



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

Telehealth 102

Alaska Telehealth Regulations

NRTRC, April 2017

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Telemedicine Legal and Regulatory Topics

- Recent Legislative Changes
- Licensing
- Physical Examination Requirements
- Prescribing
- TelePresenter
- Informed Consent
- Reimbursement



Alaska Senate Bill 74

Signed into law June 2016, SB 74 is the largest, most comprehensive Medicaid reform bill to ever pass a chamber of the Alaska state legislature.

Includes sections for :

- Payment reform strategies
- Fraud and waste reduction
- Telehealth services



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Alaska Senate Bill 74 - Telehealth

- Removes disciplinary action by the licensing board for some telehealth practices
- Calls for new “standards of care” for telehealth
- Establishes a registry of businesses performing telemedicine services



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Alaska House Bill 234



- June 14, 2016, HB 234 was signed into law
- Requires insurance plans to cover telemental health services the same as in-person mental health services
- Removes need for a prior in-person visit between the health care provider and patient



In State Licensure

- Providers must be fully licensed by the State of Alaska Medical Board to deliver telehealth care within Alaska
- Exceptions to state licensing:
 - Provider to Provider (P2P) Consultations
 - Medical Emergencies
 - Telemedicine Special Purpose Licenses
 - Alaska does not support these



Physical Examination

- No requirement for an in-person examination ...except if the provider:



- renders a diagnosis
- provides treatment
- prescribes or administers a non-controlled substance

In these scenarios, the provider must be personally available for follow-up care or have another licensed provider or physician in the physician's group practice available for follow-up care.



Prescriptions

- Providers may **NOT** prescribe, dispense, or administer a prescription drug in response to an **internet questionnaire or e-mail** to a person with whom the provider does not have a prior provider-patient relationship if a physical exam is not done.
- Providers may not prescribe, dispense, or administer an abortion-inducing drug unless the provider complies with Alaska's abortion laws found in [§ 18.16.010](#), Alaska Statutes.
- Providers prescribing or administering a controlled substance, or botulinum toxin, **must have an appropriate licensed health care practitioner present with the patient to assist the provider with the examination, diagnosis and treatment.**



Patient Informed Consent

- NOT required for telemedicine encounters



Alaska Parity Laws



Parity of coverage laws only exist for telebehavioral health

Alaska does not have a parity law which mandates health insurers to pay for telehealth services at the same rate as in-person care



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Medicaid Reimbursement

Coverage for Telemedicine:

- Store and Forward*
- Live video conferencing
- Remote Patient Monitoring
- Others

* Also covered by Medicare




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Medicaid Reimbursement

Exceptions To Telehealth Coverage Include:

- Home and Community-Based Waiver
- Pharmacy
- Durable Medical Equipment (DME)
- Transportation
- Accommodation
- End-Stage Renal Disease
- Direct-Entry Midwife
- Private Duty Nursing
- Personal Care Attendant
- Vision care, dispensing, or optician services



Telemedicine in Alaska		
PHYSICIAN PRACTICE STANDARDS & LICENSURE:		
Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: July 2016. The Board repealed their telemedicine guidance. State lawmakers enacted SB 74 which requires the board to adopt rules for physicians rendering a diagnosis, providing treatment, or prescribing, dispensing or administering a prescription drug to a person without conducting a physical exam. The new law also prohibits the board from disciplining a physician rendering a diagnosis, providing treatment, or prescribing, dispensing or administering a prescription drug to a person without conducting an exam. Requires full license and has P2P exemption.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Telemedicine in Alaska		
PARITY:		GAPS:
Private Insurance	C	Progress <ul style="list-style-type: none">AK enacted a partial parity law in 2016 covering mental health services.¹⁵2016 legislation enacted authorizes Medicaid to expand the use of telehealth for primary care, behavioral health, and urgent care.¹⁶
Medicaid ¹⁸⁻²⁴	B	
State Employee Health Plan	F	
MEDICAID SERVICE COVERAGE & CONDITIONS OF PAYMENT:		Medicaid <ul style="list-style-type: none">Telemedicine coverage under the Medicaid plan is broad and the least restrictive compared to other states. However not all benefits are covered when using telemedicine, thus leaving out services including dental and ocular care.AK Medicaid will cover services when delivered using dedicated audio conferencing system.School-based services are covered when provided via telemedicine: audiology, behavioral health, nursing, occupational therapy, physical therapy, and speech-language therapy.¹⁷No additional telepresenter or informed consent requirements from Medicaid or other state licensing boards.
Patient Setting	A	
Eligible Technologies	A	
Distance or Geography Restrictions	A	
Eligible Providers	B	
Physician-provided Services	A	
Mental/behavioral Health Services ²⁵⁻²⁶	A	
Rehabilitation ²⁷	A	
Home Health ²⁸	A	
Informed Consent	A	
Telepresenter	A	
INNOVATIVE PAYMENT OR SERVICE DELIVERY MODELS:		
State-wide Network		
Medicaid Managed Care	N/A	
Medicare-Medicaid Dual Eligibles		
Health Home		
HCBS Waiver		
Corrections		
Other		

From the American Telemedicine Association Resources – Telemedicine Gap Analysis 2016



OUR VISION:

**Alaska Native people are the
healthiest people in the world.**



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Telehealth Policy in Montana

**Doris T. Barta, MHA
NRTRC Conference
Olive 8 – Seattle, WA
April 10, 2017**

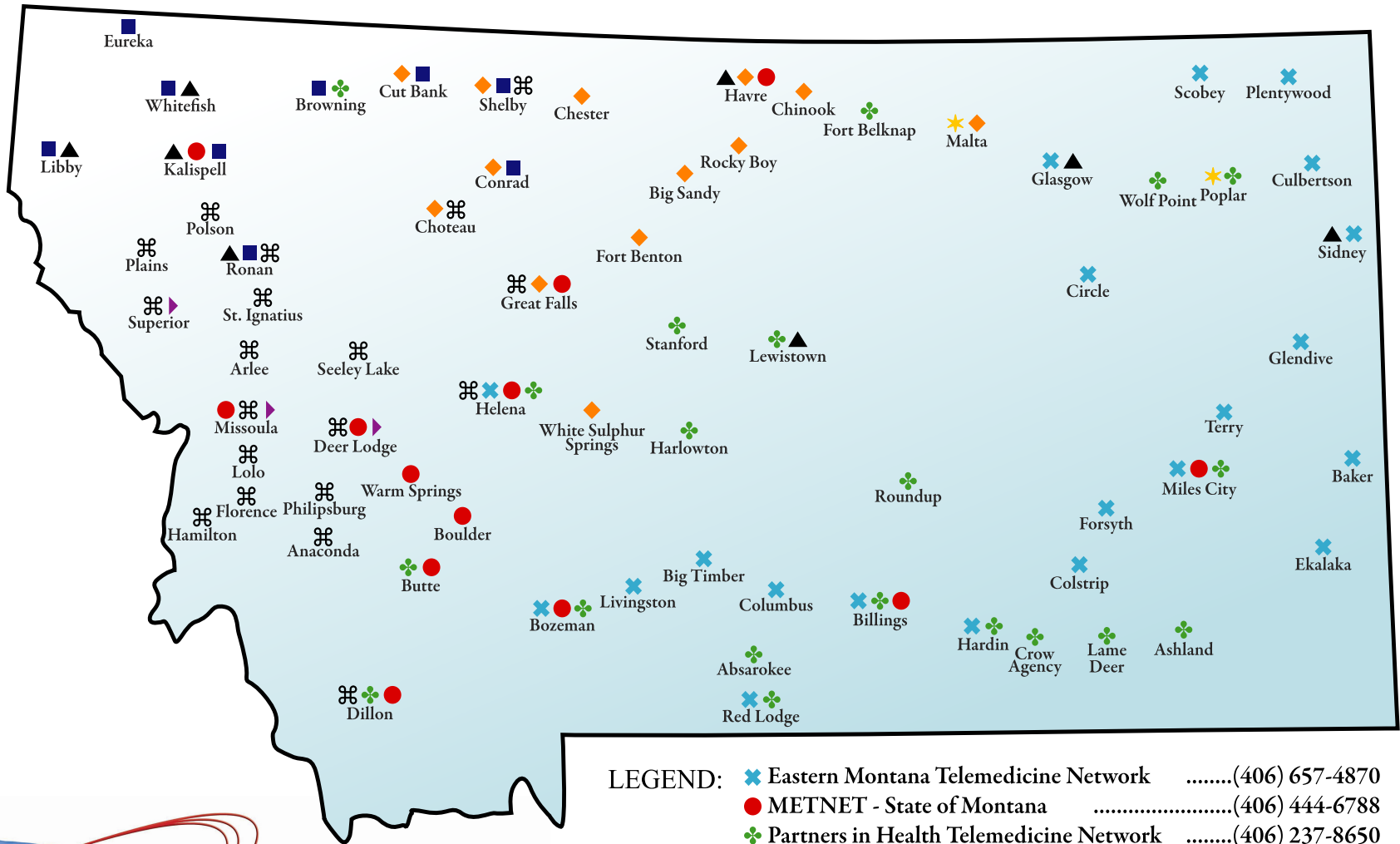


Montana: An Early Adopter

- **1992 - First Telehealth Networks started with grant funding from the RUS**
- **Office for the Advancement of Telehealth (OAT) grant funding in 1994 continued the development of Telehealth in Montana**
- **The Montana Telehealth Alliance (MTA) originally the Montana Healthcare Telehealth Association (MHTA) began in with 3 telehealth networks in the state**

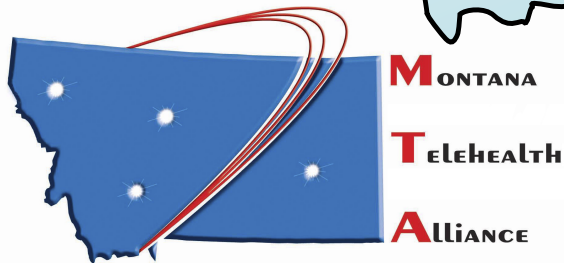


MONTANA TELEHEALTH ALLIANCE (MTA)



LEGEND:

✕ Eastern Montana Telemedicine Network(406) 657-4870
● METNET - State of Montana(406) 444-6788
✿ Partners in Health Telemedicine Network(406) 237-8650
◆ REACH Montana Telehealth Network(406) 455-5588
★ FORTH(406) 657-4870
✿ Montana Cardiac Telemedicine Network(406) 329-2631
▶ Western Montana Telehealth Network(406) 327-4198
■ Health Information Exchange of Montana(406) 751-6687
▲ Montana Telestroke Project(406) 444-9170



Montana: An Early Adopter

- **MTA effected legislature in Montana in the early 1990's establishing the Montana Provider Telehealth License**
- **Montana Telehealth Alliance**
- **Telehealth Networks started billing third party payors for Telehealth in 1994**
- **Medicaid began reimbursing for Telehealth applications in the 1990's**



Telehealth Legislation in Montana

- Payment occurred without incident until 6 years ago when Blue Cross/Blue Shield changed their contracts to in-person visits
- MTA instigated SB 270 Telehealth Parity Bill in the State Legislature
- Reimbursement is now occurring as it did before



Telehealth Legislation in Montana

- **Montana Medical Association sponsored HB 389 – Passed the House and failed in the Senate**
- **Cited as the “Physician Telemedicine Practice Act”**
- **Physician may not provide telemedicine services to a patient located in Montana in the absence of a physician-patient relationship.**
- **Relationship describes as an in-person visit, two way audio-visual interaction or Store and Forward**
- **Must meet applicable Standard of Care**



Telehealth Legislation in Montana

Existing law stays in place

- Defines telemedicine as using interactive electronic communications between a provider and patient and specifically excludes
 - Audio-only telephone conversation,
 - an e-mail or instant messaging conversation, or
 - a message sent by facsimile transmission



Telehealth Legislation in Montana

Questions?

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Telemedicine Utah Laws and Regulations

Background



- Prior to 2017, Utah had very little in state law relating to telehealth
- CMS encourages states to use the flexibility in federal law to incorporate telemedicine
- Utah Medicaid has covered some form of telemedicine services since 2001
- In 2014, Utah's Division of Occupational and Professional Licensing funded a [study of telehealth](#) laws as they related to health care professional licensing laws
- In 2015, Utah passed legislation to join the Interstate Medical Licensure Compact
 - According to the Interstate Medical Licensure Compact website, among the issues driving the need for the Compact include:
 - Physician shortages, the expected influx of millions of new patients into the health care system as a result of the Affordable Care Act, and the growing need to increase access to health care for individuals in underserved or rural areas through the use of **telemedicine**.
 - Proponents of telemedicine have often cited the time-consuming state-by-state licensure process for multiple-license holders as a key barrier to overcome in order for telemedicine to continue to grow and thrive. The Compact would make it easier and faster for physicians to obtain a license to practice in multiple states, thus helping extend the impact and availability of their care at a time when demand is expected to grow significantly.

- During the 2014 session the Utah legislature appropriated \$1,000,000 in one-time funding for telehealth infrastructure enhancements to increase the feasibility of providing Medicaid services via telehealth
 - Funding was used for sites all across the state
 - Gunnison Valley Hospital in Central Utah
 - Beaver Valley Hospital in South Western Utah
 - Blue Mountain Hospital in South Eastern Utah
 - University of Utah Department of Pediatrics in Salt Lake City (has traveling clinics)
 - University of Utah Pain Management Center in Salt Lake City
 - Wasatch Mental Health in Northern Utah
 - Four Corners CBH in Central/Eastern Utah
- UETN
 - UEN and UTN combined thanks to the vision of the Utah State Legislature. Former Utah State State Representative Ronda Menlove and Senator Allen Christensen co-sponsored [HB 92](#) which took effect May 12, 2014. The legislation also created the Utah Education and Telehealth Network Board to provide governance.
 - The Utah Telehealth Network (UTN) links patients to health care providers across our state, country and the world by using leading edge telecommunications technology. Telehealth provides rural patients and providers with access to services that are usually available only in more populated urban areas. The Utah Telehealth Network uses interactive video to deliver patient care, provide continuing education to health professionals, and to facilitate administrative meetings

Connecting 1500+ locations throughout Utah

UTAH DEPARTMENT OF
HEALTH



UETN Network Infrastructure Map

- H.B. 154 Passed with amendments on February 24, 2017
- Effective in State Fiscal Year 2018
- Legislation does several key things

1. Defines Terms

- ‘**Asynchronous store and forward transfer**’ means transmission of health care information from originating site to distant site
- ‘**Distant site**’ means provider’s physical location
- ‘**Originating site**’ means patient’s physical location
- ‘**Synchronous interaction**’ real-time communication
- ‘**Telehealth services**’ means the transmission of health-related services or information through the use of electronic communication or information technology
- ‘**Telemedicine services**’ means telehealth services including:
 - Clinical Care
 - Health Education
 - Health Administration
 - Home Health
 - Facilitation of self-managed care and caregiver support
 - Services delivered by a provider to a patient through a method of communication that:
 - Use asynchronous store and forward transfer or uses synchronous interaction
 - Meets industry security and privacy standards including compliance with HIPPA and HITECHA

2. Establishes some standards of care
3. Requires insurer transparency regarding telehealth reimbursement
4. Requires Public Employees' Benefit and Insurance Program to reimburse for personal mental health therapy

Project Echo



Project ECHO is a **cost-free** partnership between community providers and a University of Utah Health interdisciplinary team of professionals developed to treat chronic and complex disease in rural and underserved areas through the use of technology

[Utah Medicaid Section I: General Information Provider Manual](#)

8-4.2 Telemedicine

Definitions

- **Telemedicine** is two-way, real-time interactive communication between the member and the physician or authorized provider at the distant site. This electronic communication uses interactive telecommunications equipment that includes, at a minimum, audio and video equipment.
- **Authorized Provider** means a provider in compliance with requirements as specified in this manual, refer to Chapter 3, Provider Participation and Requirements.
- **Distant site** is the location of the provider when delivering the service via the telecommunications system.
- **Originating site** is the location of the Medicaid member at the time the service is furnished via a telecommunications system.

Covered Services

Covered services may be delivered by means of telemedicine, as clinically appropriate. Services include, but are not limited to, consultation services, evaluation and management services, mental health services, and substance use disorder services.

Utah Medicaid Section I: General Information Provider Manual

Limitations

- Telemedicine encounters must comply with HIPAA privacy and security measures to ensure that all patient communications and records, including recordings of telemedicine encounters, are secure and remain confidential. The provider is responsible for determining if the encounter is HIPAA compliant. Security measures for transmission may include password protection, encryption, and other reliable authentication techniques.
- Compliance with the Utah Health Information Network (Uhin) Standards for Telehealth must be maintained. These standards provide a uniform standard of billing for claims and encounters delivered via telehealth.
- The provider at the originating site receives no additional reimbursement for the use of telemedicine.