Innovations in Health Care Workforce

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About the ATA

As the only association focused on telehealth, we represent over 400 organizations – including leading healthcare delivery systems, academic institutions, technology solution providers and payers – all committed to the vision that people should access safe, effective and appropriate care where and when they need it, while enabling clinicians to do more good for more people.
## Policy Principles

Rooted in ATA’s vision: we promote a healthcare system where people have access to safe, effective, and appropriate care where and when they need it

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<tbody>
<tr>
<td>Ensure Access to Non-Physician Providers</td>
<td>Expand Access for Underserved and At-risk Populations</td>
<td>Support Seniors and Expand “Aging in Place”</td>
<td>Ensure Program Integrity</td>
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**Telehealth: Defining 21st Century Care**

Telehealth effectively connects individuals and their healthcare providers when in-person care is not necessary or not possible.

The ATA has a broad and all-encompassing definition including:

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<th>Virtual Visits</th>
<th>Chat-based interactions</th>
<th>Remote Patient Monitoring</th>
<th>Technology-Enabled Modalities</th>
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<td>sync, audio/visual visits</td>
<td>async, store &amp; forward</td>
<td>wearables, collection of data</td>
<td>other virtual care solutions</td>
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Key Considerations with Telehealth
Common Misconceptions

**Fraud, Waste and Abuse**
- Telefraud actions by DOJ, etc., increase concerns and spread the myth that telehealth providers are defrauding patients and taxpayers

**Cost/Utilization**
- Policymakers tend to “score” telehealth as a “costing” due to increased access and concerns of unnecessary care and overutilization of services, without taking the value of prevention into account

**Equity**
- Lawmakers are concerned inequities broadband access and digital literacy mean telehealth access will leave many behind

**Quality**
- Lawmakers want proof that telehealth visit quality is at least as good as in person care

**Clinical Appropriateness**
- Some lawmakers only want to expand access to specific services and/or modalities

**Continuity of Care**
- There is a misconception that telehealth disrupts care when EHRs are not synched or when a primary care provider is not updated
Misconceptions Create Policy Hurdles

Policymakers seeking to prevent these concerns from coming to fruition:

- Request more data
- Create “guardrails” such as in-person requirements
- Limit expanded access to specific services and/or modalities

However,

- Many of the concerns are unfounded, so it is difficult to create guardrails for problems that do not exist
- Telehealth should be legislated and regulated the same way as in person care
- Clinical appropriateness and other clinical decisions are made at the CMS and provider level; it is difficult, inappropriate, and not common to make clinical decisions in federal statute
- Service or modality specific legislating will never be able to keep up with clinical standards of care
- The answer to health care disparities should be to provide access to those who don’t have it, not to further limit access
State Policy
National Telehealth Overview

Source: Center for Connected Health Policy - Spring 2022
Policy Trends in 2022

- Cross state licensure
- Modality neutral
- Establishing a patient provider relationship via telehealth
- Prescribing of Controlled Substance via Telehealth
- Expanding provider types
- Expanding service types
Positive Telehealth Policy: Florida

- Cross state licensure allowed through:
  - established streamlined registration program
  - compacts (NLC)

- No limits on types of providers that can use telehealth, consistent with their license

- No mandates on the types of technology practitioner may use to form relationship

- No requirements to have physical location in state

- Permits most controlled substance prescribing consistent with federal law
Positive Telehealth Policy: Arizona

- Cross state licensure allowed through:
  - established streamlined registration program
  - compacts (IMLC, PSYPACT, NLC)
  - make exceptions for continuity of care

- Modality neutral definition of telehealth including sync, async, RPM, and audio-only

- Permits most controlled substance prescribing consistent with federal law
State of Compacts

Source: State of Compacts - ATA (americantelemed.org)
States with Alternative Approaches to Interstate Telemedicine

Source: Federation of State Medical Boards 2022

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Barriers to Expanding Telehealth

- **Modality Mandates**: Clinically unnecessary requirements that providers always use a certain technology to form a relationship or prescribe.
- **Holding Telehealth to Higher Standard with Clinically Unnecessary Barriers**: Imposing requirements on telehealth care delivery setting that is not expected in person.
- **Not Considering Primarily Virtual Providers**: Certain state requirements (often in Medicaid) do not contemplate providers that -- even while licensed -- might not be in physical proximity of patient.
- **Prescribing of Controlled Substance Requirements Exceeding Federal Law**
- **Limiting Providers Who Can Use Telehealth Consistent with Scope**: Limit definition of telehealth providers or have supervision requirements that don't account for technology.
Examples of Barriers to Telehealth: Alabama

More restrictive than federal law on controlled substance prescribing:

- Limited providers: telemedicine act primarily to physicians giving little clarity and guidance to other types of practitioners

- Mandate limit to 4 visits per year for same condition

ATA will be engaging in the 2023 legislature session to get this law amended.
Examples of Barriers to Telehealth: Mississippi

**Modality mandate:**

- Limiting definition of telehealth - must be “real-time” consultation, and do not include audio-only, e-mail or facsimile.
Examples of Barriers to Telehealth: Ohio

Holding Telehealth to Higher Standard with Clinically Unnecessary Barriers:

- During the rulemaking process of HB122 this year, the Medical Board included referral requirements that contemplate a telehealth provider being able to either see patients in-person for follow up care and/or refer to a provider they have a contractual relationship with.

- ATA Action worked hard with in-state stakeholders and the Board to get the rule to a better place. The revised rules now require providers to refer to in-person care where appropriate.
Thank You.

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