



# *Arizona Telemedicine Policy Summit*

**Livestream Event!**

Tuesday, November 15, 2022 ~ 1:00 pm – 3:00 pm MST

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

# Overview of Today's Summit

1:00 – 1:05 pm **Welcome & Introductions**

Tara Sklar, Faculty Senior Advisor in Telehealth Law & Policy, Arizona Telemedicine Program

1:05 – 1:40 pm **New Frontiers in Telehealth Research: National Telehealth Data Warehouse**

Jason Goldwater, President and Chief Operating Officer, Laurel Health Advisors, LLC

1:40 – 2:15 pm **Multiple Pathways to Medical Licensure for Out of State Physicians**

Patricia McSorley, Executive Director, Arizona Medical Board

2:15 – 2:50 pm **Hybrid Care Models: The Mayo Clinic Approach**

Kevin Ruff, Chief Medical Officer of the Center for Digital Health, Mayo Clinic Arizona  
Stephanie Zawada, PhD Fellow, Mayo Clinic College of Medicine and Science

2:50 – 3:00 pm **State & Federal Policy Updates and Closing Remarks**

Tara Sklar, Faculty Senior Advisor in Telehealth Law & Policy, Arizona Telemedicine Program

# Logistics

Today's Summit will be recorded and stored at:  
<http://www.telemedicine.arizona>

Please use the **chat function** during each presentation to submit your questions.

Presenters will do their best to answer as many questions as possible during their session.



# Speakers

## Moderator



**Tara Sklar, JD, MPH**  
Senior Faculty Advisor,  
Arizona Telemedicine Program;  
Faculty Director, Health Law &  
Policy Program, Arizona Law.



**Jason Goldwater**  
President and Chief  
Operating Officer,  
Laurel Health Advisors, LLC



**Patricia McSorley**  
Executive Director,  
Arizona Medical Board



**Kevin Ruff**  
Chief Medical Officer,  
Center for Digital Health,  
Mayo Clinic Arizona



**Stephanie Zawada**  
PhD Fellow,  
Mayo Clinic College of  
Medicine and Science



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# Closing remarks

*Opportunities for telehealth policy in Arizona and nationwide?*

Data

Medical licensure and state regulatory oversight

New hybrid models of care





# Public Health Emergency set to end on January 11, 2023

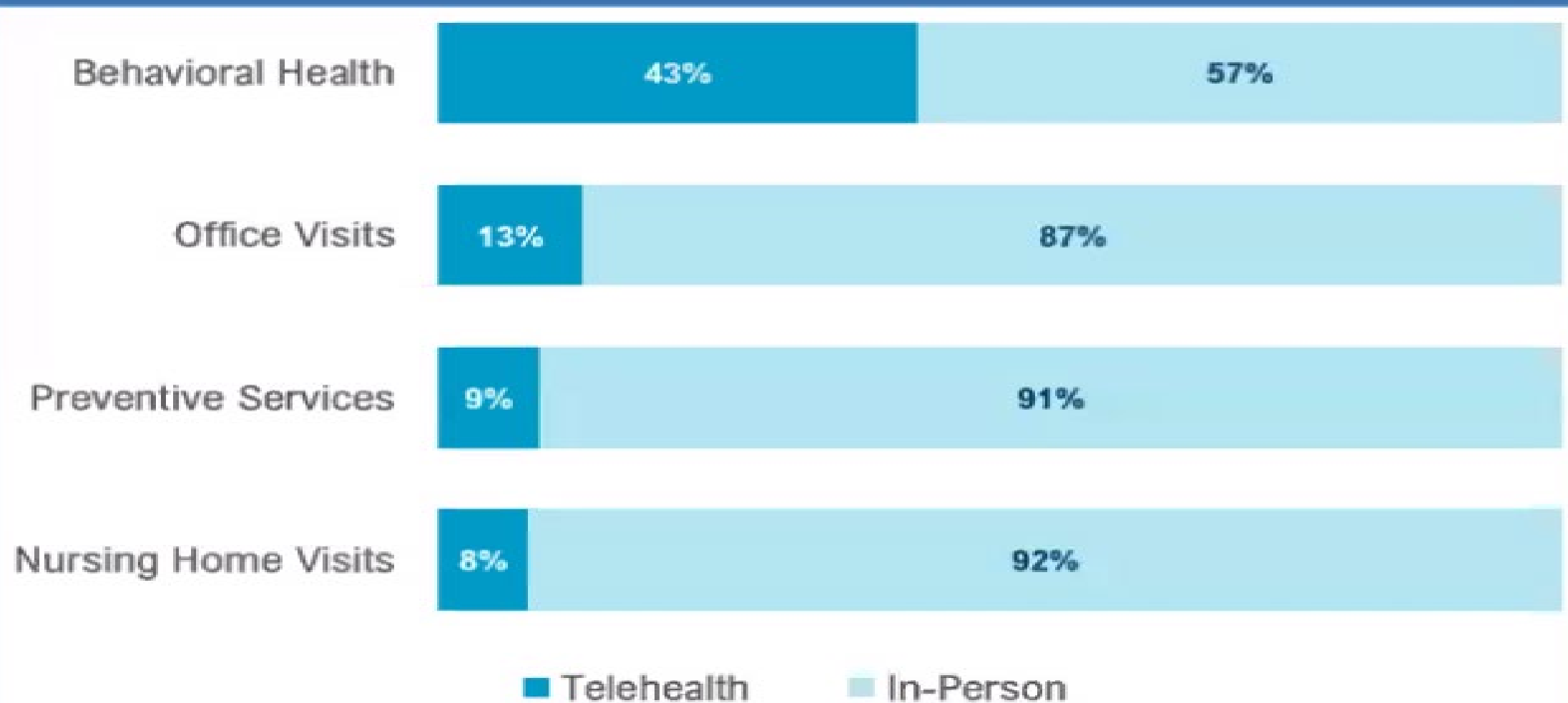
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**Transition period: 151 – day grace period will go into effect**

- **Geographic and site requirements** still waived by CMS, and patient can receive care in the home.
  - After grace period restrictions will revert to pre-PHE.
- Use of **audio-only** telehealth
  - After grace period restricted to behavioral health services
- **Medicare reimbursement** for telehealth visits for physical therapists, occupational therapists, speech language pathologists, and audiologists will end.

## **No grace period**

- Prescribing controlled substances requires an in-person visit. Ryan Haight Act no longer waived.



Source: OIG analysis of CMS data, 2022.



# Infrastructure Investment and Jobs Act 2021

\$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

# Medicaid:

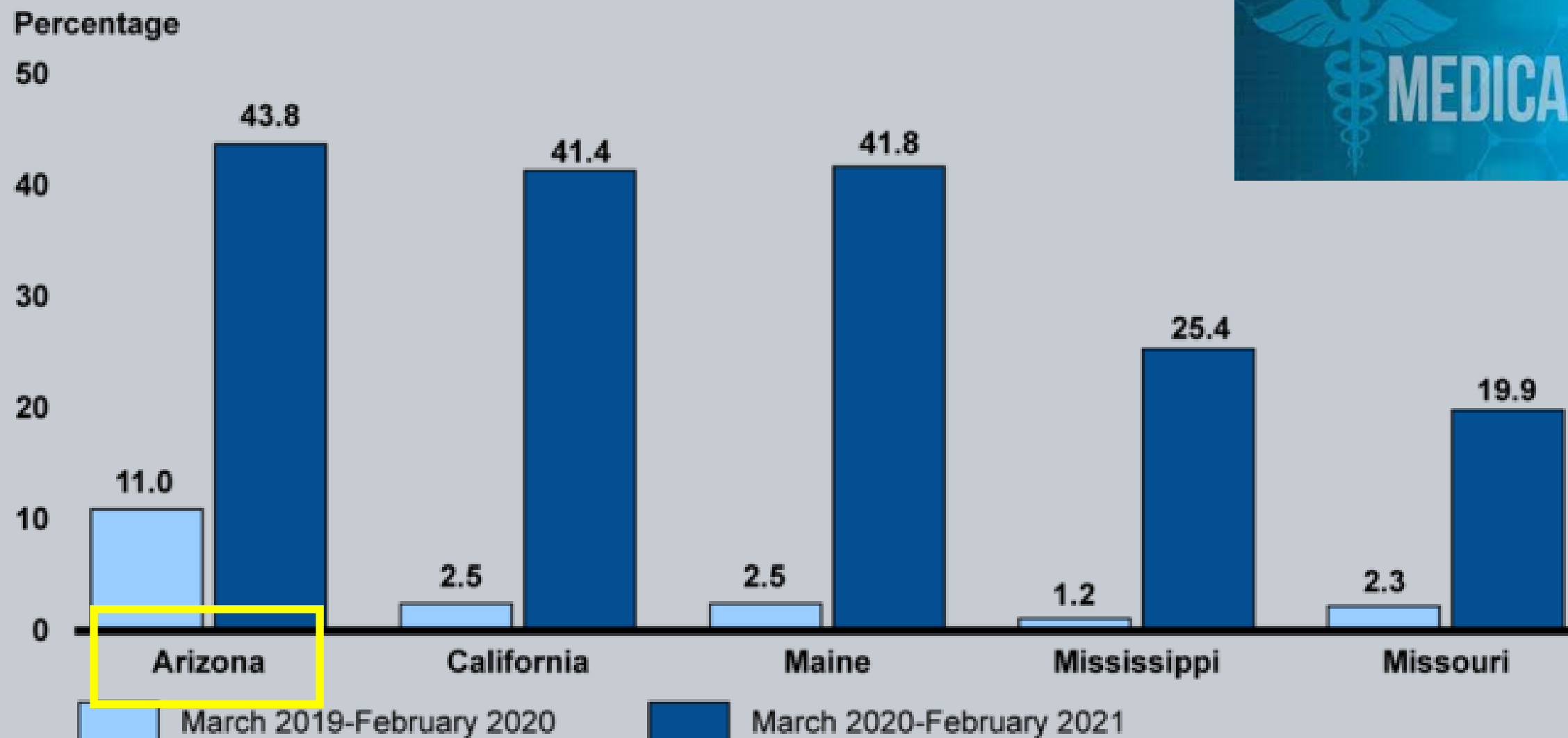
## CMS Should Assess Effect of Increased Telehealth Use on Beneficiaries' Quality of Care

GAO-22-104700

Published: Mar 31, 2022. Publicly Released: Mar 31, 2022.

## Why Medicaid?

- **Medicaid** enrolls about 76 million low-income Americans.
- **Medicare** provides coverage for 64 million older Americans and those with certain disabilities.
- **Medicaid** beneficiaries living in five states increased telehealth use dramatically at **15x** the pre-pandemic level.



Source: GAO analysis of Centers for Medicare & Medicaid Services data. | GAO-22-104700

# Audio-Only Telehealth Carve Out

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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

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**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

# HB 2454 – related developments in 2022

## Telehealth Advisory Committee:

Submitted [report](#) with recommendations re: **audio-only** on 12/2021.

Monitor **out-of-state providers** until 2026.

Sunset provision for 2029 removed as of 3/23/22 ([SB 1390](#))

Three Year Pilot Program for **acute care services delivered at home:**

Expanded with [HB 2374](#) effective as of 04/14/2022.

Any **nurse visits** under the program may be virtual or in person.

**Paramedic visits** may provide required on-site visits for patient assessment.



- 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.

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.

ARIZONA  
TELEMEDICINE  
PROGRAM



Thank you for attending today!

Your opinion is valuable to us.  
Please participate in our brief evaluation.

<https://www.surveymonkey.com/r/ATPsummitNov152022>

Be sure to check our website for upcoming events and  
sign up for our e-newsletter!

<http://www.telemedicine.arizona>