



Reid Plimpton, MPH, Program Manager,
Northeast Telehealth Resource Center

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Northeast Telehealth Resource Center



THE
University of Vermont
HEALTH NETWORK



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- Any information provided by NETRC is for educational purposes only and should not be regarded as legal advice.
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NETRC is made possible by cooperative agreement 1 U1UTH42523-01-00 from the [Federal Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.](#)

About Us:

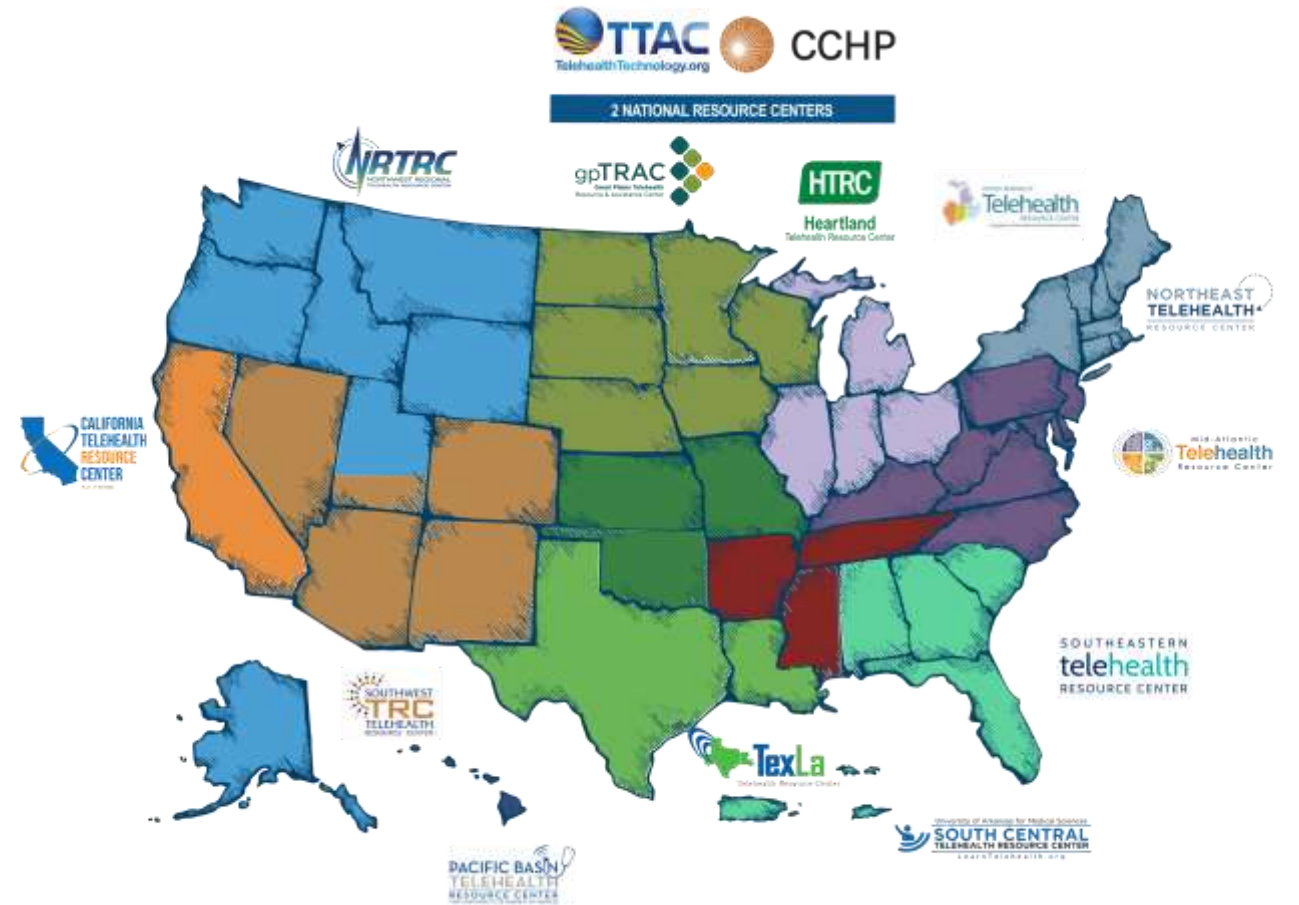
NETRC aims to increase access to quality health care services for rural and medically underserved populations through telehealth. We serve New England and New York, and are a proud member of the National Consortium of Telehealth Resource Centers.

Our Mission

Foster the use of telehealth technologies to provide health care information and education for health care providers who serve rural and medically underserved areas and populations.

Our Aim

Connecting rural communities and helping them overcome geographic barriers to receive quality healthcare services.



Key Policy Changes During PHE

Medicare	During PHE	State Medicaid	During PHE
Geographic Limit	Waived	Geographic Limit	Phone allowed
Site Limitation	Waived	Site Limitation	Home allowed
Eligible Provider List	Expanded	Eligible Provider List	Consent requirements relaxed
Eligible Services	Expanded (80 addtl codes)	Eligible Services	Additional types of services eligible
Visit Limits	Waived certain limits	Visit Limits	Additional provider types allowed (OT, PT, SLP, etc)
Modality	Live video, Phone for some services	Modality	Some requirements waived
Supervision	Relaxed – allowing	Supervision	
Licensing	Relaxed requirements	Licensing	
Tech-enabled/Comm based	More codes eligible for private pay, addtl. providers allowed	Tech-enabled/Comm based	

Federal PHE extended to April 11, 2023*

Federal PHE to end on May 11, 2023**

State Exec. Orders for private payers range from explicit mandates to encouragement to expand telehealth coverage

- DEA: Prescribing exception - allowing phone for suboxone for Opioid Use Disorder
- HIPAA: Office of Civil Rights will not fine during PHE

- Relaxed some health information protections

The Pandemic is Ending

Key Dates for Telehealth You Should Know



CMS Fact Sheets

CMS has issued a series of fact sheets of what happens post-PHE for specific providers:

<https://www.cms.gov/coronavirus-waivers>

CMS PFS 2023

- <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2023-medicare-physician-fee-schedule-final-rule>
- <https://www.cchpca.org/resources/proposed-physician-fee-schedule-pfs-cy-2023/>
- <https://www.foley.com/en/insights/publications/2022/11/2023-medicare-physician-fee-schedule-access>



Preparing for the End of the Federal PHE

Key Dates:

Jan. 11, 2023
PHE Extended to
April 11, 2023
(Announced on
1/11/23)

April 11, 2023
new PHE
Expiration Date
(Announced on
1/30/23)

May 11, 2023
**OFFICIAL FEDERAL
PHE END DATE**
Reference & Additional Reference

*Originally Established by Consolidated Appropriations Act, Signed March 2022

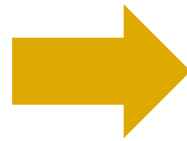
** Established Via HR 2617

<https://www.appropriations.senate.gov/imo/media/doc/JRQ121922.PDF>

Preparing for the End of the Federal PHE

Anticipated key dates:

December 2022
CMS releases final
CY23 PFS
PHE still in effect



Jan. 1, 2023
CY23 PFS Effective
PHE still in effect

Preparing for the End of the Federal PHE

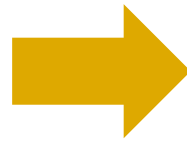
CORRECTED key dates:

Nov. 2, 2022

CMS released final
CY23 PFS

PHE still in effect

[See Announcement](#)



Jan. 1, 2023

CY23 PFS Effective

PHE still in effect

[List of Telehealth Services for Calendar Year 2023 \(ZIP\) – Updated 11/02/2022](#)

<https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes>

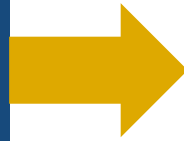
Preparing for the End of the Federal PHE

Anticipated key dates:

May 11, 2023

PHE will end and
new (through 2024)
telehealth waiver
extension period
begins

[Reference](#)



May 11, 2023

HIPAA waiver ends
Providers must use HIPAA
secure, BAA-covered video
platform

Preparing for the End of the Federal PHE

Anticipated key dates:

May 11, 2023

PHE will end and
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May 11, 2023

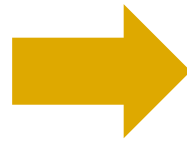
Controlled
Substance Waiver
ends

[Reference](#)

Preparing for the End of the Federal PHE

Anticipated key dates:

December 2024
NEW CAA
flexibilities
extension ends



Dec. 31, 2024
Last remaining
telehealth waiver
codes expire
PFS CY25 goes live tomorrow

Preparing for the PHE End Telehealth Key Dates

Provider Communication

All dates below are [approximate](#)

Oct. 13, 2022

PHE Waiver Extension

PHE extended until Jan. 11, 2023. Let your providers know you are on top of this and will keep them posted!

Nov. 12, 2022 White House Notification of PHE End

Providers may be worried this means the end of telemedicine-remind them of the 151-day extension!

December 2022 CMS Releases PFS CY23 Final

Providers unsure if this means telehealth is still permissible in the home for Medicare pts. [Send a memo!](#)

Jan. 1, 2023 PFS CY23 Effective

What does this mean? Reassure providers that home is a Medicare-covered service under the waiver AND of the 151-day extension. Give them a heads up about any modifiers or workflow changes.

Jan. 11, 2023 PHE ends - 151-Day Flexibilities Begin

Reassure providers that nothing changes right now except perhaps their video platform. Double check your allowable Medicare provider types [here is a handy doc.](#)

Jan. 11, 2023 HIPAA Waiver Ends

Providers must use HIPAA secure, BAA covered video platforms and patient communication.

See [CCLEAGs](#).

June 2023 151-Day Flexibilities End

PFS CY23 rules now apply but some PHE-codes remain in effect. [Check this page!](#)

Dec. 31, 2023

Last remaining telehealth waiver codes expire. PFS CY24 goes live tomorrow.

The information and tools presented on the National Consortium of Telehealth Resource Centers (NCTRC) website should not be considered as legal advice or interpretation of laws, regulations and policies. NCTRC is providing this for informational and educational purposes only. NCTRC strongly encourages you to check with the appropriate state agency or other applicable authority for further information and direction and to seek the advice of legal counsel if you are in need of a legal opinion.

10/5/22

RESOURCE CENTER

New NCTRC Collection: “Preparing for the end of the PHE”

1st Resource and Blog Post now available!

<https://telehealthresourcecenter.org/news/preparing-for-the-end-of-the-phe-provider-communication/>

UMTRC Report/Deep-Dive: https://nctrc.wpenginepowered.com/wp-content/uploads/2023/03/Preparing_for_the_end_of_the_PHE.pdf

What to do next:

- Develop your communications plan.
- Draft brief communications language based on key dates, and get it approved if needed.
- Identify vehicles for communications.
- Set your calendar reminders!
- Be ready to change both the communications and calendars should key dates or legislation shift.
- Stay tuned to: <https://telehealthresourcecenter.org/news/>

Moving Forward: Federal Policy

Well Over 100 Telehealth Related Bills – see CCHP’s [Federal Policy Tracker](#) for Details and Status of Pending Legislation and Regulation

[CONNECT Act](#) (re-introduced)
– would remove long-standing barriers to telehealth and promotes program integrity. See CCHP [CONNECT Fact Sheet](#).

[KEEP Telehealth Options Act](#) (re-introduced) - bill would require several federal entities to study all of the telehealth actions taken during the PHE.



[S. 3593: Telehealth Extension and Evaluation Act](#) (new Feb '22) – would amends titles XI and XVIII of the Social Security Act to extend certain telehealth services covered by Medicare and to evaluate the impact of telehealth services on Medicare beneficiaries. Key areas include FQHCs/RHCs, CAHs and Prescribing.

Biden Administration Seeks to Expand Telehealth in Rural America

New funding will allow more medical appointments to take place via video in rural communities, where some of the nation's oldest and sickest patients live.



[TH Modernization Act](#) – would remove originating/geographic site restrictions; give HHS secretary authority to expand provider types; allow TH to meet face-to-face requirements for hospice care and home dialysis, enable CMS to continue to use sub-regulatory authority to add telehealth services; extend FQHC and RHCs distant site ability

In 2022, trend toward extension of policy flexibilities and allowing more time to study affects vs. permanent change

Legal and Regulatory Factors to Consider*

- Licensure
- Malpractice
- Informed Consent
- Documentation
- Insurance Coverage and Billing
- Privacy & Security (HIPAA)

**For educational purposes only. The Northeast Telehealth Resource Center recommends that providers should consult with legal counsel before launching a telehealth service.*



CCHP Updates

Center for Connected Health Policy
THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

State Telehealth Laws and Reimbursement Policies

This chart provides a quick reference summary of each state's telehealth policy on Medicaid reimbursement, private payer reimbursement laws (both if a law exists and whether or not payment parity is required), and professional requirements around interstate compacts and consent based on information gathered between July and early September 2022. For further details, and additional categories, see each state's section on CCHP's [telehealth policy finder](#) tool. The information in this chart is based on research conducted between July and early September 2022.

STATE	MEDICAID REIMBURSEMENT				PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
	LIVE VOICE	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	AUDIO-ONLY	LAW EXISTS	PAYMENT PARITY	INTERSTATE COMPACTS (see key)	CONSENT REQUIREMENT
ALABAMA	🟡	🟡	🟡	🟡	🟡	🟡	ASLP-IC, CC, EMS, IM/IC, NLC, OT, PSY, PTC	🟡
ALASKA	🟡	🟡	🟡	🟡	🟡	🟡	-	🟡
ARIZONA	🟡	🟡	🟡	🟡	🟡	🟡	IM/IC, NLC, OT, PSY, PTC	🟡
ARKANSAS	🟡	🟡	🟡	🟡	🟡	🟡	NLC, PSY, PTC	🟡
CALIFORNIA	🟡	🟡	🟡*	🟡	🟡	🟡	-	🟡
COLORADO	🟡	🟡	🟡	🟡	🟡	🟡	ASLP-IC, CC, EMS, IM/IC, NLC, OT, PSY, PTC	🟡
CONNECTICUT	🟡	🟡	🟡	🟡	🟡	🟡	IM/IC, PSY	🟡
DELAWARE	🟡	🟡	🟡	🟡	🟡	🟡	APRN, ASLP-IC, CC, EMS, IM/IC, NLC, OT, PSY, PTC	🟡
DISTRICT OF COLUMBIA	🟡	🟡	🟡	🟡	🟡	🟡	IM/IC, PSY, PTC	🟡
FLORIDA	🟡	🟡	🟡	🟡	🟡	🟡	CC, NLC	🟡
GEORGIA	🟡	🟡	🟡	🟡	🟡	🟡	ASLP-IC, CC, EMS, IM/IC, NLC, OT, PSY, PTC	🟡
HAWAII	🟡	🟡	🟡*	🟡	🟡	🟡	-	🟡
IDAHO	🟡	🟡	🟡	🟡	🟡	🟡	ASLP-IC, EMS, IM/IC, NLC, OT, PSY, PTC	🟡

- CCHP Continues to monitor the State level efforts and updates their documents regularly:
- <https://www.cchpca.org/policy-trends/>
- Regional Legislation and Regulation Tracker here:
<https://track.govhawk.com/reports/2zV8Y/public>



DEA's Proposed Rules on Telemedicine Controlled Substances Prescribing after the PHE Ends

<https://www.foley.com/en/insights/publications/2023/02/deas-telemedicine-controlled-substances-phe-ends>

On February 24, 2023, the Drug Enforcement Agency announced proposed rules for prescribing controlled substances via telemedicine after the COVID-19 Public Health Emergency expires. The [proposed rules](#) were open for public comment for thirty days, after which DEA will issue final regulations.

<https://connectwithcare.org/wp-content/uploads/2023/03/DEA-Special-Registration-Rule-Ryan-Haight-Act-White-Paper-Foley-Lardner-March-2023.pdf>

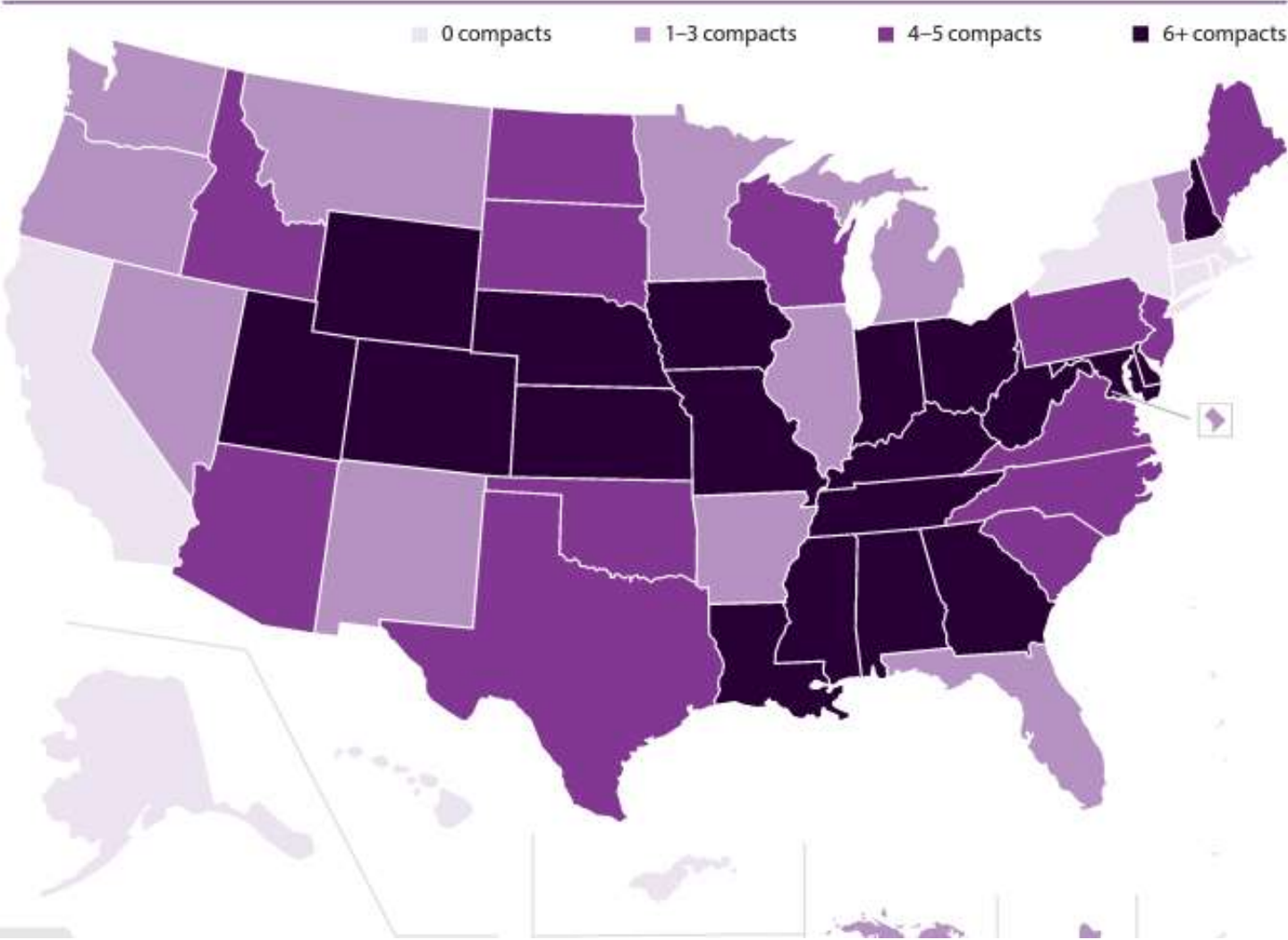
“The recently released proposed rule does not satisfy DEA’s obligation as directed by the Ryan Haight Act and the SUPPORT Act to implement a telemedicine special registration process enabling practitioners to prescribe controlled substances via telemedicine without a prior, in-person medical evaluation.”

Policy and Federal Regulation Resources

- Center for Connected Health Policy: <https://www.cchpca.org/>
 - 50 State Policy Tracker: <https://www.cchpca.org/all-telehealth-policies/>
 - Annual Report: <https://www.cchpca.org/2023/01/FALL-2022-WEBINAR-SERIES-SUMMARY-REPORT.pdf>
 - DEA Related Materials:
 - <https://www.cchpca.org/resources/dea-proposed-regulations-post-phe/>
 - <https://mailchi.mp/cchpca/diving-deeper-into-the-dea-telehealth-proposed-regulation-requirements-medicare-faqs-state-updates>
- DEA TelePrescribing Considerations Decision Tree: <https://www.dea.gov/sites/default/files/2023-02/Prescription%20Controlled.pdf>
- DEA Highlights for Medical Practitioners: https://www.dea.gov/sites/default/files/2023-02/Telehealth_Practitioner_Narrative.pdf

Licensure Compacts

Interstate Licensure Compacts



What is an Interstate Compact?



Legislatively enacted agreement among states



Cooperatively addresses shared problems



Versatile and proven policy tool



Applicable across policy areas, including occupational licensure

Interstate Compact Models



Mutual
Recognition
(Multistate
License)

Mutual
Recognition
(Privilege to
Practice)

Expedited
Licensure

Authority to
Practice



Current Licensure Compacts

**Interstate Medical
Licensure Compact**

- 39 states

**Nurse Licensure
Compact**

- 39 states

**Physical Therapy
Compact**

- 34 states

**Psychologists
Compact**

- 34 states

**Audiology and
Speech-Language
Pathology Compact**

- 23 states

**Emergency Medical
Services Compact**

- 22 states

**Occupational
Therapy Compact**

- 22 states

Counseling Compact

- 17 states

**Advanced Practice
Registered Nurse
Compact**

- 3 states



Compacts Resources

- **Council of State Governments, National Center for Interstate Licensure (NCIC)**
- <https://compacts.csg.org/>
- <https://compacts.csg.org/wp-content/uploads/2020/11/Compact-Resource-Guide-1-1.pdf>
- https://compacts.csg.org/wp-content/uploads/2020/11/OL_Compacts_InAction_Update_APR_2020-3.pdf



Building Accessible Telehealth

- As you invest in permanent changes to include telemedicine in your practice, consider using a telemedicine platform that has capacity to add a third party, for example an interpreter for someone who is deaf, or a remote care provider for a patient with an intellectual disability.
- Consider reasonably modifying your pre-telemedicine appointment practices to allow for additional time to provide a patient with a visual or intellectual disability extra assistance with using the video platform technology.

Source: [Webinar](#), Disability Rights Section, Civil Rights Division, U.S. Department of Justice, October 26, 2020

- **NEW Federal Guidance: <https://www.hhs.gov/sites/default/files/guidance-on-nondiscrimination-in-telehealth.pdf>**

Overview

Definitions

Disability (ADA):

1) a person who has a physical or mental impairment that substantially limits one or more major activities; or 2) a person who has a history or record of such an impairment; or 3) a person who is perceived by others as having such an impairment

Telehealth (NCTRC):

“a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunication technologies”

Prevalence of People Living with Disabilities

- CDC: 61 million adults in the United States are living with a disability, with 1 in 4 adults having some type of disability
- According to the National Center for Health Statistics, approximately 15% of American adults (37.5 million) aged 18 and over report some trouble hearing.
- 2018 National Health Interview Survey reveal that roughly 13% of adult Americans reported having trouble seeing or that they are blind or unable to see completely
- Adults living with disabilities are more likely to have obesity, diabetes, and heart disease. Many of these conditions require chronic management that can be overseen via telehealth

Practical Recommendations:



- 1) **Take inventory** – do products/services/factors required to provide effective telehealth services to patients meet basic accessibility requirements for people with disabilities?
- 2) **Consider compatibility of assistive technology** (e.g. alternative keyboards) used by the patient and whether they can work effectively with your chosen telehealth modality.
- 3) **Learn about and incorporate** accessibility features into practice (e.g. Communication Access Real-time Translation (CART) Captioning built into video conferencing platforms or provided via separate weblink).
- 4) **Consider** important role a **patient’s caregiver, family member, or home health aide** may play during the telehealth visit.
- 5) Increase your knowledge/awareness related to **cultural competency and linguistic sensitivity**.

Practical Recommendations:



- 6) **Contact or survey patients with disabilities** about their accessibility requirements. **Don't assume one size fits all!**
- 7) **Develop understanding** that if a person does not have appropriate accommodations that provide effective communication, they cannot truly participate in an equal conversation about their care, cannot fully carry out orders as prescribed and cannot truly give valid consent.
- 8) **Allow accommodations request** to be made through user friendly means, and confirm to the patient when the accommodation has been secured.
- 9) Provide an alternative way for the patient to communicate with the provider if communication accommodations are not working (e.g. text or email).
- 10) **Allow patients to provide feedback** from the appointment on accessibility. Provide a follow up survey that asks specifically about accessibility and use feedback to make improvements.

Effective Communication



Covered entities (e.g. healthcare providers) must ensure that communication with people with disabilities is as effective as communication with others. They must provide auxiliary aids and services to ensure effective communication with people who have hearing and vision disabilities. It is never the patient's responsibility to provide their own accommodations or to pay for accommodations.

Examples of auxiliary aids/services for people who are deaf or have hearing loss:

- Qualified sign language interpreter
- Deaf Interpreter Team
- Qualified cued-speech interpreter
- Qualified tactile interpreter
- Communication Access Real-time Translation (CART) captioning
- Video remote interpreting (VRI)
- Written materials including appt notes/post appt instructions

Examples of auxiliary aids/services for people who are blind or have vision loss:

- Qualified reader
- Information in large print, Braille, or electronically for use with a computer screen-reading program
- Audio recording of printed information

Source: Disability Rights Section. Civil Rights Division, U.S. Department of Justice. (2020). Accessibility in Telehealth

Tips When Treating Patients who are Blind or Have Vision Loss



- 1) Be aware of your background. There needs to be contrast between you and your background. Blurring the background may make it challenging for the patient.
- 2) Ensure lighting is bright enough in order for the patient to clearly see your face.
- 3) Include simplified and enlarged text.
- 4) Ensure patient has a computer-screen reading program for transmission of electronic information.
- 5) If possible, provide an audio recording of printed information provided during the appointment.¹¹

Tips When Treating Patients with Physical/Developmental Disabilities¹²



- 1) You may need to work directly with the patient in their home if the goal is to provide on-going care via telemedicine.
- 2) Consider consulting with certified assistive technology professionals or rehabilitation engineers to develop tools for the patient to interact with required technologies.

Resources: ADA and Accessible Healthcare

ADA National Network 1-800-949-4232 (voice/TTY/relay)

- Information, guidance and training to “make it possible for everyone with a disability to live a life of freedom and equality.”
- Customized regional and national trainings on the ADA
- Accessible Health Care - www.adata.org/factsheet/accessible-health-care
- Health Care and the ADA - www.adata.org/factsheet/health-care-and-ada
- ADANN Webinar Series: Health Care and the ADA - Inclusion of Persons with Disabilities - www.adapresentations.org/healthcare/schedule.php

Region 1 – New England ADA Center 1-800-949-4232 (voice/TTY/relay)

Resources: ADA and Accessible Healthcare

North Carolina DHHS Telehealth Guidance and Resources: Communication Access for Deaf, Hard of Hearing and DeafBlind Patients and their Providers:
<https://www.ncdhhs.gov/dsdhh/telehealth-resources>

Telebehavioral Health and SUD Resources

- **HHS Best Practice Guide: [Tele-treatment for substance use disorders](#)**
- **Mid-Atlantic Telehealth Resource Center (MATRC) Telebehavioral Health Center of Excellence (TBHCOE): <https://tbhcoe.matrc.org/>**
- **National Institutes of Health (NIH)- Ask Suicide Screening Questions (ASQ) Model <https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml#resource> ; NIH ASQ [Patient Resource List](#).**
- **Center of Excellence for Integrated Health Solutions** (Funded by Substance Abuse and Mental Health Services Administration (SAMHSA) Operated by the National Council for Behavioral Health)
<https://www.thenationalcouncil.org/integrated-health-coe/resources/>
- **National Alliance on Mental Illness (NAMI)- Mental health Training for Providers <https://www.nami.org/Support-Education/Mental-Health-Education/NAMI-Provider>**

NETRC Region Mental Health Care Payer Grid

- <https://netrc.org/work-group/resources/Telehealth%20Policy%20and%20Reimbursement/January%20Telehealth%20Payer%20Resources-NETRC.pdf>



NETRC Training Resources



NETRC Telehealth Classroom!

- TeleSUD TxRs Toolkit
- Telehealth for Primary Care Toolkit
- Telehealth for Community Health Workers (CHWs) Toolkit

NEW and Now Available:

- Developing a School Based Telebehavioral Health Program
- Telehealth Toolkit for SUD and OUD Services
- Achieving Quality in Telehealth

Check These Out as Well!
[NETRC Telehealth Resource Library](#)
[CTRC Telehealth Course Finder](#)



SAVE THE DATE

NETRC  **2023**

CHARTING YOUR COURSE FORWARD

September 18-19, 2023
Nashua NH

Visit <https://conference.netrc.org> for More Information
& Stay Tuned for Registration Details!

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Want to Learn More?



Danielle Louder
Program Director, NETRC
Co-Director, MCD Public Health
Email: DLouder@mcdph.org



Reid Plimpton, MPH
Program Manager, NETRC
Email: Rplimpton@mcdph.org



Thank You!