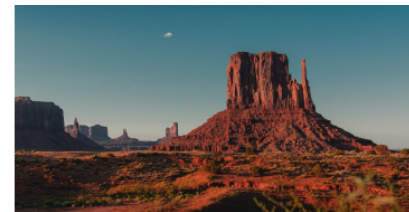
Takes action against **misleading ads**, but it doesn't require prescription-drug ads to include risk information and potential side effects when the ads discuss drug benefits.



Telehealth companies under investigation argue they **facilitate interactions** between patients and providers and do not engage in prescription process.

# State - Arizona

## Licensure Pathways Uniform Telehealth Act



### 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/>

# Virtual Prescribing in Arizona

---



**Arizona State Law § 32-1401(27)(tt)** – defines unprofessional conduct as:

“Prescribing, dispensing or furnishing a prescription medication or a prescription-only device... licensee first conducts a **physical or mental health status examination** of that person or has previously established a doctor-patient relationship. **The physical or mental health status examination may be conducted through telehealth as defined in section 36-3601.**”

**Arizona State Law § 36-3602(E)**

Schedule II drugs may be prescribed only after an in-person or **audio-visual examination** and only to the extent allowed by federal and state law.

## Trending in Telehealth: March 13 – March 19, 2023

Friday, March 24, 2023

## Trending in the past week:

- Interstate Compacts
- Medicaid Reimbursement
- Prescribing
- Health Practitioner Licensing
- Behavioral Health

In Arizona, proposed bill ([SB 1457](#)) permit licensed psychologists to prescribe psychotropic medications by obtaining a “**prescription certificate**” from the Arizona Board of Psychologist Examiners.

**Conditional prescription certificate** under the supervision of a licensed physician in-person, by phone or via video conference.

Full prescribing authority under a “**prescription certificate**” by satisfying the proposed requirements, including the following:

- Complete an additional practicum of at least 400 hours treating at least 100 patients with mental disorders under physician supervision.
- Complete a practicum of at least 80 hours in clinical assessment and pathophysiology under physician supervision

Withdrawn on 3.31.23

<https://www.natlawreview.com/article/trending-telehealth-march-13-march-19-2023>

# Recent and pending AZ legislation

---



**Bill Number:** [SB 1218](#)

[signed by governor on 3.29.23]

Specifies that a doctor patient relationship can be established through telehealth as **defined** in section 36-3601.

**Bill Number:** [SB 1053](#)

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

**Bill Number:** [SB 1466](#)

Allows an assessment for purposes of a medical marijuana certification to be completed either in person or by the use of telehealth.

**Bill Number:** [HB 2687](#)

Enacts the Counseling **Compact** in Arizona.

# 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 - (CC) [introduced in AZ]

## Compacts in development

- Social Work Compact
- Physician Assistant Compact
- Dentists and Dental Hygienists Compact

# Interstate practice to allow telehealth registration, not a license, and rise in licensure compacts

---

## Telehealth Registration

- 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  
seven states:

- [Arizona](#)
- [Florida](#)
- [Indiana](#)
- [Kansas](#)
- [Minnesota](#)
- [Vermont](#)
- [West Virginia](#)

## 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.

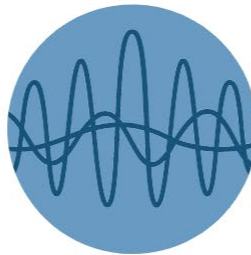
<https://www.uniformlaws.org/committees/community-home?CommunityKey=2348c20a-b645-4302-aa5d-9ebf239055bf>



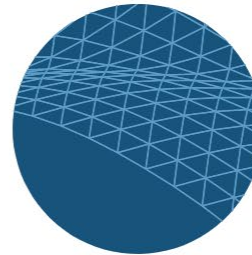
## Licensing resources for



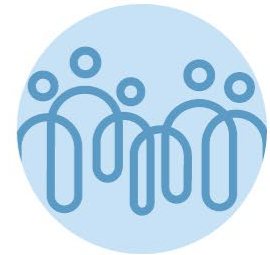
Occupational Therapists



Physical Therapists



Psychologists

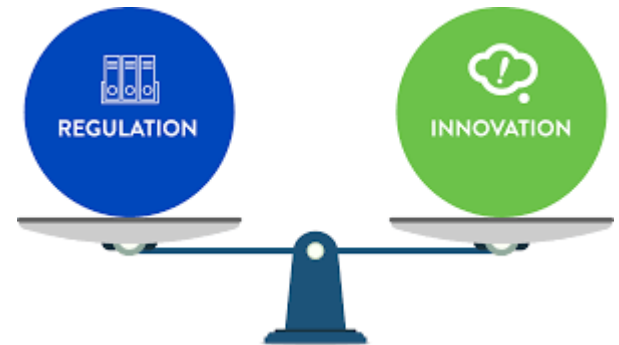


Social Workers

# Looking Ahead

Digital Equity Infrastructure

We talk about medical innovation, and we talk about regulation, but we rarely talk about **regulatory innovation**.



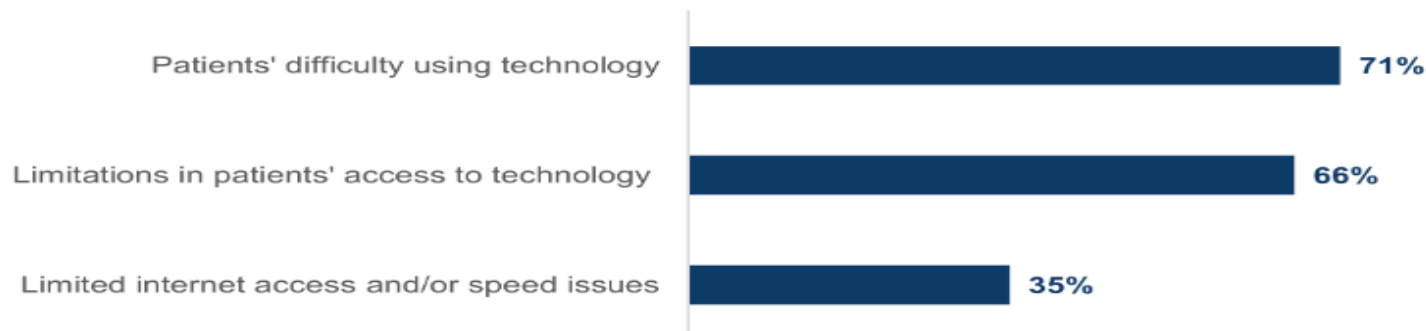
# Use of Telemedicine among Office-Based Physicians, 2021

ONC Data Brief | No.65 | March 2023

**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%).



# Population Groups Disproportionately Impacted by the Digital Divide

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



# Infrastructure Investment and Jobs Act

\$65 billion for digital equity

\$42.5 billion  
for broadband  
infrastructure

\$14.2 billion  
for \$30  
internet  
subsidy

\$2.8 billion for  
digital literacy

Additional  
funds

## Opportunities for Health Care Organizations to Increase Digital Inclusion through Infrastructure Initiatives.

Infrastructure Investment and Jobs Act Policy Area	Opportunities for Health Care Organizations
Broadband infrastructure	<p>Collect information on patients' broadband access to identify broadband coverage gaps and guide allocation of infrastructure-building resources</p> <p>Ensure that digital health tools can adapt to potential bandwidth limitations</p>
Broadband and device affordability	<p>Develop workflows that integrate digital-inclusion resources into existing care (e.g., screening for social determinants of health)</p> <p>Perform targeted outreach to patients who would benefit from broadband and device-subsidies programs (e.g., Emergency Broadband Benefit)</p> <p>Join existing digital-inclusion efforts (e.g., programs addressing digital divides in education) led by community organizations</p>
Digital discrimination	<p>Advocate for equitable broadband-deployment practices at the local, state, and national levels</p> <p>Collect patient data regarding digital disparities (e.g., disparities in broadband and device access) to support multimodal care options</p> <p>Treat digital inclusion as a social determinant of health</p>
Digital literacy	<p>Apply for funding with community organizations to codevelop digital-literacy programs that extend beyond the health care setting</p> <p>Integrate digital navigation as part of the deployment of digital health tools</p>
Impact	<p>Evaluate the effects of digital-infrastructure initiatives on health care disparities to guide future investment and policies related to digital inclusion</p>

# SENATE . . . . . No. 655

---

*The Commonwealth of Massachusetts*

PRESENTED BY:

*Adam Gomez*

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to telehealth and digital equity for patients.

**Digital health literacy screening program** to identify low digital health literacy and support effective use of telehealth technology, including:

- educational materials about how to access telehealth in multiple languages, and in alternative formats;
- hold digital health literacy workshops;
- integrate digital health coaching;
- offer in-person digital health navigators; and
- partner with local libraries and/or community centers that offer digital health education services and supports.



### Home

Online exams  
Virtual visits



### On the go

Mobile app  
Patient portal  
Clinical chats  
Digital outreach



### Schools



### Business



### Prisons



### Rural clinics

Enhanced video visits: preventative, primary, behavioral, specialty care



### EMS Transport

Prehospital consults



### Hospital

Specialist consults + patient monitoring



### Post Acute



### Home

Hospital recovery at home  
Chronic care monitoring



### Ambulatory + Ancillary

Specialist consults  
Support services: labs

# Expanding care venues into the community – **libraries**

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

19-driven capacity issues

Dec 14, 2020

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.

## 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

## Hospital at Home: Users Group

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

**To date:**  
**277 hospitals**  
across 37 states  
participate in the  
Acute Hospital Care  
at Home [program](#)

## *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.

Gift this article



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.

More [articles](#)

ARIZONA  
TELEMEDICINE  
PROGRAM



THE UNIVERSITY OF ARIZONA  
JAMES E. ROGERS COLLEGE OF LAW

Health Law

# Thank you

[trsklar@arizona.edu](mailto:trsklar@arizona.edu)

 @trsklar

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

<https://southwesttrc.org/>

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