MEDICAID & STATE TELEHEALTH POLICY:

The Webinar Series

STATE LICENSURE

JUNE 10, 2022

Center for Connected Health Policy

THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

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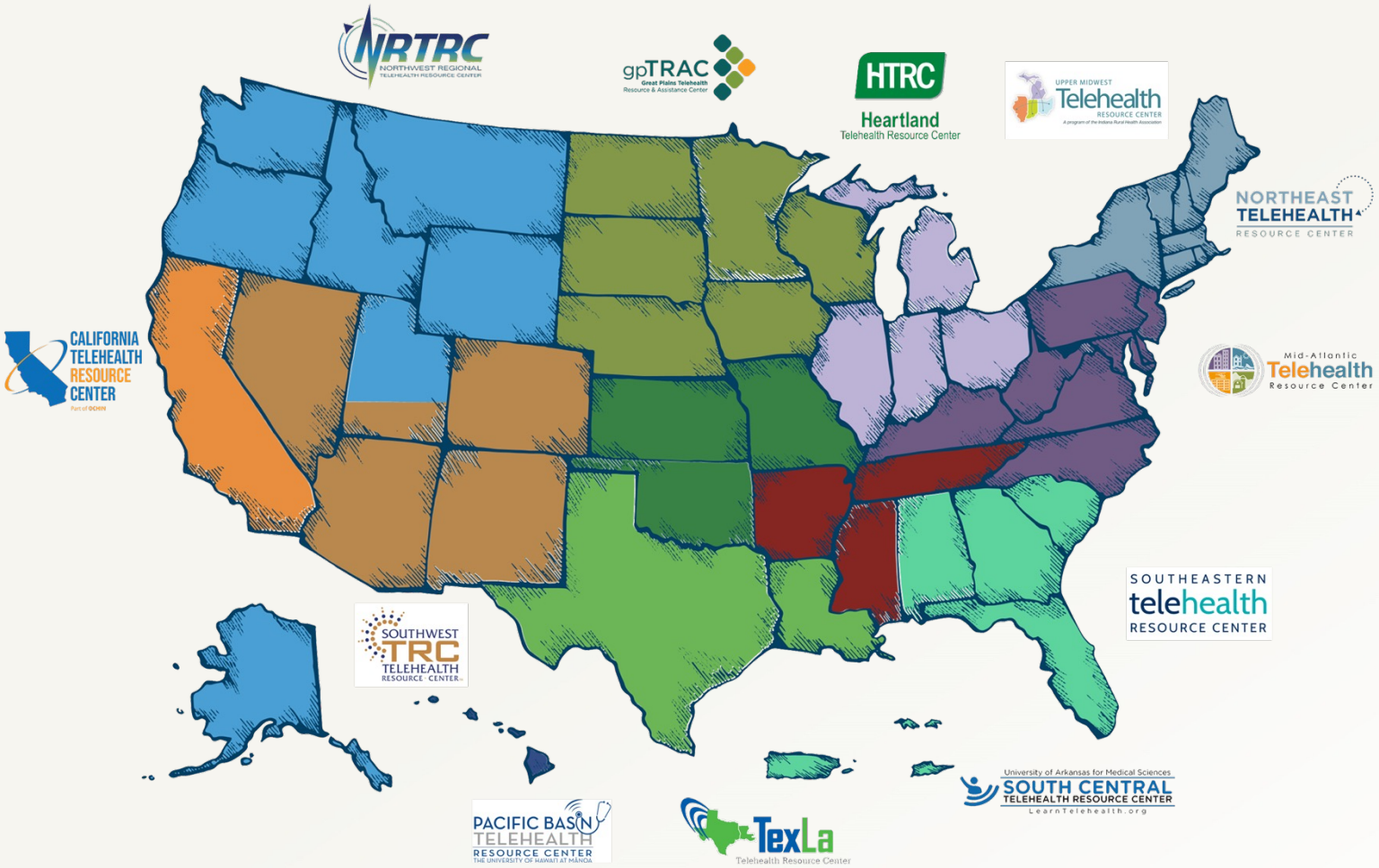
- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.
- Today's webinar will be recorded and slides presented here will be made publicly available as resources at cchpca.org.
- Closed captioning is available.
- Please refrain from political statements or advertising commercial products or services during this webinar.

ABOUT CCHP

- Established in 2009 as a program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA
- Work with a variety of funders and partners on the state and federal levels
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition

NATIONAL CONSORTIUM OF TRCS



TRC

TELEHEALTH
RESOURCE CENTERS

Center for Connected Health Policy
The National Telehealth Policy Resource Center

Telehealth & Medicaid: A Policy Webinar Series

June 17, 2022: Private Payer Laws

June 24 2022: Substance Use Disorders

Image source: American Psychological Association

This webinar series was made possible by grant number GA5RH37470 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, U.S. Department of Health & Human Services.

Today's Speakers

Lisa A. Robin
Chief Advocacy Officer
Federation of State Medical Boards

Janet P. Orwig, MBA, CAE
Executive Director
PSYPACT

Brian Hasselfeld, MD
Medical Director, Digital Health and Telemedicine, Office of Johns Hopkins Physicians
Primary Care Physician, Internal Medicine and Pediatrics
Johns Hopkins Community Physicians

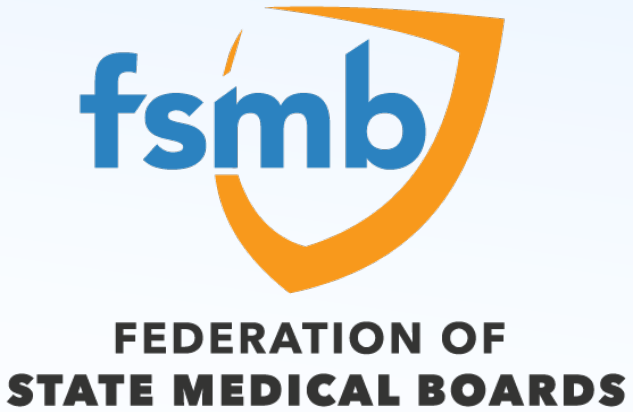
Heidi Ross
Vice President, Policy and Regulatory Affairs
National Organization for Rare Disorders

Center for Connected Health Policy
The National Telehealth Policy Resource Center

CCHP Webinar Series: Telehealth and State Licensure

Lisa Robin
Chief Advocacy Officer
Federation of State Medical Boards
June 10, 2022

Federation of State Medical Boards (FSMB)



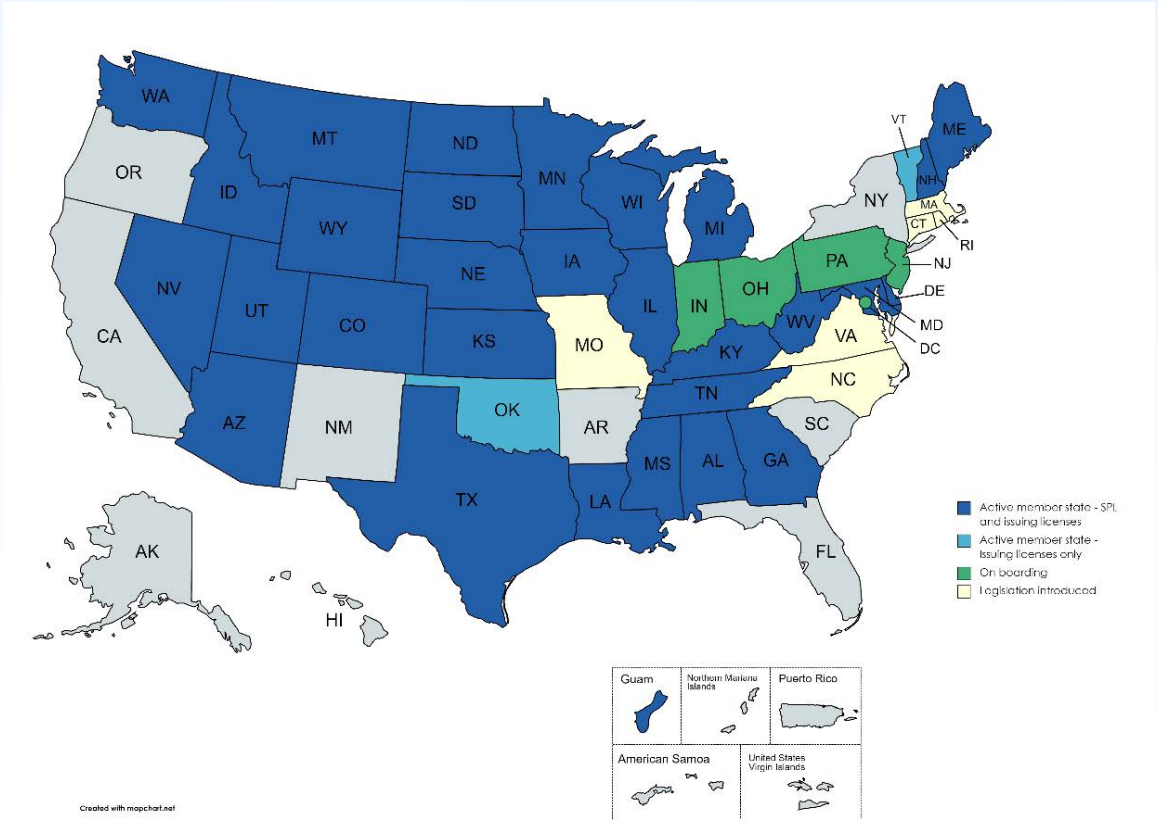
- Founded in 1912, we are the national, non-profit organization that represents all 70 of the state medical and osteopathic boards across the United States
- State medical boards **protect the public** through the licensing, disciplining and regulation of 1 million+ physicians, PAs, and other health care professionals
- FSMB **supports state medical boards** through education, assessment, research and advocacy and promotes regulatory best practices across states

Achieving License Portability through Interstate Compacts

- A contract between compact states
- Constitutionally authorized
- Retains state sovereignty on issues traditionally reserved to state jurisdictions
- Commission established to coordinate cooperation

Interstate Medical Licensure Compact

Member States



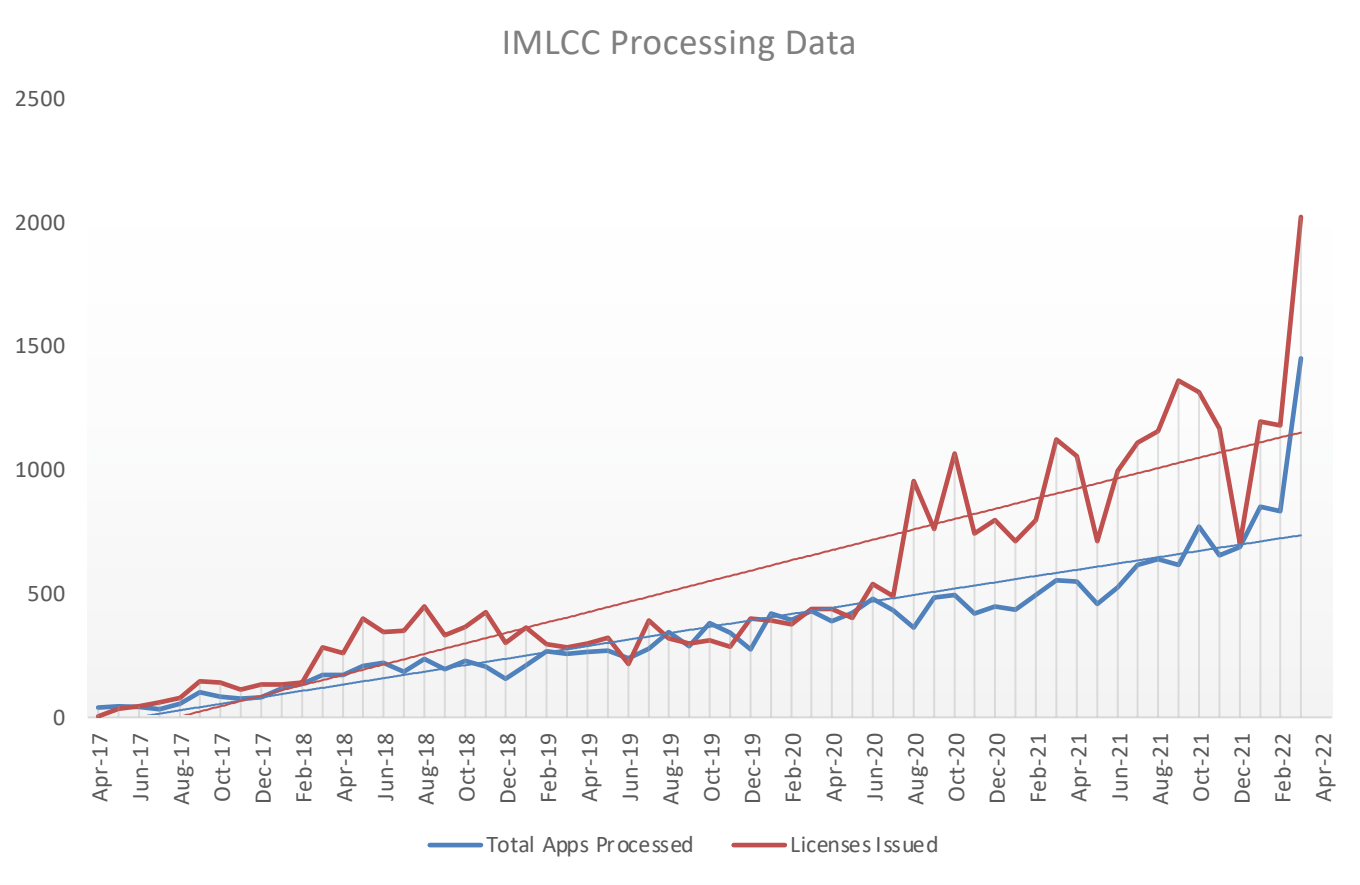
Status

- Active – SPL and issuing licenses
  - AL, AZ, CO, GA, GU, IA, ID, IL, KS, KY, LA, MD, ME, MI, MN, MS, MT, ND, NE, NH, NV, SD, TN, TX, UT, WA, WI, WV, WY
- Active – Issuing licenses only
  - OK, VT
- On boarding
  - CT, DC, IN, NJ, OH, PA

IMLC Eligibility

- Graduate of an accredited medical school
- Passed USMLE or COMLEX within 3 attempts
- Completed approved GME
- Holds ABMS or AOA specialty certification or a time-unlimited specialty certificate
- Possesses a full and unrestricted license to practice medicine in a IMLC Member state
- Has no criminal history
- Has no disciplinary action by a licensing agency
- Has never had a controlled substance registration suspended or revoked by the DEA
- Is not under active investigation by a licensing agency or law enforcement authority

Processing Information – Cumulative Numbers



April 1, 2017 to May 31, 2022

- Applications Processed = >23,000
- Licenses Issued = >35,000

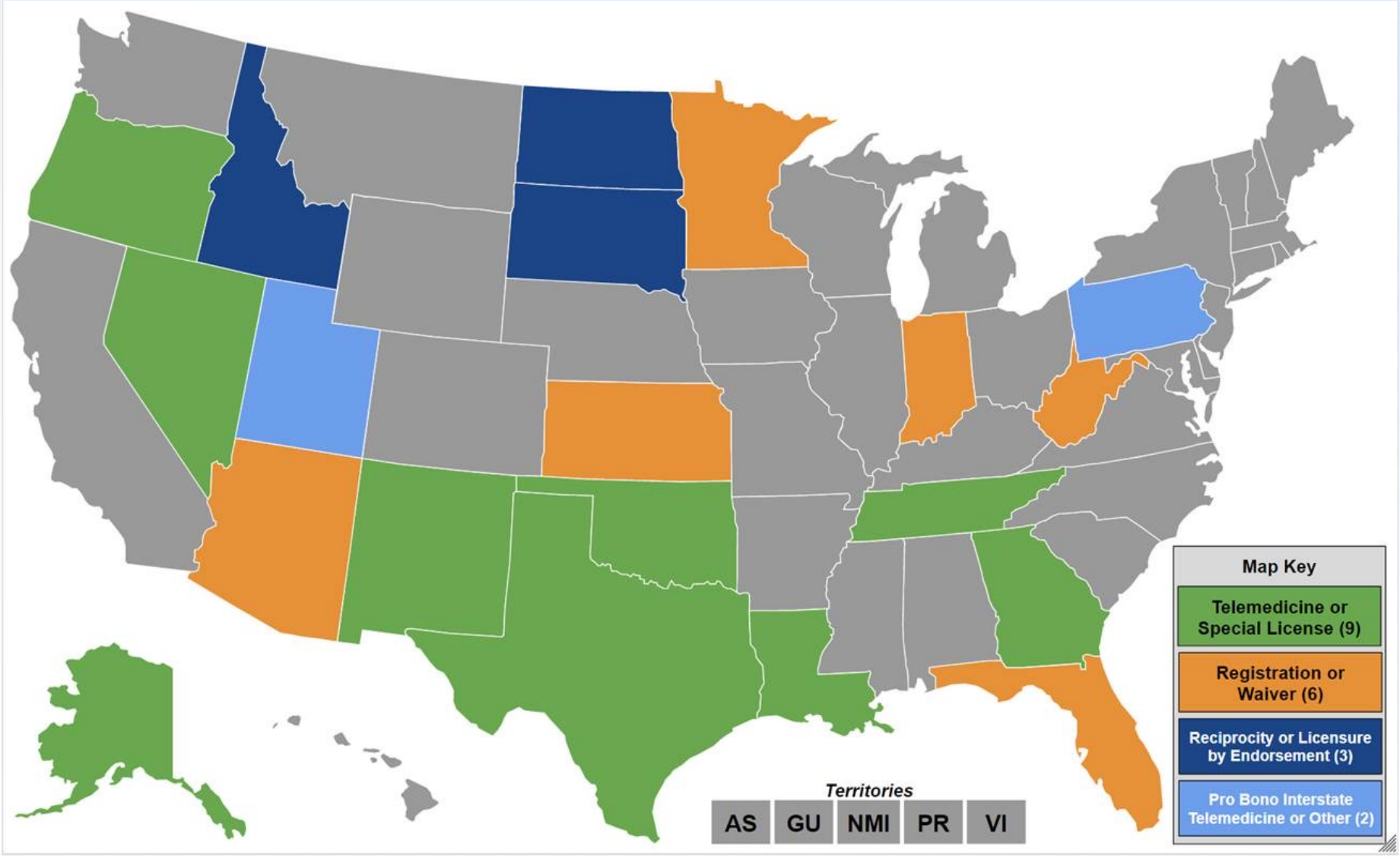
PA Licensure Compact

- Partners:
  - Supported by a grant from HRSA's License Portability Grant Program
  - FSMB, American Association of Physician Associates (AAPA), National Commission for Certification of Physician Assistants (NCCPA) and Council of State Governments National Center for Interstate Compacts (CSG NCIC)
  - Model Legislation developed, distributed and comments reviewed
  - Final version expected by the end of June

Other Licensure Models Addressing Portability

- Universal Licensure
- Regional Licensure

States with Permanent Interstate Telemedicine



The Appropriate Use of Telemedicine Technologies in the Practice of Medicine (adopted 4/30/22)

- Supersedes FSMB 2014 policy.
- Recognizes that when utilized and deployed effectively as a seamlessly integrated part of healthcare delivery, telemedicine can improve access and reduce inequities in the delivery of healthcare. To be effective, certain barriers must be eliminated or reduced, such as literacy gaps, access to broadband internet, and coverage and payment of telemedicine services.

The Appropriate Use of Telemedicine Technologies in the Practice of Medicine (adopted 4/30/22)

- Telemedicine is only one component of the practice of medicine;
- Certain exceptions may permit the telemedicine across state lines without the need for licensure in the states where the patient is located;
- The same standard of care and professional ethics apply. Failure to follow appropriate standard of care or professional ethics while using telemedicine may subject the practitioner to discipline by the medical board.

Thank You!

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Telepsychology & State Licensure: PSYPACT

CCHP State Telehealth Policy Webinar Series: Summer 2022

Janet Orwig, MBA, CAE

6/10/2022

What is ASPPB

- Association of State and Provincial Psychology Boards
- State/provincial/territorial psychology regulatory boards/colleges in the United States and Canada
- 65 member jurisdictions
- Services to licensing boards, applicants for licensure/registration, licensed psychologists
- The international source of information and resources for the regulation and licensure/registration of psychologists

A Map of ASPPB's History with Licensure Portability

Agreement of Reciprocity

Credentials Bank

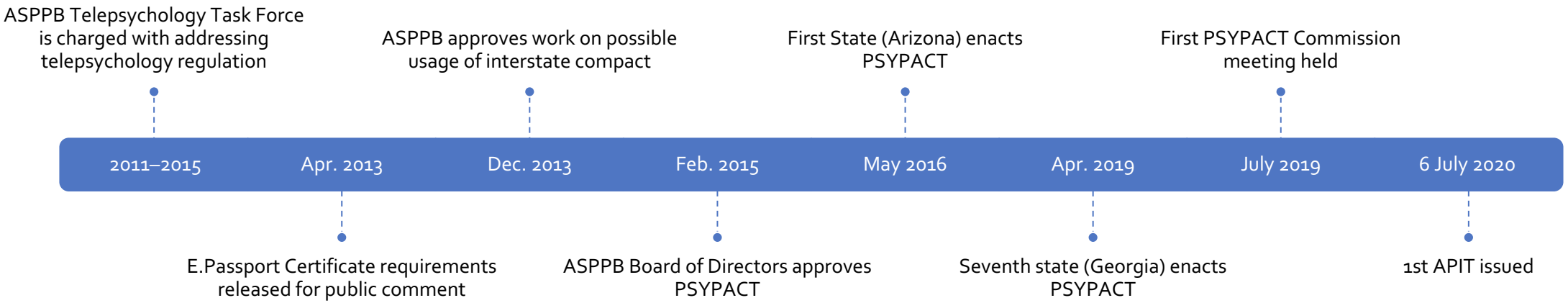
Certificate of Professional Qualification in Psychology (CPQ)

Interstate Compact

Compacts for Mental Health Professionals

- PSYPACT – Licensed Psychologists – 33 jurisdictions
- Counseling Compact – Licensed Professional Counselors -10 jurisdictions
- Social Work – Under Development (expected 2023)

Psychology Interjurisdictional Compact (PSYPACT)



History of PSYPACT

Why a Compact

ADDRESS VARIATIONS IN LAWS AMONG JURISDICTIONS

ADDRESS DISCIPLINARY PROCESSES ACROSS JURISDICTION LINES

ADDRESS INCONSISTENCIES IN LICENSURE REQUIREMENTS FOR TELEPSYCHOLOGY

PSYPACT

Designed to regulate:

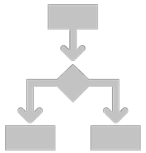
- The day-to-day practice of **telepsychology across state boundaries**

and/or

- The **temporary in-person, face-to-face** practice of psychology for up to 30 days annually

Benefits of PSYPACT

Increases client/patient access to care



Facilitates continuity of care when client/patient relocates, etc.

Ability to readily know legal requirements

Promotes cooperation across PSYPACT states in the area of licensure and regulation

Offers a higher degree of consumer protection across state lines

PSYPACT: Starting Point

PSYPACT became operational when seven states enacted PSYPACT into law.

The Commission, the governing body of PSYPACT, was formed.

As new states enact they join the Commission.

Each PSYPACT participating state has one representative.

Bylaws and Rules need to be created by Commission.

PSYPACT states communicate and exchange information including verification of licensure and disciplinary sanctions.

Adopted Bylaws

Promulgated Rules

Policies and Procedures

Approved Annual Budget

Elect Executive Board

Establish standing committees

Work of the Commission

Important PSYPACT Terms to Know

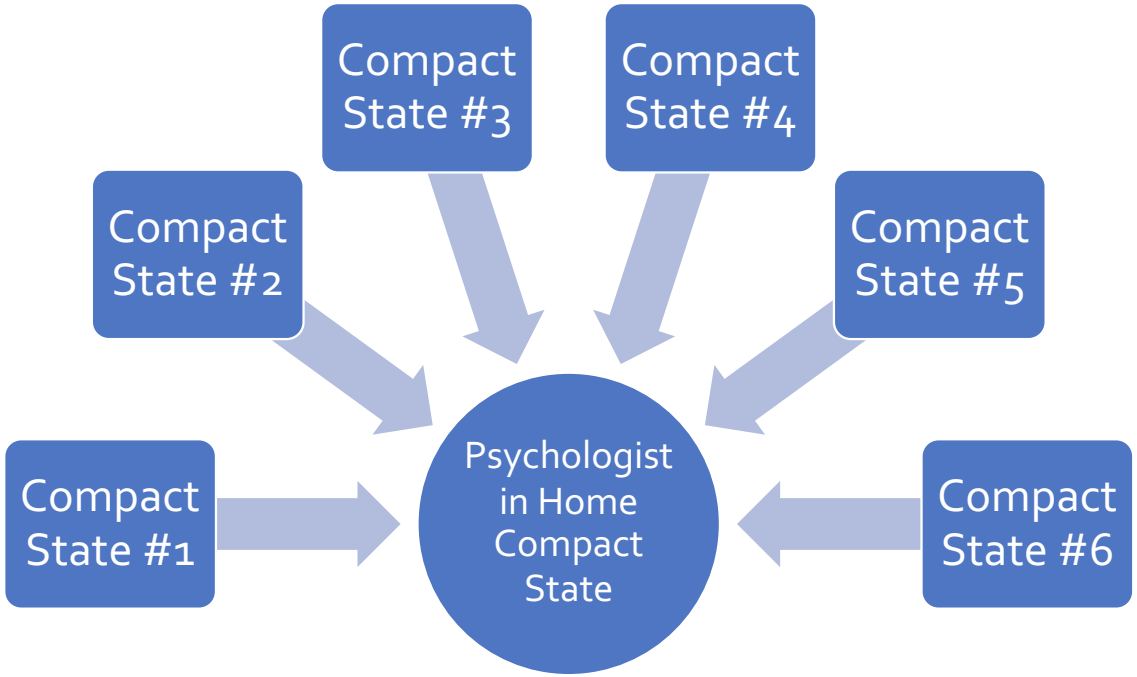
- Telepsychology: the provision of psychological services using telecommunication
- Home State: the state where the psychologist is licensed
- Receiving State: the state where the client/patient is physically located when the services are delivered
- Authority to Practice Interjurisdictional Telepsychology: a licensed psychologist's authority to practice telepsychology within the limits authorized under PSYPACT

A psychologist practicing into a Receiving State under the authority of PSYPACT will be subject to the Receiving State's scope of practice

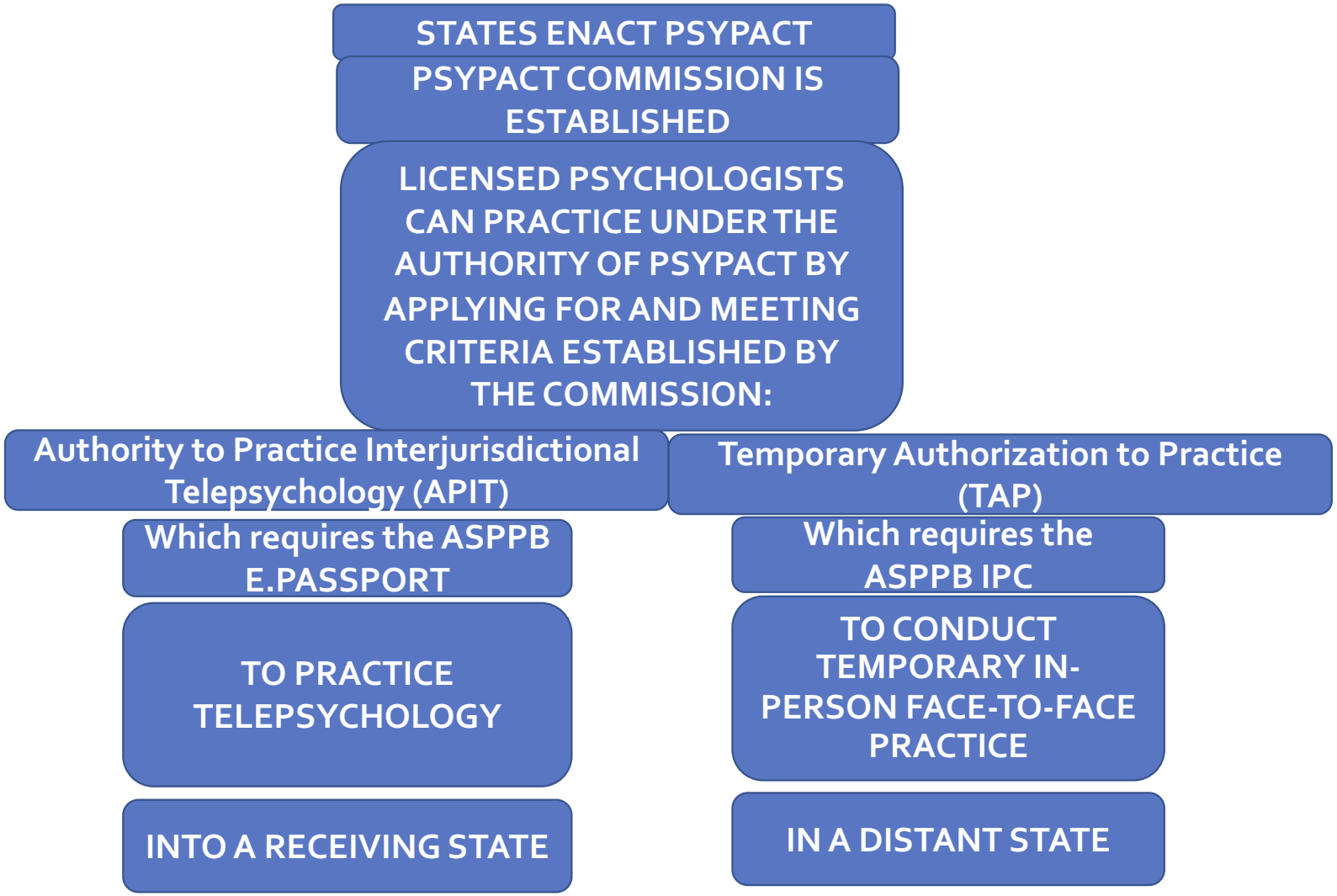
For the purpose of regulating telepsychology through PSYPACT, the practice of psychology takes place where the practitioner psychologist is located and licensed

How Telepsychology Works under PSYPACT

How Practice Works



Away We Go: How PSYPACT Works



PSYPACT & Commission Requirements for APIT

ACCEPTABLE GRADUATE DEGREE IN PSYCHOLOGY

CURRENT FULL AND UNRESTRICTED LICENSE IN A COMPACT STATE

NO HISTORY OF ADVERSE ACTION

PROVIDE CURRENT, ACTIVE E.PASSPORT

MEET OTHER CRITERIA ESTABLISHED BY COMMISSION

ASPPB & E.Passport Requirements

E.Passport is an ASPPB Certificate

Commission will have an agreement with ASPPB to provide services regarding the vetting of the E.Passport.

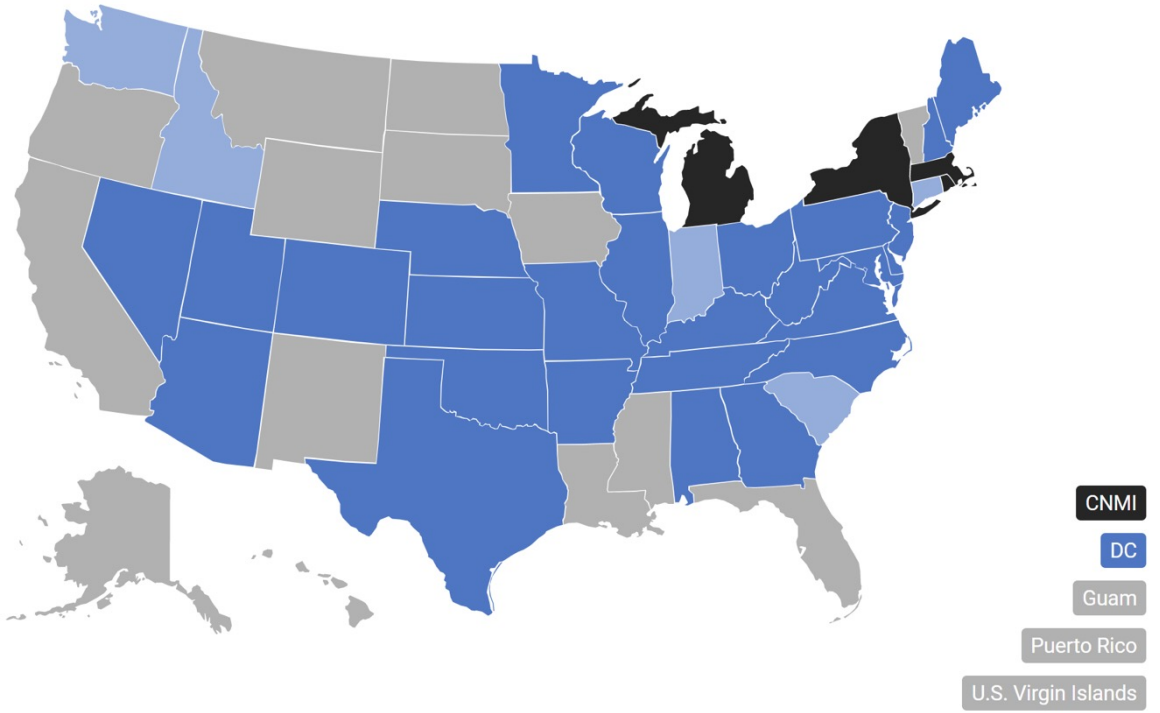
E.Passport Requirements

E.Passport Requirements

- Meet educational standards-doctoral degree from an APA/CPA or Joint Designated program
- Possess a current, full and unrestricted license to practice psychology in a Home State which is a Compact State
- Passing score on the EPPP
- No history of adverse action
- Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification
- Meet other criteria as defined by the Rules of the Commission
- Be held to Guidelines for the Practice of Telepsychology

PSYPACT PARTICIPATING STATES (33 ENACTED, 28 EFFECTIVE)

Alabama - AL SB 102 (Enacted 3/18/2021)
Arizona - AZ HB 2503 (Enacted on 5/17/2016)
Arkansas - AR HB 1760 (Enacted 4/25/2021)
Colorado - CO HB 1017 (Enacted 4/12/2018)
Delaware - DE HB 172 (Enacted 6/27/2019)
District of Columbia - DC B 145 (Enacted 3/16/2021)
Georgia - GA HB 26 (Enacted 4/23/2019)
Illinois - IL HB 1853 (Enacted 8/22/2018)
Kansas - KS SB 170 (Enacted 5/17/2021)
Kentucky - KY HB 38 (Enacted 3/18/2021)
Maine - ME HB 631 (Enacted 6/22/2021)
Maryland - MD HB 970 (Enacted 5/18/2021)
Minnesota - MN SB 193 (Enacted 5/25/2021)
Missouri - MO HB 1719/MO SB 660 (Enacted 6/1/2018)
Nebraska - NE L 1034 (Enacted 4/23/2018)
Nevada - NV AB 429 (Enacted on 5/26/2017)
New Hampshire- NH SB 232 (Enacted 7/10/2019)
New Jersey - NJ A 4205 (Enacted 9/24/2021)
North Carolina - NC 361 (Enacted 7/1/2020)
Ohio - OH S 2 (Enacted 4/27/2021)
Oklahoma - OK HB 1057 (Enacted 4/29/2019)
Pennsylvania - PA SB 67 (Enacted 5/8/2020)
Tennessee - TN S 161 (Enacted 5/11/2021)
Texas - TX HB 1501 (Enacted 6/10/2019)
Utah - UT SB 106 (Enacted on 3/17/2017)
Virginia - VA SB 760 (Enacted 4/11/2020)
West Virginia - WV SB 668 (Enacted 4/21/2021)
Wisconsin - WI A 537 (Enacted 2/4/2022)



Current Status:

ENACTED, NOT YET EFFECTIVE

Washington - WA H 1286 (Enacted 3/4/2022; Effective Date to TBD by Washington Department of Health)
Indiana - IN S 365 (Enacted 3/10/2022; Effective July 1, 2022)
Idaho - ID S 1305 (Enacted 3/23/2022, Effective July 1, 2022)
Connecticut - CT S 2 (Enacted 5/24/2022, Effective October 1, 2022)

ENACTED, UNDER FURTHER REVIEW *(* indicates PSYPACT legislation has been enacted in a state but has not been formally adopted by the PSYPACT Commission. PSYPACT authorizations are not yet valid in this state.)*

South Carolina - SC H 3833

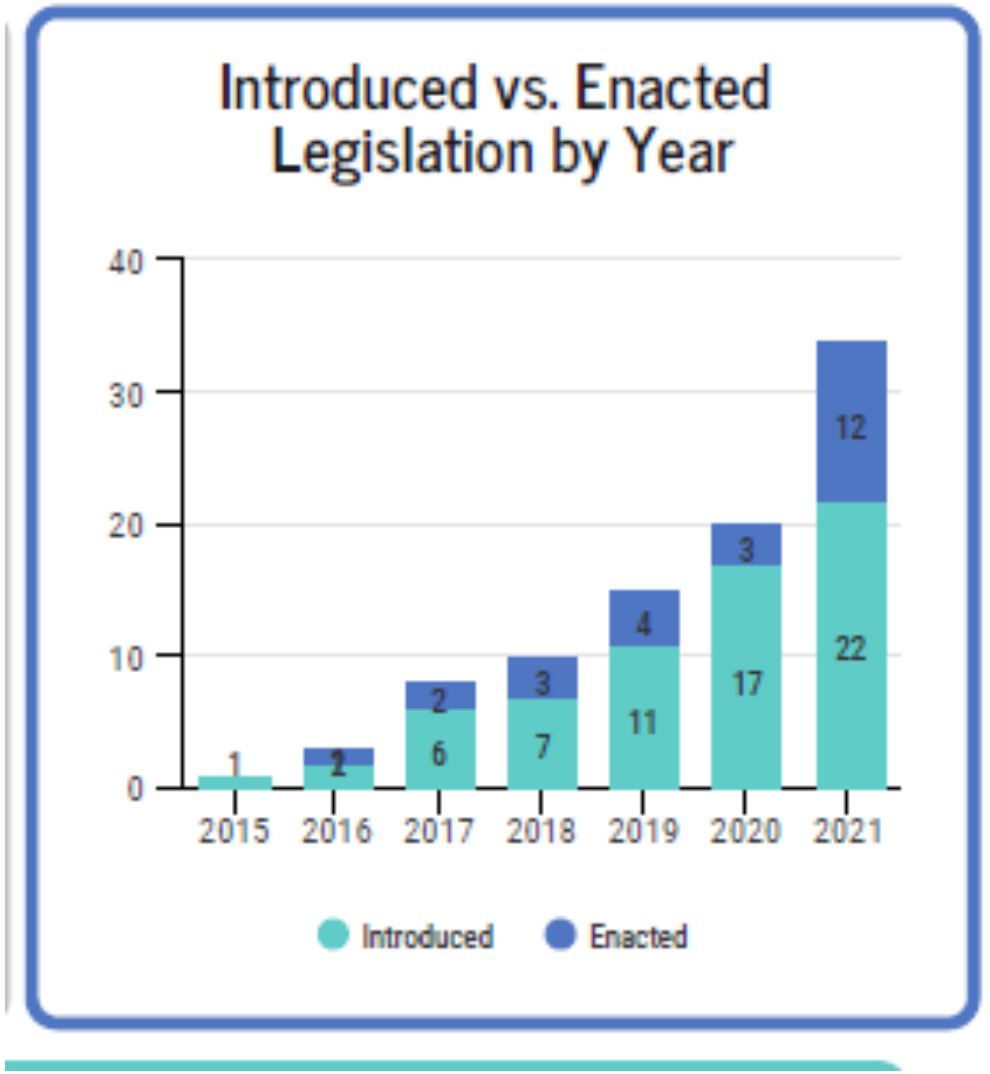
Enacted but Not Effective

ACTIVE PSYPACT LEGISLATION *(*Please note the following states have introduced PSYPACT legislation but have not yet enacted PSYPACT and therefore are not considered PSYPACT participating states.)*

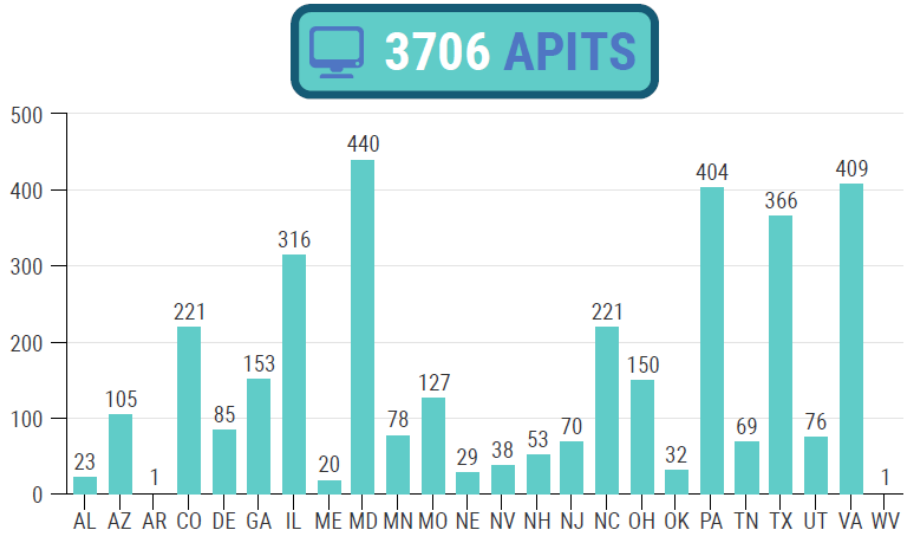
Massachusetts - MA S 2542
Michigan - MI H 5489
Rhode Island - RI H 7501/RI S 2605
Commonwealth of the Northern Mariana Islands - CNMI HB 22-80
New York - NY S 9234

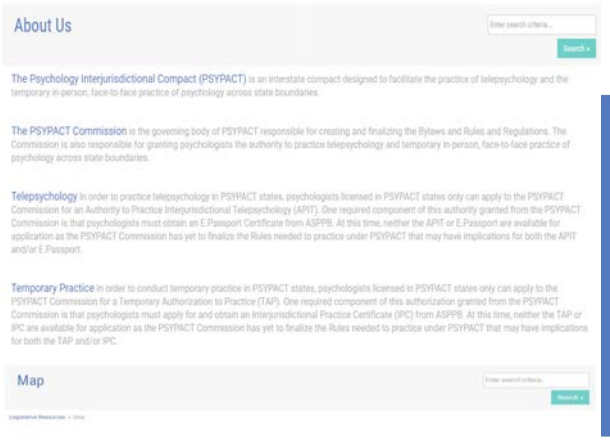
Current Status

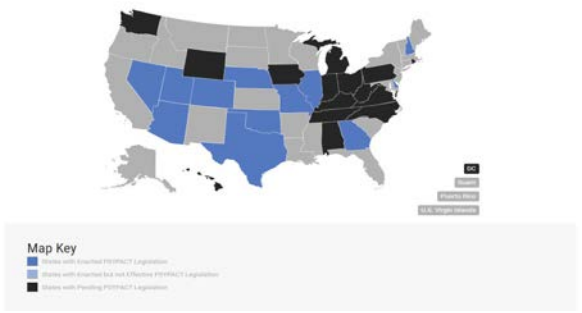
Legislation by Year

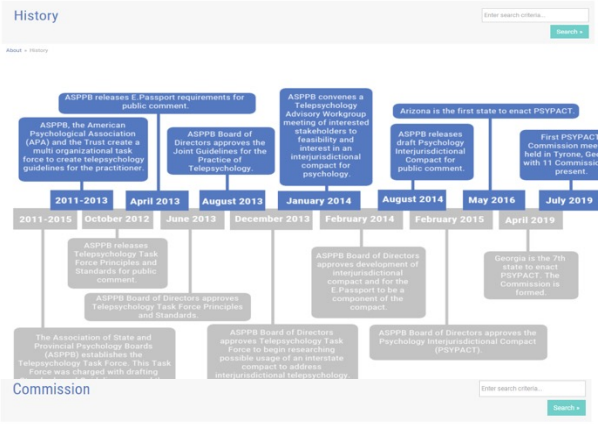


PSYPACT: 2020 Compared to 2021

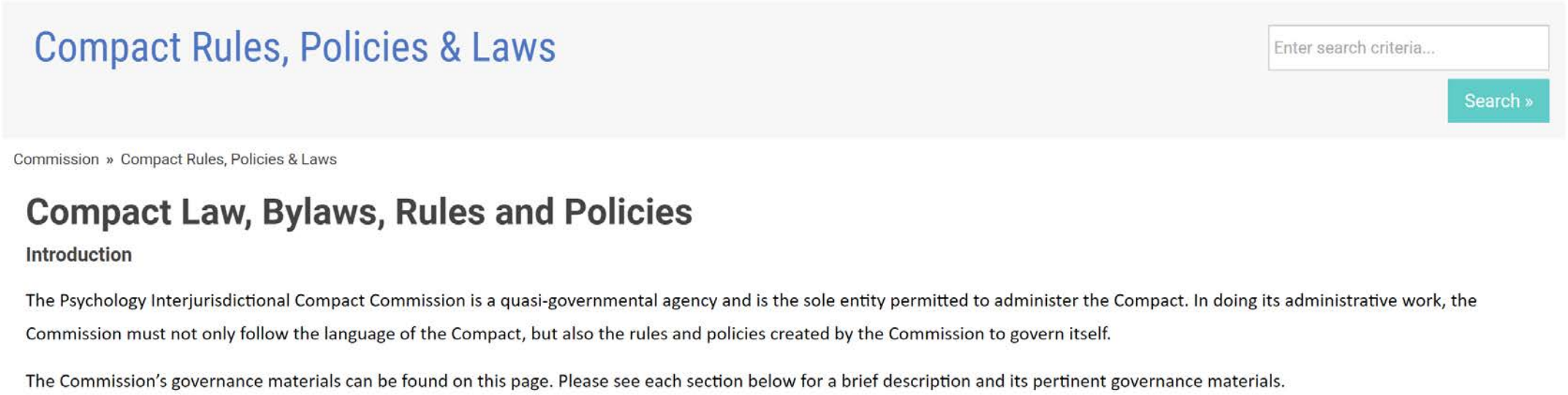








- Visit our Website: www.psypact.org



Compact Rules, Policies & Laws

Enter search criteria...

Search »

Commission » Compact Rules, Policies & Laws

Compact Law, Bylaws, Rules and Policies

Introduction

The Psychology Interjurisdictional Compact Commission is a quasi-governmental agency and is the sole entity permitted to administer the Compact. In doing its administrative work, the Commission must not only follow the language of the Compact, but also the rules and policies created by the Commission to govern itself.

The Commission's governance materials can be found on this page. Please see each section below for a brief description and its pertinent governance materials.

PSYPACT Governing Documents

https://psypact.site-ym.com/page/governance

Verification of PSYPACT Authorizations

PSYPACT is an interstate compact that allows psychologists licensed in PSYPACT to practice telepsychology and/or practice temporarily into other PSYPACT participating states. In order to practice telepsychology under the authority of PSYPACT, a psychologist must have an active Authority to Practice Interjurisdictional Telepsychology (APIT) granted from the PSYPACT Commission. In order to practice temporarily under the authority of PSYPACT, a psychology must have an active Temporary Authorization to Practice (TAP) granted from the PSYPACT Commission. The PSYPACT Commission provides online primary source verification of these authorizations. To view all psychologists holding a current APIT or TAP, use the search by method below to get started. If you have any questions or need any additional information for PSYPACT verifications, contact us at info@psypact.org.

Search by:

Select Method

Show 10 entries

Psychologist Name	States where Licensed*	EPassport Issue Date	APIT Issue Date	EPassport Renewal Date	IPC Issue Date	TAP Issue Date	IPC Renewal Date	Mobility Number

PSYPACT Directory: verifypsypact.org

Thank you!

For further information please contact:

- Janet Orwig (jorwig@asppb.org

telemedicine

Telehealth: Patient-Centered Data Review

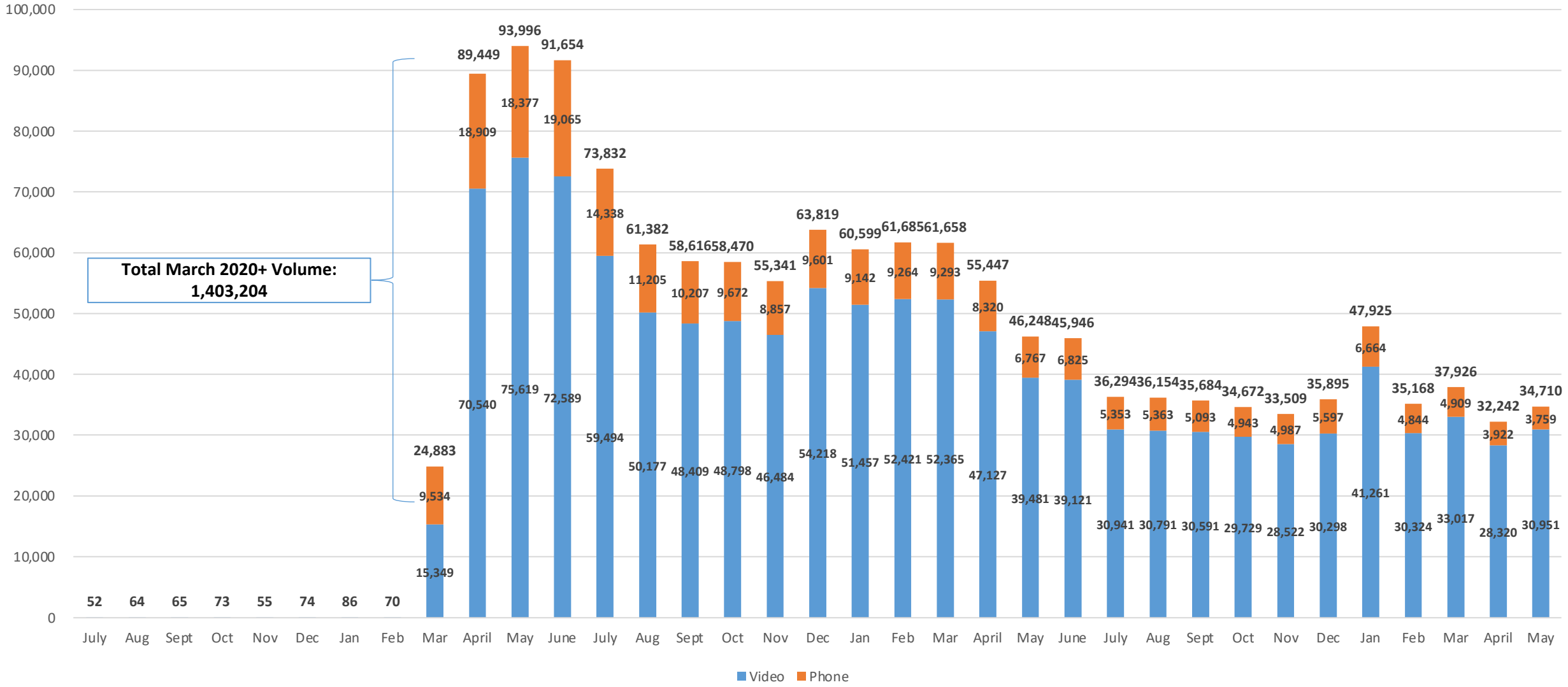
June 10th, 2022

Brian Hasselfeld, MD – Medical Director, Digital Health and Telemedicine

JOHNS HOPKINS
MEDICINE

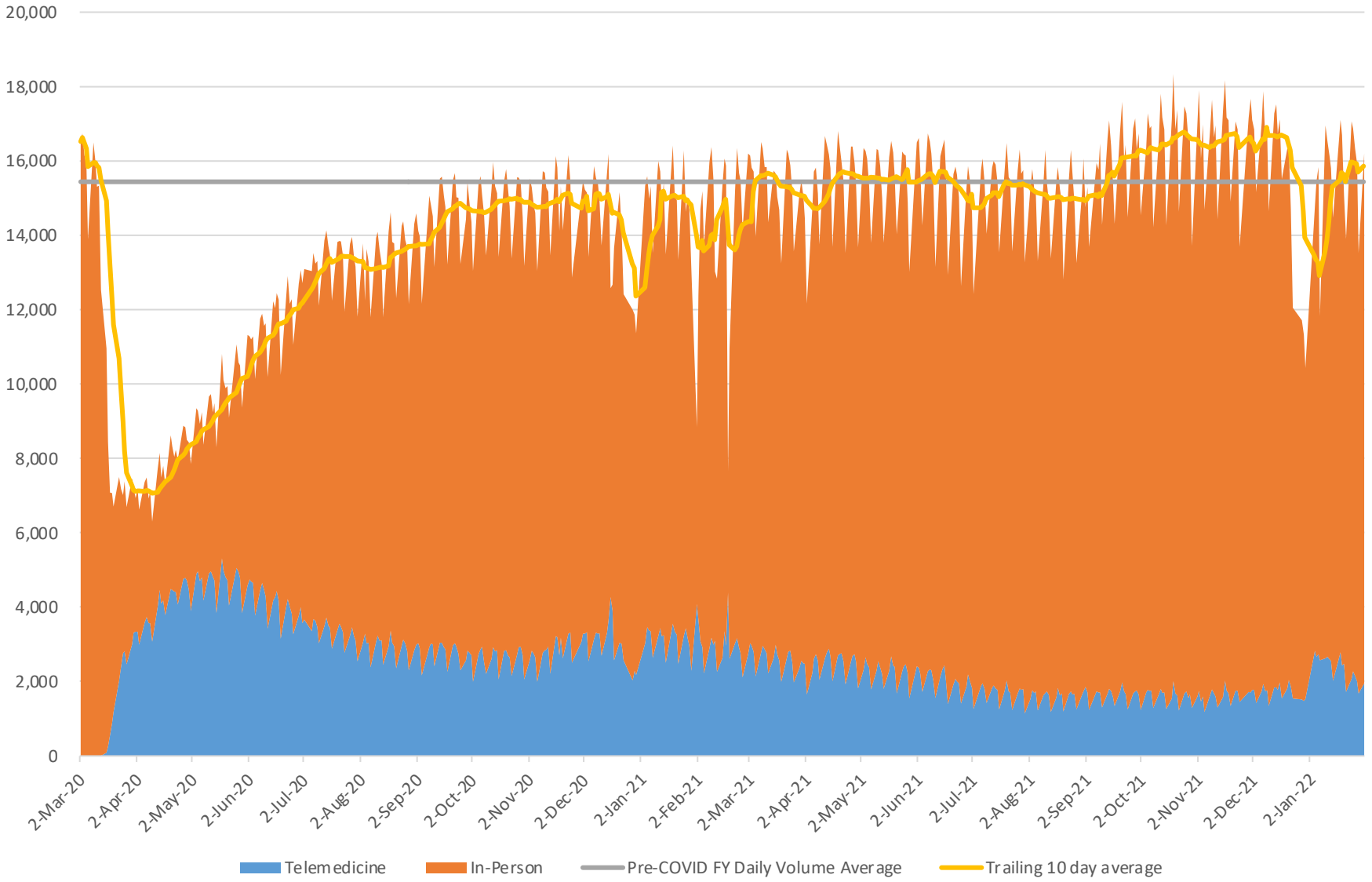
Telemedicine Visit Volume Trends

Monthly Comparison



Telemedicine Visit Volume Trends

In-Person vs. Telemedicine Comparison

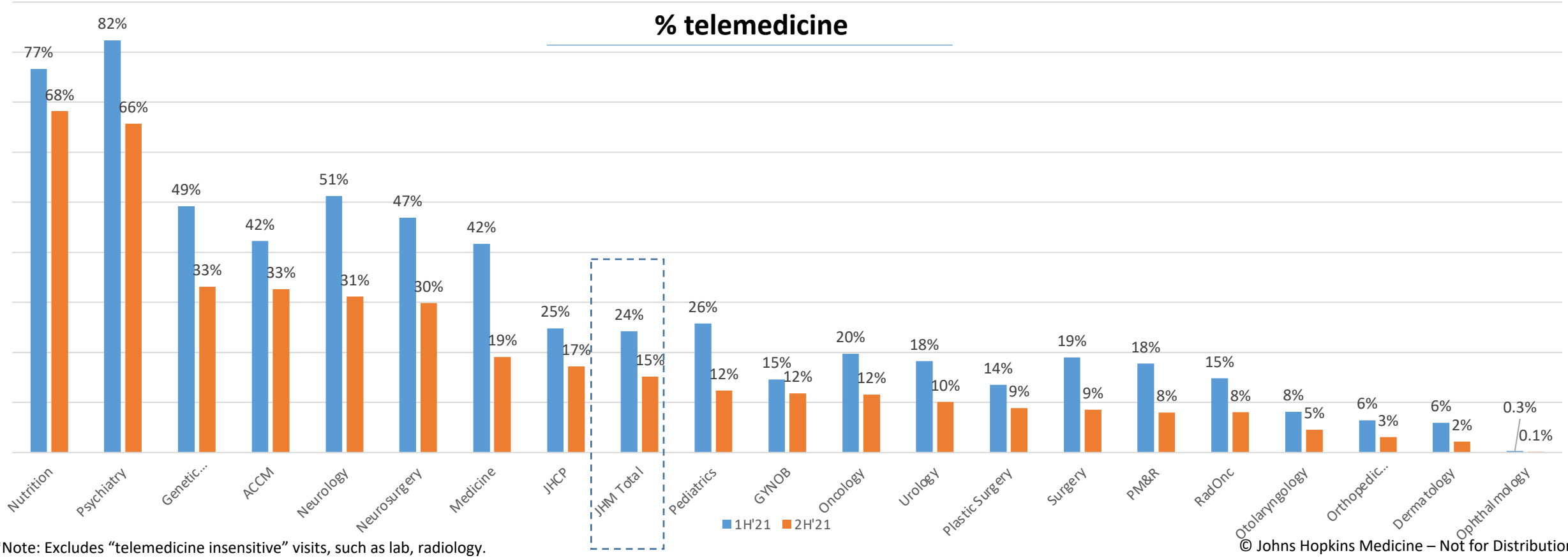


- Telemedicine has generally been substitutive care during pandemic
- Trailing 10 day daily average visits (yellow) tracking to pre-COVID daily average in 2021 (gray)

Telemedicine vs. In-Person Visits

Ambulatory Volume

- When excluding "telemedicine insensitive" areas (i.e., Lab, Radiology), telemedicine visits have been approximately **20%** of "telemedicine sensitive" ambulatory care in CY'21
- Care remains distributed across **multiple primary care and subspecialty verticals**
- High percentage users of telemedicine: mental / behavioral health, but also **advanced specialties** like **genetics, anesthesia / pre-operative medicine, neurology, and neurosurgery**



*Note: Excludes "telemedicine insensitive" visits, such as lab, radiology.

Patient Satisfaction with Telemedicine
Testimonials

"Telemedicine has been **the most transformational way to access health care** - it is **efficient**, and **personal** - seems that the provider is more focused on speaking with you and determining the plan of care. I **would prefer all visits to be virtual** and then come in if necessary (e.g. removal of a mole, etc)."

- ✓ Personal and efficient
- ✓ Preference for most visits, only in-person when necessary

"Telemedicine has been a **lifesaver**, especially for me who is **immunocompromised**, affording me the opportunity to receive medical care **without the fear of exposure**."

- ✓ Safer for those at risk of infection
- ✓ Decreased fear of exposure

"I think that telemedicine and or video visits offer patients and practitioners the **maximum flexibility** to deal with **various situations** not only COVID-19 but code red air quality, inclement weather, etc. As well for **sick children and elderly** people for whom going to medical office might be an additional hassle or pain."

- ✓ Not just for the pandemic
- ✓ Benefits for many patient populations and circumstances

Source: Select quotes from JHM patient surveys

Patient Satisfaction with Telemedicine (cont'd)
Testimonials

"Getting into my online video visit was easy, but unfortunately I was in Virginia at the time, so I had to drive 20 minutes into Maryland, **which was tedious and seemed unnecessary"**

"I live in Virginia. To have virtual visit with a doctor they said I have to be in Maryland. **That is absurd and extremely inconvenient** for out of state patients"

"I am grateful for this and **find telehealth liberating for people with disabilities**. I live in another state and don't drive. This is an amazing way for me to get to Hopkins for the care that I need… **people who have had my illnesses probably are grateful not to have the added travel cost and time, lodging cost and time, time away from work**. Thank you for making telehealth so awesome… Let me know if I can reach out to the state of Virginia so that this service continues as appropriate for people who cannot be treated in my state as they can be treated at Hopkins"

- Patients, their medical relationships, and their medical needs are dynamic
- There is little ability to fully predict when and where a patient may be when a new or established patient issue arises, and patients expect (demand) flexibility in accessing care – rightfully so

Source: Select quotes from JHM patient surveys

Telehealth and Health Equity

COMMENTARY

A Process for Developing a Telehealth Equity Dashboard at a Large Academic Health System Serving Diverse Populations

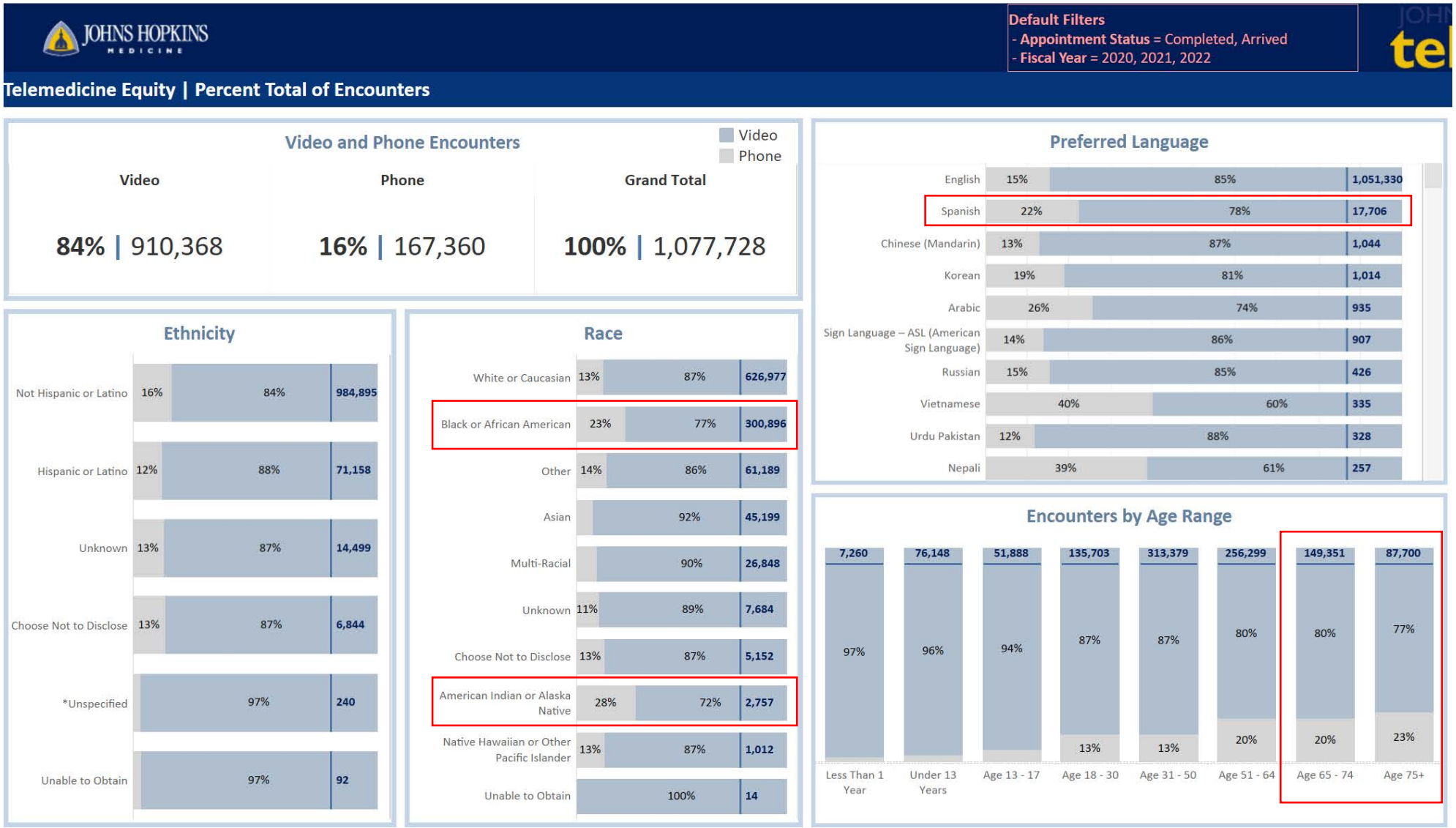
Helen K. Hughes, MD, MPH
Brian W. Hasselfeld, MD
Lisa A. Cooper, MD, MPH
Rachel L. J. Thornton, MD, PhD
Yvonne Commodore-Mensah, PhD, MHS, RN

Abstract: Johns Hopkins Medicine (JHM) rapidly implemented telehealth system-wide as part of its COVID-19 pandemic response. In a four-month period (January–May, 2020), video visits across the system increased more than 1,000-fold (from approximately 80 to 80,000 per month). For vulnerable populations, telehealth may reduce or exacerbate disparities in access to and quality of care. To enhance equity in telehealth access, we must assess,

 Journal of Health Care for the Poor and Underserved 32 (2021): 198–210.

Telemedicine Modality – Video vs Phone

July 2020 – April 2022



Telemedicine Modality – Video vs Phone

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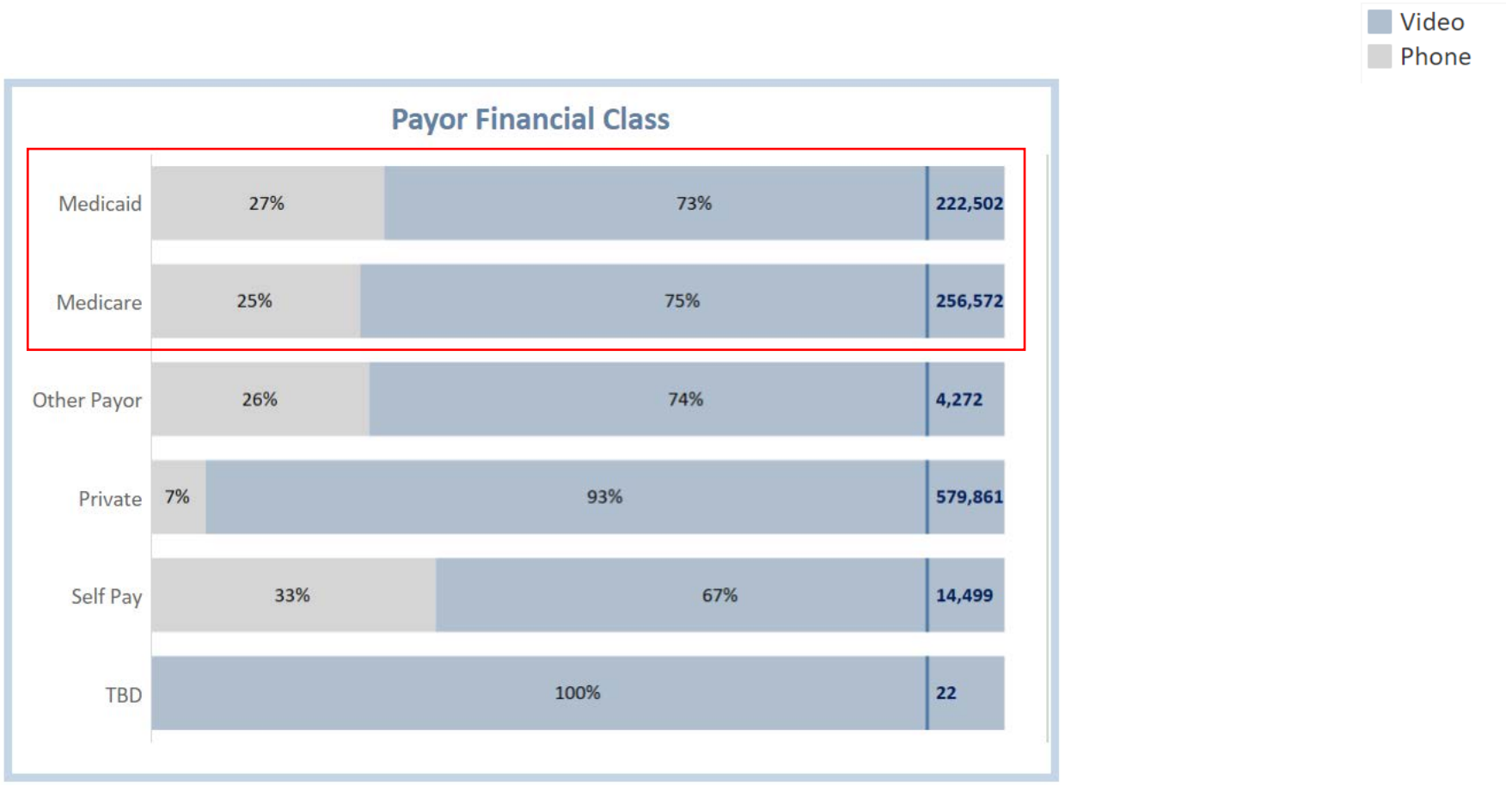
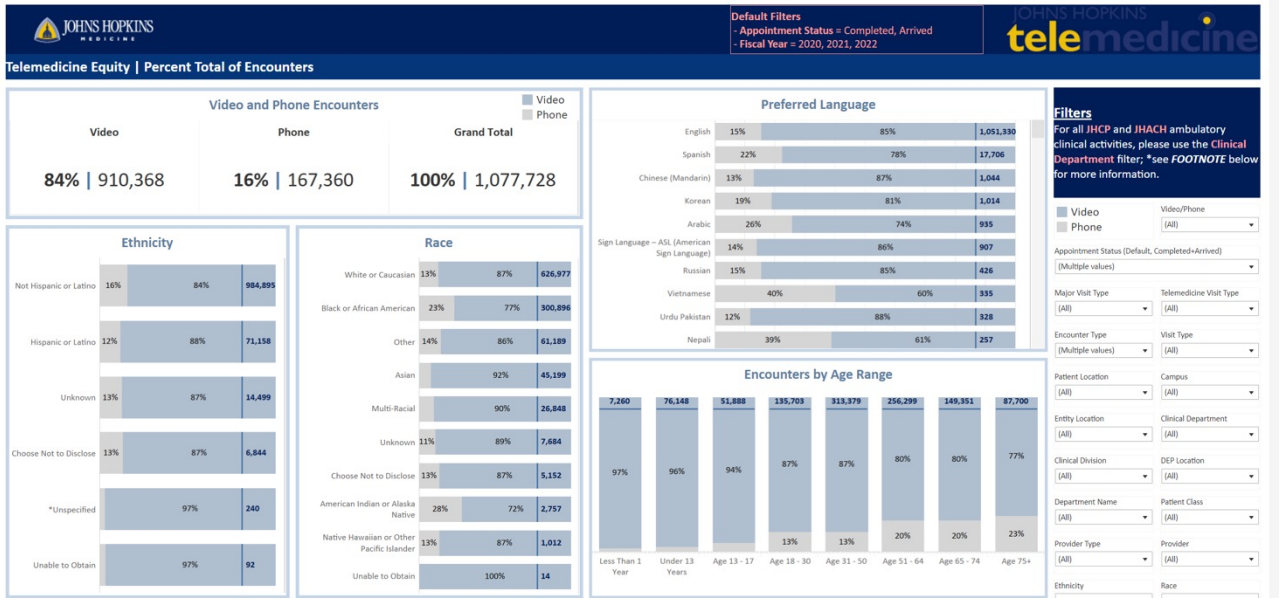


Telemedicine Equity Dashboards

Telemedicine Equity Dashboard
How Patients Access Telemedicine



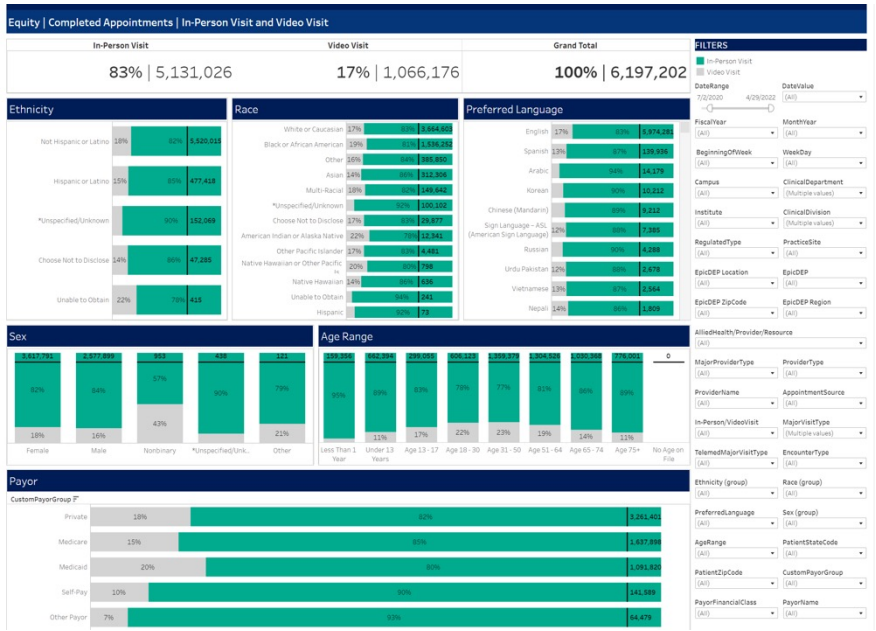
% phone

$$\frac{\text{\# phone encounters}}{\text{\# telemedicine encounters}}$$

% video

$$\frac{\text{\# video encounters}}{\text{\# telemedicine encounters}}$$

In-Person vs Telemedicine Dashboard
How Patients Access Outpatient Care



% telemedicine visit

$$\frac{\text{\# telemedicine encounters}}{\text{\# total encounters}}$$

% in person visit

$$\frac{\text{\# in person encounters}}{\text{\# total encounters}}$$

*Note: Excludes “telemedicine insensitive” visits, such as lab, radiology.

Telemedicine Utilization Overall

July 2020 – April 2022

All Outpatient Encounters

In-Person Visit	Video Visit	Grand Total
83% | 5,185,601	17% | 1,069,761	**100%** | 6,255,362

Telemedicine Encounters

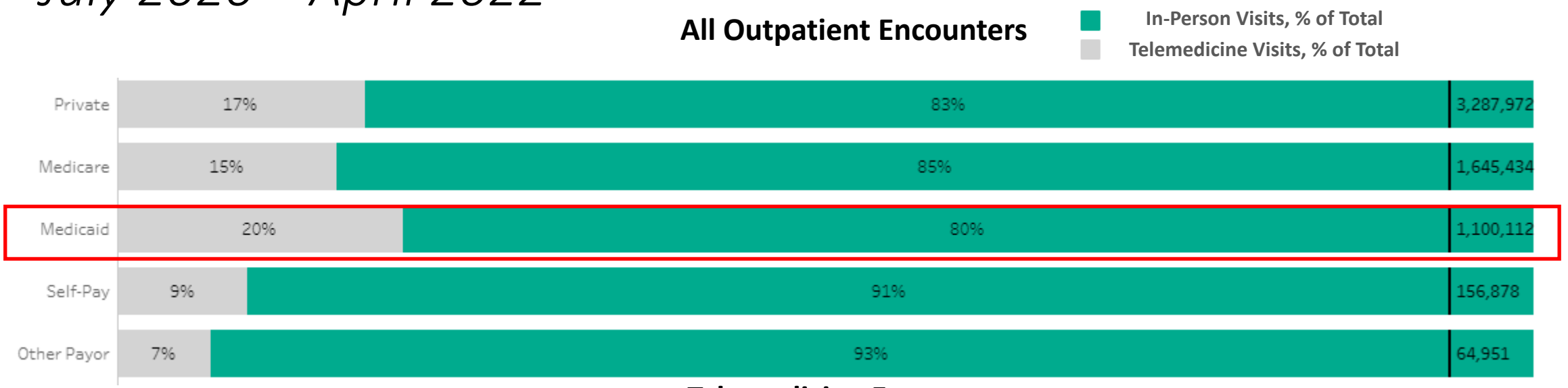
Video and Phone Encounters

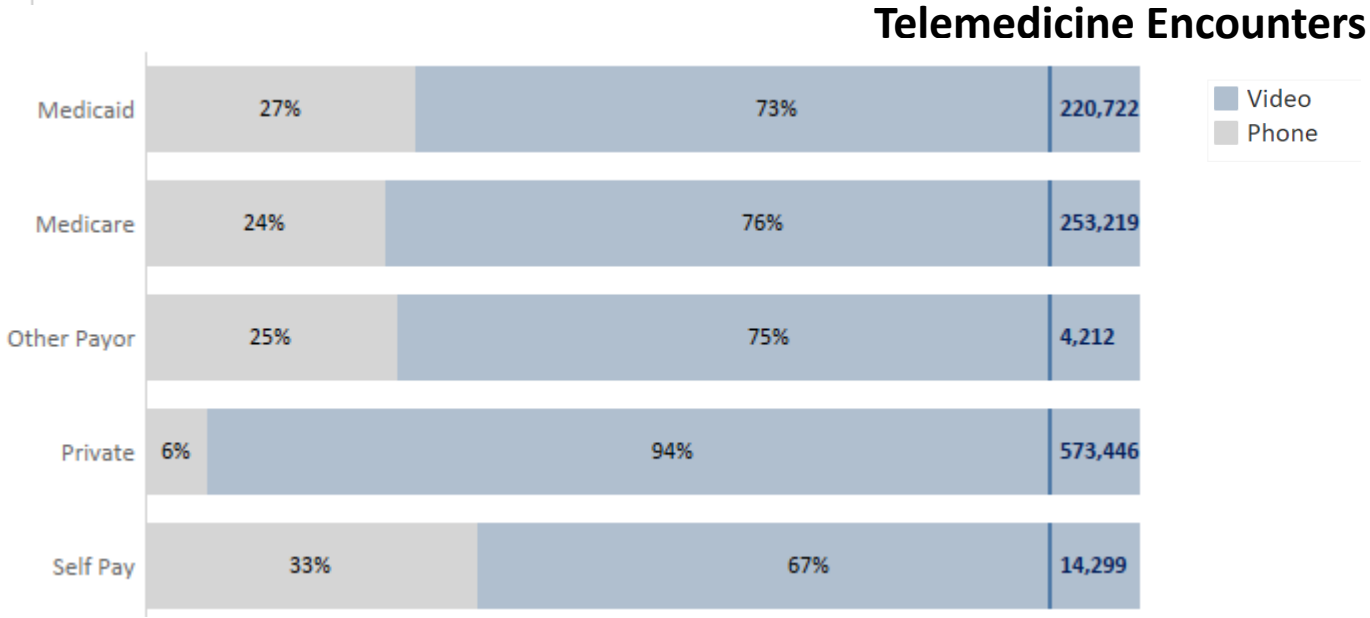
Video
Phone

Video	Phone	Grand Total
85% | 902,470	**15%** | 163,442	**100%** | 1,065,912

Telemedicine Utilization by Payor

July 2020 – April 2022



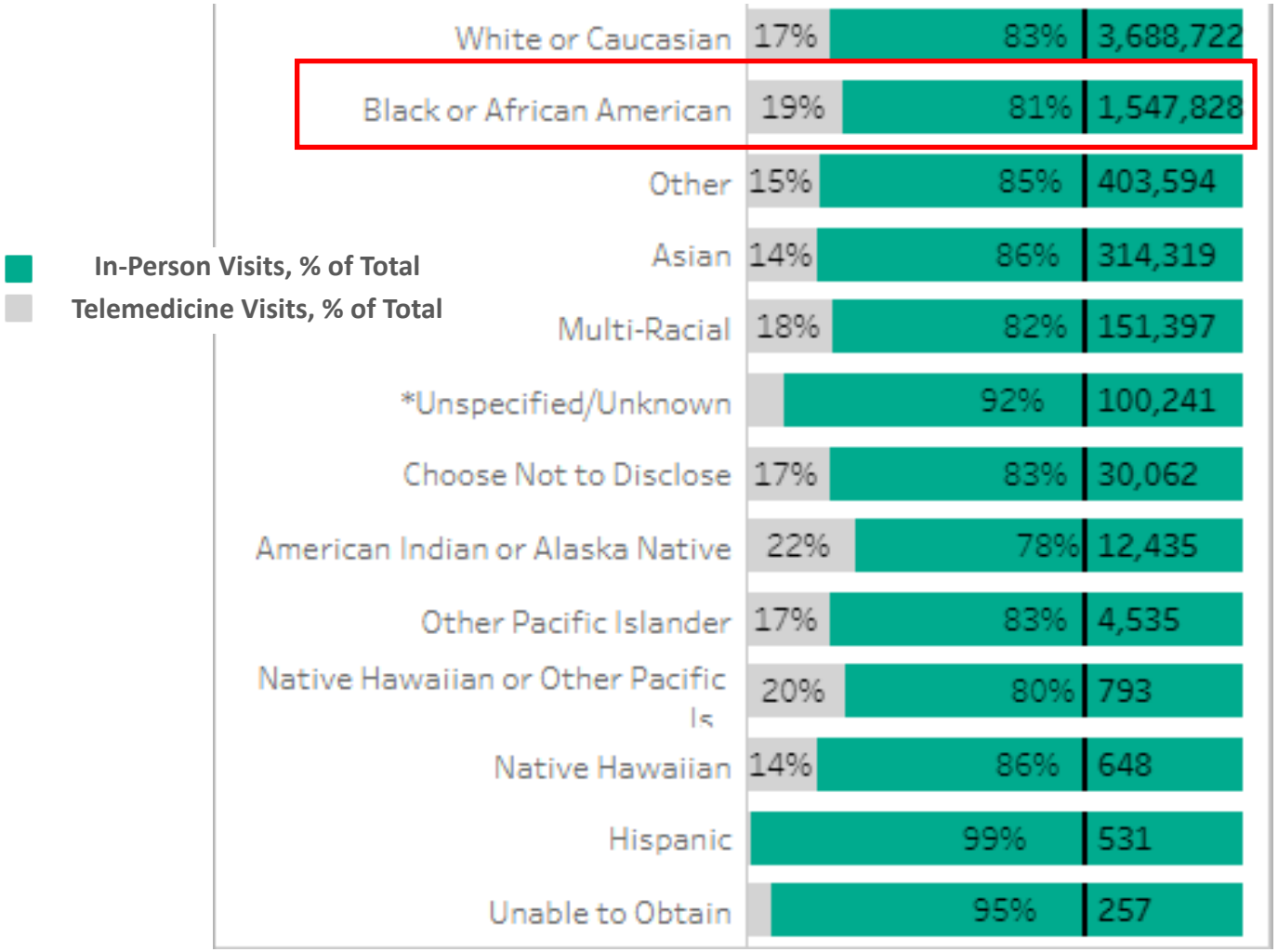


- Patients with Medicaid have used higher rates of telemedicine than those insured by Medicare or Commercial / Private payors
- However, they have also required meaningfully higher rates of audio-only care

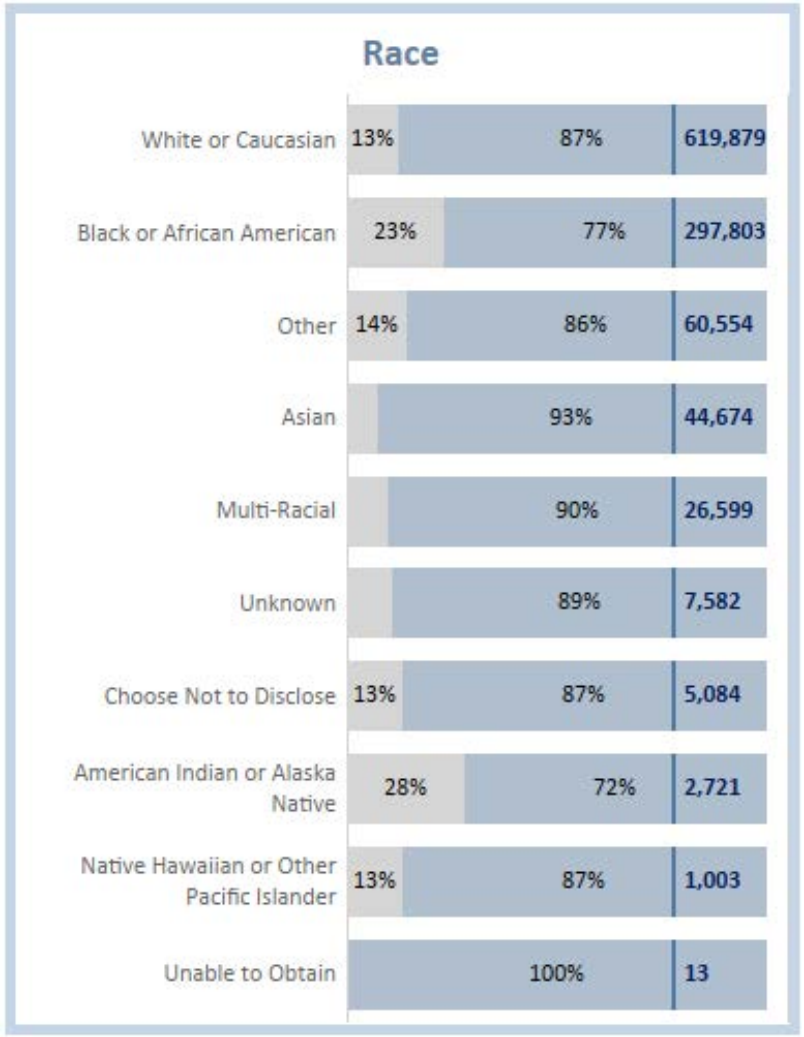
Telemedicine Utilization by Race

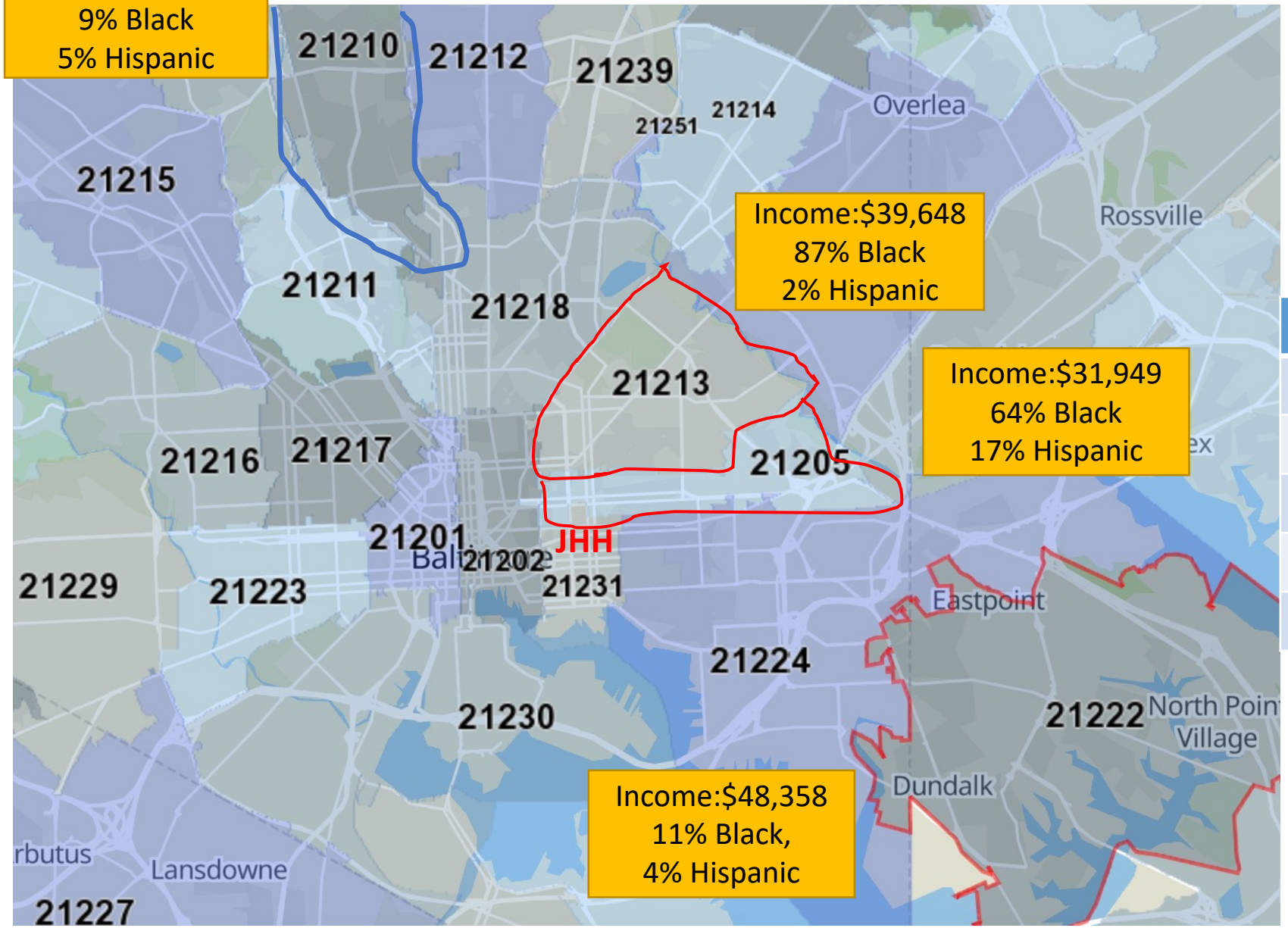
July 2020 – April 2022

All Outpatient Encounters



Telemedicine Encounters





July 2020 – April 2022

All Ages

Zip Code	% TM/All	%Phone/TM
All	**17%**	**16%**
21213	**21%**	**41%**
21205	**23%**	**37%**
21222	**22%**	**36%**
21210	**17%**	**10%**

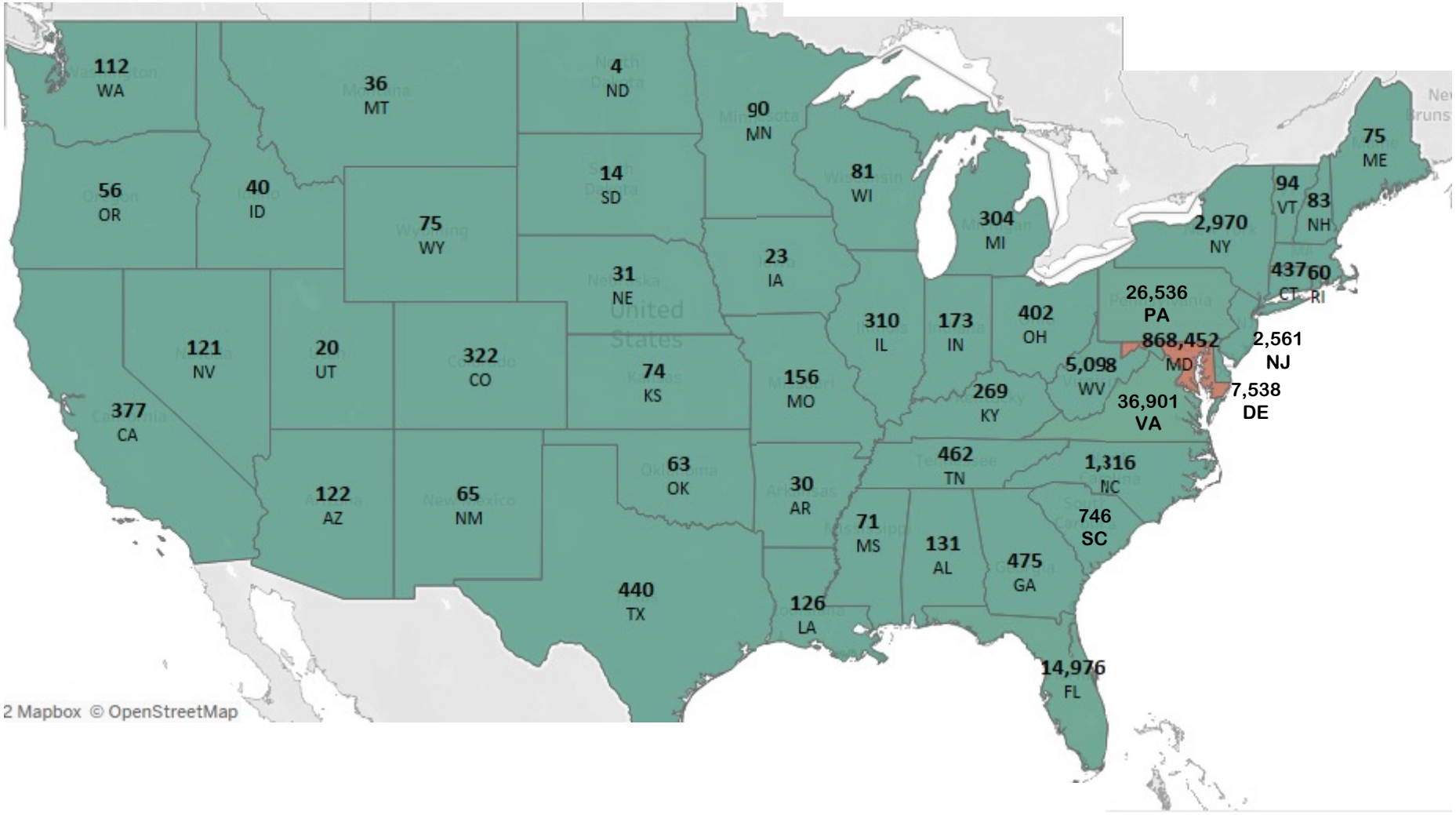
*Note: Excludes "telemedicine insensitive" visits, such as lab, radiology.

April to October 2021 Person-level	July 2020 to February 2022 Encounter-level
Telehealth use increased dramatically, access was not equitable	Telehealth use increased dramatically, access was not equitable
23% of respondents used telehealth	21% of encounters were conducted by telehealth
Telehealth use rates were similar (21.1-26.8%) among most demographic subgroups but were much lower among those who were uninsured (9.4%) and young adults ages 18 to 24 (17.6%).	Of total encounters, 20-27% were by telehealth for most groups. Rates were <15% in patients under 13, over 75, and in some non-English speaking groups.
The highest rates of telehealth visits were among those with Medicaid (29.3%) and Medicare (27.4%) and Black individuals (26.8%).	The highest rates of telehealth visits were among those with Medicaid (25%), Black individuals (23%), and those with preferred language of English (21%).
There were significant disparities among subgroups in terms of audio versus video telehealth use.	There were significant disparities among subgroups in terms of audio versus video telehealth use.

Telehealth, Out of State Volume, and Licensure Complexity

Out of State Video Visits

March 2020 – June 2021



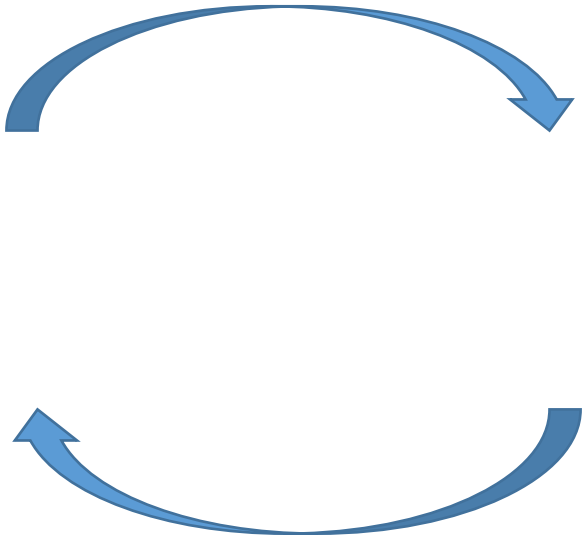
- Video Visit encounters to states other than MD, DC, FL: ***91,082***
- These encounters represented **~9%** of total telemedicine volume during this timeframe

COVID Licensure Changes

Pre-COVID

- Power to **license and regulate professionals delegated to the states**, including all healthcare professionals
  - Limited Federal involvement
- Any healthcare professional that is licensed (i.e., physician, nurse, social worker, psychologist, physical therapist, etc) must have a license in the state where the **patient is physically located**

March 2020



Throughout 2021: Return to Pre-COVID

- **Most states** have expired waivers

During COVID

- States issued **waivers** through various authorities (governors' executive orders, medical board regulations, etc.) to permit flexibility
- **Waivers varied** by:
  - New vs. established
  - Provider type (as each provider type regulated by a different board)
  - Patient status (inpatient, outpatient)
  - Expiration dates
  - Process (open waiver, emergency licensure, temporary licensure, etc)

Recent Published Literature

- Recent study published June 6th* in Health Affairs: "Interstate Telehealth Use By Medicare Beneficiaries Before And After COVID-19 Licensure Waivers, 2017–20"

- "We found that **most out-of-state telehealth** use was for **established patient care** and that a **higher percentage of out-of-state telehealth users** lived in **rural areas** compared with beneficiaries who did not receive care outside of their state"

- "…findings **suggest that the elimination of pandemic licensure flexibilities** will **affect** different states to varying degrees and will also affect the **delivery of care for both established patients and rural patients"**

"I live in Virginia. To have virtual visit with a doctor they said I have to be in Maryland. **That is absurd and extremely inconvenient** for out of state patients"

*Source: Interstate Telehealth Use By Medicare Beneficiaries Before And After COVID-19 Licensure Waivers, 2017–20. Juan J. Andino, Ziwei Zhu, Mihir Surapaneni, Rodney L. Dunn, and Chad Ellimoottil. Health Affairs 2022 41:6, 838-845

Source: Select quote from JHM patient surveys

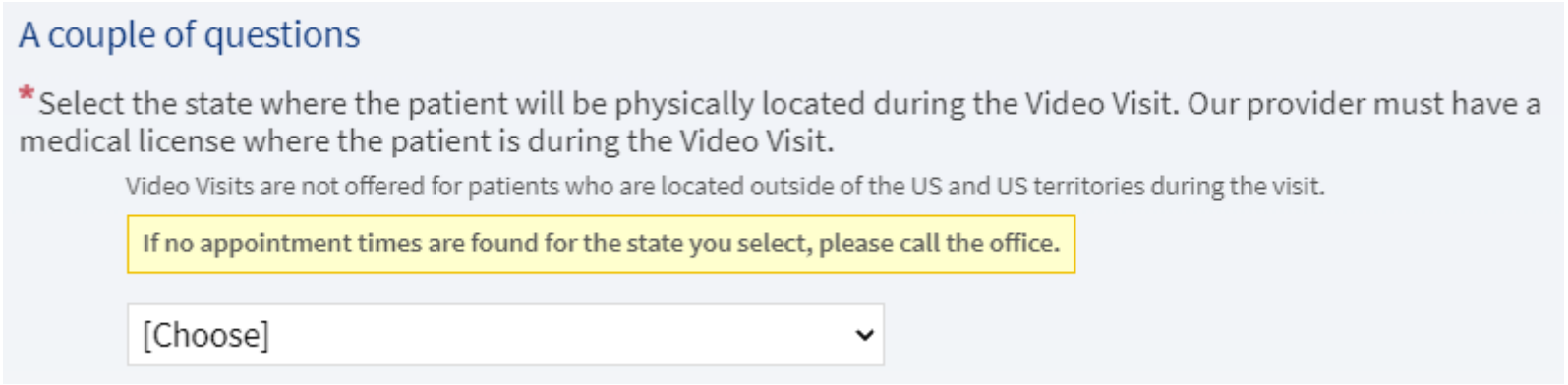
Impact of State-Based Licensing on Basic Scheduling Operations

Telemedicine Scheduling Pathway

- Reason for visit permitted for telemedicine (Dept. specific)
- Patient wants telemedicine visit
- Patient **INTENDED LOCATION** in **same state**, in state where provider is **licensed**, OR in **select waiver state(s)**

SCHEDULE

- Scheduling decision trees require a new input field (“Where WILL you be in the future?”)
- Complex logic behind the scenes to compare to provider licensure and any existing “waiver rules” based on up to date legal review



Where can we go from here?

- The patient must remain at the center, and preventing care based on state by state geographic boundaries is not meeting the needs of our patients

- Compacts that retain all of the **financial burden** of the existing licensing system are not addressing the issue, which is the "dynamic-ness" of patients: they may be anywhere at any time, and expect to be able to seek care on their terms (*especially* from established providers)
    - As an example, as of last night per the IMLC website, it would cost **~$14,000 per physician** to get licensed in the 31 states with listed cost data

- Working towards true state reciprocity (similar to broad nursing reciprocity) will help us meet our patients where they are in every sense of the word and retain the state-based practice of medicine rules, regulations, requirements, and discipline processes

- Consider federal action (precedents exist: VA system and the Sports Medicine Licensure Clarity Act), and as a temporizing measure, Congress could pass the TREAT Act

NORD®
National Organization for Rare Disorders

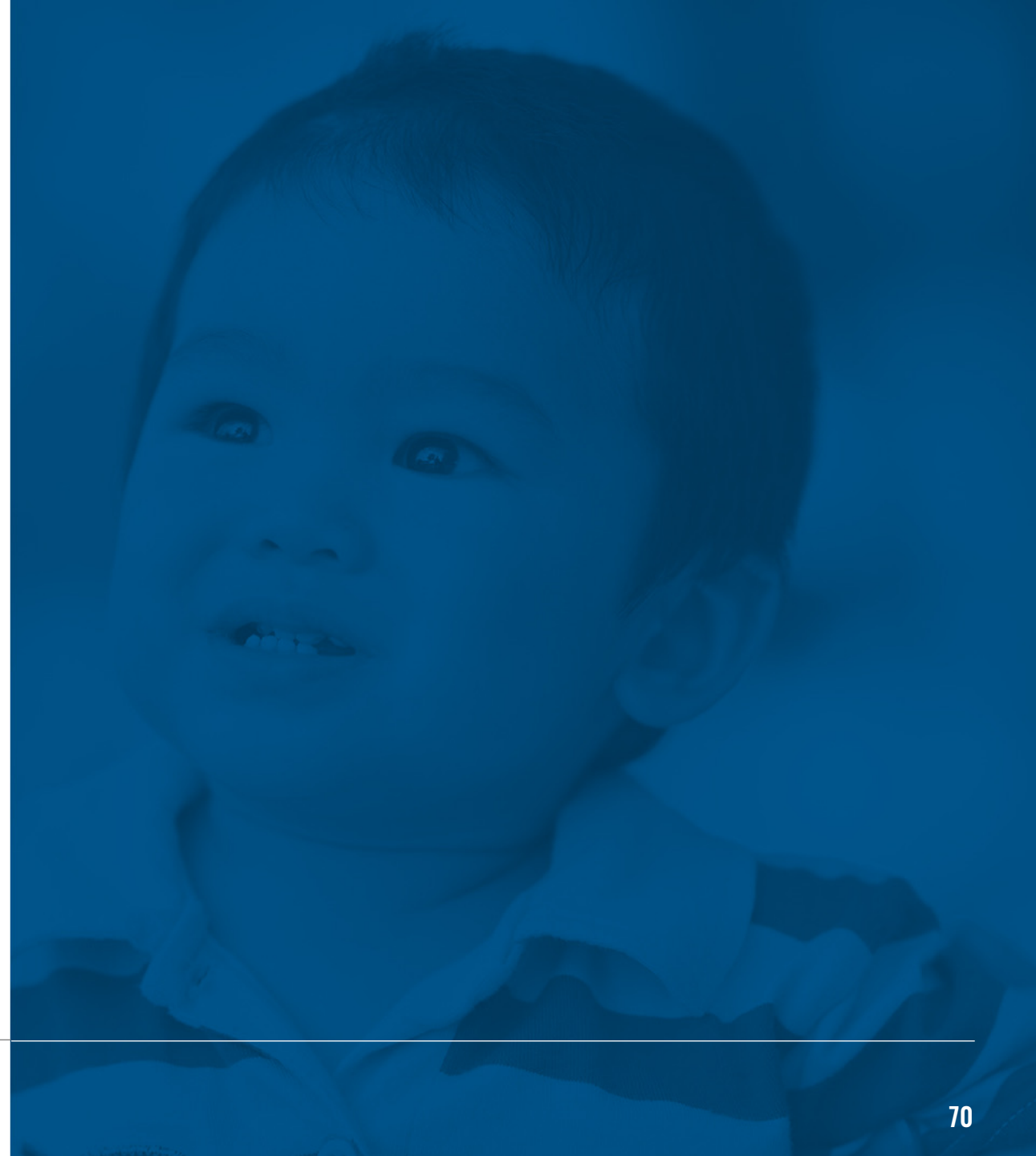
TELEHEALTH AND RARE DISEASE PATIENTS

Heidi Ross

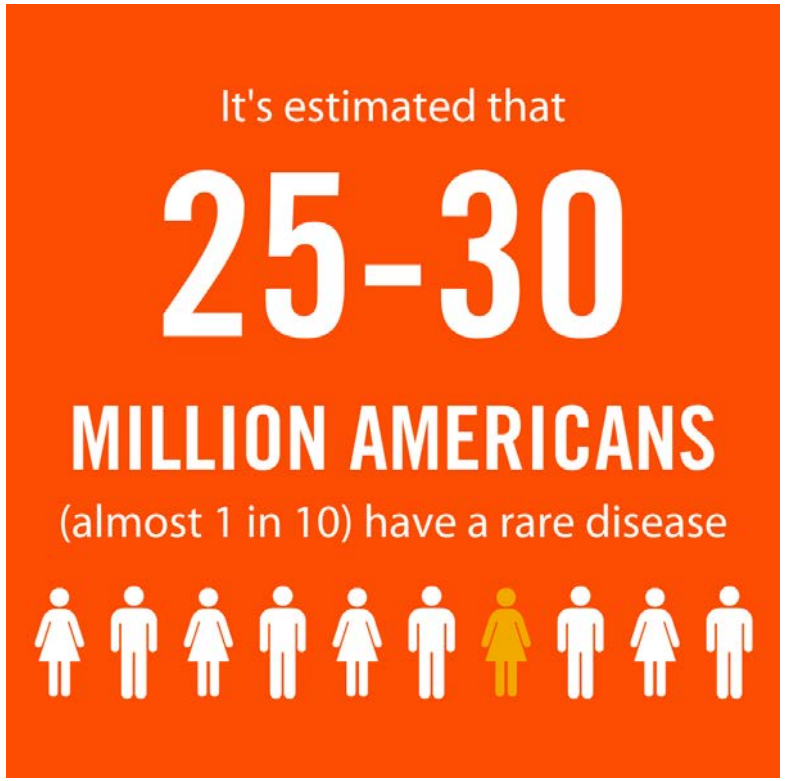
Vice President, Policy and Regulatory Affairs

NORD® MISSION STATEMENT

NORD, a 501(c)(3) organization, is a patient advocacy organization dedicated to individuals with rare diseases and the organizations that serve them. NORD, along with its more than 330 patient organization members, is committed to the identification, treatment, and cure of rare disorders through programs of education, advocacy, research, and patient services.



WHAT IS A RARE DISEASE?



- Rare diseases are defined as a disease or condition that affects **less than 200,000 Americans**
- According to the National Institutes of Health (NIH), **there are more than 7,000 rare diseases**, 2/3 of which have a genetic component to them.
- Approximately **90% of rare diseases** do not have an FDA approved treatment.
- **About half** of those who have a rare disease **are children**.

IMPACT OF COVID-19 ON RARE DISEASE PATIENTS

- NORD has conducted two surveys on the impact of COVID-19 since the pandemic started.
  - **79%** experienced canceled medical appointments
  - **32%** had challenges accessing medical care and treatment
  - **14%** have experienced issues accessing medication for their rare disease

PATIENT ACCESS TO PROVIDERS

A 2020 NORD survey found that **40% of rare disease patients travel more than 60 miles** for their medical appointments.

- ✓ Significant travel costs
- ✓ Missed work and school
- ✓ Disruptions to family routine

RARE DISEASE PATIENTS AND TELEHEALTH

TELEHEALTH POLICY CONSIDERATIONS

NORD Telehealth Principles

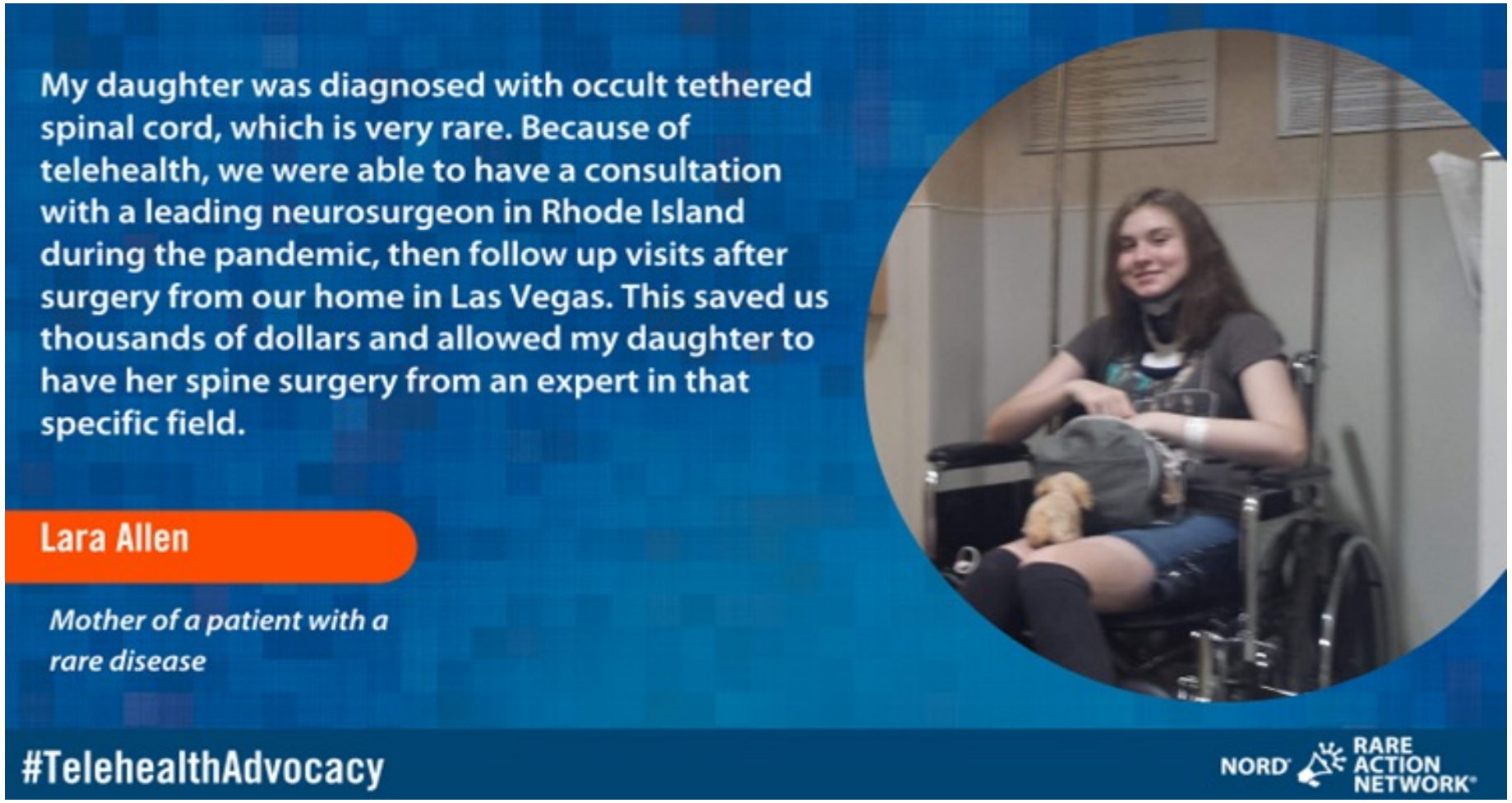
1) All patients should have equal and effective access to telehealth services
2) Patients and their providers should be able to make a choice on the location and type of care they receive that is based on what is in the best interest of the patient
3) Transparency around privacy protections and patient cost-sharing must be established and preserved
4) Data should drive decisions on telehealth

PATIENT ACCESS TO OUT OF STATE PROVIDERS

Adjustments to state licensure requirements proved to be a lifeline for many rare disease patients.

- In March 2020, NORD sent letters to 20 Governors asking them to ensure patients could see their out-of-state health care providers via telehealth
- All Governors did end up adjusting their state licensure requirements to some extent, which enabled broader telehealth access across state lines.
  - Fragmented approaches = provider and patient confusion.

PATIENT ACCESS TO OUT OF STATE PROVIDERS



LEGISLATIVE EFFORTS – SHORT TERM

Endorsed the Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act

- Allows any health care professional in good standing with a valid practitioners' license to render services—including telehealth—anywhere for the duration of the COVID-19 pandemic

Advocated for Governors and State Legislators

- Maintain and expand medical licensure flexibilities for the duration of the federal public health emergency

- OR -

- Reinstate licensure flexibilities if they have expired for the duration of the federal public health emergency

- AND -

- Implement new flexibilities to better address patient needs during and after the pandemic, ie joining the IMLC

LEGISLATIVE EFFORTS – LONG TERM

Telehealth is here to stay (We hope!)

- Huge opportunity to effectively integrate telehealth into our health care system to help meet patient needs.
- NORD's 31 designated Centers of Excellence
  - Telehealth working group

State:

- Licensure Compacts
- ACE Kids Act Implementation

Federal:

- Maintain robust telehealth access
- Accelerating Access to Kids Care Act

Thank you.

Heidi Ross

Vice President, Policy and Regulatory Affairs

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Panel Q&A

Please submit questions using the Q&A function.

THANK YOU!

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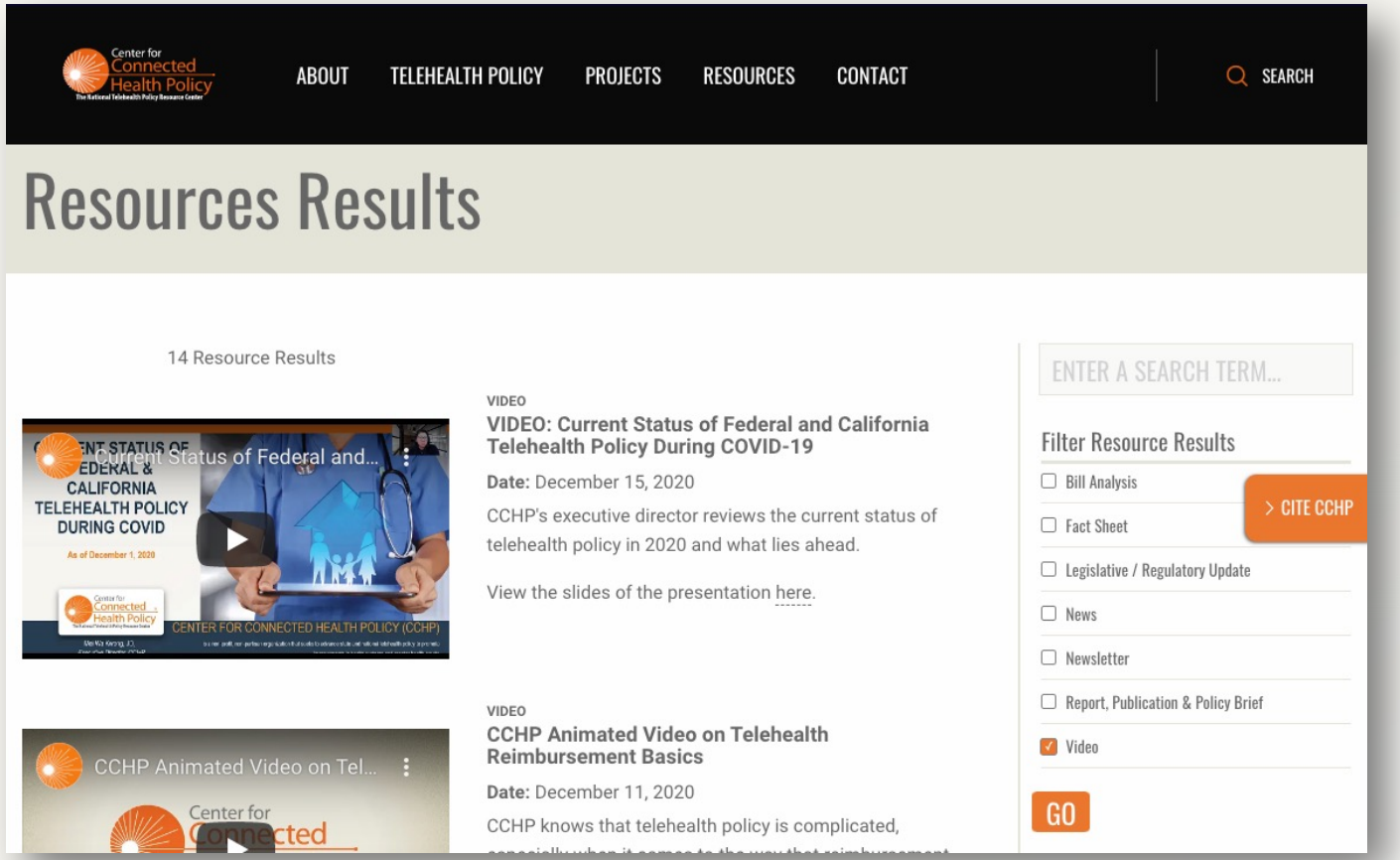
National Organization for Rare Disorders

Center for Connected Health Policy
The National Telehealth Policy Resource Center

Webinar Recordings and Resources



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Next Webinar: June 17 – Private Payer Laws

Kevin P. Beagan
Deputy Commissioner
Massachusetts Division of Insurance

Representative David Bentz
Delaware House of Representatives
18th District

Chelsey Matter, RRT, MPH
Executive Director of Government Programs Health Integration
Blue Cross Blue Shield of North Dakota

Mike Rhoads
Deputy Commissioner of Health and Life Insurance
Oklahoma Department of Insurance

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Thank you and have a great day!