

Telehealth and the 2021 Arizona Legislative Session

TELEHEALTH IS A MAIN LEGISLATIVE PRIORITY FOR THE GOVERNOR

- Governor Ducey issued several executive orders regarding **telehealth** at the beginning of the pandemic. According to Christina Corieri, Senior Policy Advisor, Office of the Governor, “we feel that it is necessary to take some of the things that we’ve done during the emergency and make them permanent in the area of telehealth. People have come to rely on them. Delivery of healthcare this way is safe and effective, it brings more options to our rural community, it helps individuals who may be immunocompromised to not have to go out, and it can reduce the wait times to get service.”
 - See the governor’s [2021 “Arizona Resilient” policy booklet](#).
 - Hear [Christina Corieri](#) (at minute 25) on the governor’s telehealth priorities. These priorities are included in HB 2454, summarized below.
- The governor’s office also recognizes the importance of **broadband** for healthcare delivery, education, and economic development. The pandemic has shined a spotlight on how broadband inequity contributes to healthcare inequity. The governor’s budget includes more than \$33 million to expand the I-40 broadband corridor between Flagstaff and the California border and \$10 million added to the state’s Rural Broadband Grant Program. Several broadband bills have already been introduced in the legislature.

LEGISLATIVE ACTIONS ON TELEHEALTH

- [SB 1089](#), which went into effect Jan. 1, 2021, requires private insurers to cover telemedicine services if they would be covered as in-person services; disallows higher copays, coinsurance, or deductibles for telehealth services; and broadens the definition of telemedicine to include asynchronous (store-and-forward) telehealth services and remote patient monitoring.
- [HB 2454](#), introduced by Reps. Cobb and Osborne and Sen. Barto in January 2021, **checks multiple additional telehealth boxes**:
 - ✓ Changes the word “telemedicine” to “telehealth” in the Arizona Revised Statutes to be more inclusive of non-physician providers and services.
 - ✓ Requires payment parity by private insurers for telehealth services.
 - ✓ States telehealth coverage requirements and parameters may not be more restrictive or less favorable to healthcare providers or patients than those for in-person services.
 - ✓ States telehealth services may be provided regardless of patient geographic location or site.
 - ✓ Adds audio-only telephone encounters to the definition of telehealth if audio-visual telehealth is not available due to patient’s preference, functional status, or lack of technology or broadband access.
 - ✓ Allows periodic medical exams of employees on workers’ compensation via telehealth.

(Continued)

- **HB 2454 (continued)**

- ✔ Allows a physical or mental status exam via telehealth (including asynchronous) for prescribing, dispensing, or furnishing a prescription medication or device. (Currently, a telehealth exam must be conducted via real-time, audio-video encounter.)
- ✔ Aligns various state definitions of telehealth.
- ✔ Adds to the current statutory list of telehealth provider types chiropractors, dispensing opticians, optometrists, PTs, veterinarians, OTs, respiratory therapists, acupuncturists, athletic trainers, massage therapists, nursing care institutions and assisted living facilities, midwives, hearing-aid dispensers, audiologists, and speech-language pathologists. (Statute currently includes only podiatrists, MDs, naturopaths, nurses, DOs, pharmacists, psychologists, PAs, radiologic technologists, homeopaths, behavioral health professionals, and dentists.)
- ✔ Allows informed consent for telehealth to be obtained by electronic means.
- ✔ Prohibits boards and agencies from requiring licensees to conduct an in-person exam of the patient before prescribing.
- ✔ Requires healthcare providers to “make a good faith effort” in determining whether a healthcare service should be provided through telehealth, and in determining the appropriate communication medium (leaving the clinical decision up the providers).
- ✔ Allows healthcare providers not licensed in Arizona to provide telehealth services to a person in Arizona if the provider holds a current license in good standing in another state, complies with all Arizona laws and rules, complies with state requirements for liability insurance, consents to Arizona’s jurisdiction for any litigation arising from their telehealth services in Arizona, and follows Arizona community of care standards.
- ✔ Allows public safety employees to receive traumatic event counseling via telehealth.

Additional provisions of HB 2454:

- Establishes a Telehealth Advisory Committee on Telehealth Best Practices made up of healthcare providers and organizational representatives appointed by the governor.
 - Continues to prohibit use of telehealth for abortions.
- **SB 1145 (Sen. Shope):**
 - Replaces requirement for real-time telemedicine encounter for clinical evaluation prior to issuing a prescription with the definition of telehealth in Section 36-3601 (which would be amended by HB 2454).

[Multiple states are working on making telehealth flexibilities put into place during the Public Health Emergency permanent.](#) With HB 2454 and the governor’s support, Arizona is poised to be among the nation’s telehealth leaders in 2021.