

ATA 2020 State Legislative & Regulatory Priorities

KEY:

Green – ATA's Top Priority

Blue – Other
Telehealth Bills

Red- Call to Action

ATA Legislative & Regulatory Priorities Heading into 2021

State	Issue	Legislation/Rule	Main Sponsor	Status	Summary
Massachusetts	Establishing a Patient- Physician Relationship	Telehealth Modernization Act (<u>HB 4916</u>)	House Committee on Ways and Means	Introduced in the House 7/30/2020	The proposed legislation includes requirement for an initial in-person diagnosis before a provider can prescribe for treatment through a telehealth encounter. This provision will create unprecedented barriers to adoption of telehealth in Massachusetts. The ATA strongly supports removing this provision from the underlying bill. The ATA sent a letter to the Leaders of the General Court on 8/7 in support for amending this provision.
Washington	Modality Neutral & Establishing a Patient- Physician Relationship	Rule to regulate the use of telemedicine	Washington Medical Commission	Workshop held on 10/9 for outsiders to comment on draft Rule	The proposed rules narrowly defines telemedicine to care delivery though audiovisual technologies and unnecessarily mandates that providers use a real-time interaction to establish a valid practitioner-patient relationship. The ATA sent a letter on 10/5 to the Commission expressing concerns and commenting on the rule.
Ohio	Telehealth Requirements	Establish/modify requirements for telehealth services (HB 679)	Rep. Mark Frazier (R)	Passed House, now sitting in Senate Insurance and Financial Institutions Committee	Permits certain health professional to provide telehealth services and establishes related requirements. It also places certain requirements on health benefit plans to provide coverage for telehealth services, although it does not require a health plan issuer to reimburse a telehealth provider at the same rate as in-person services.



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California	Medicaid Reimbursement	Telehealth (AB 2164)	Assembly Member Robert Rivas (D)	Vetoed by Governor	This bill would provide that an FQHC or RHC "visit" includes an encounter between an FQHC or RHC patient and a health care provider using telehealth by synchronous interaction or asynchronous store and forward. The bill would specify that an FQHC or RHC is not precluded from establishing a patient who is located within the FQHC's or RHC's federal designated service area through synchronous interaction or asynchronous store and forward as of the date of service if specified requirements are met.
California	Perform reassessments using telehealth	In-home supportive services; needs assessment (AB 2387)	Assembly Member Timothy Grayson (D)	Vetoed by Governor	This bill would authorize counties to perform the needs reassessment using telehealth, including video conference or telephone, if certain conditions are met, including that the recipient has had at least one in-person assessment since the initial program intake and the recipient has had at least one in-person assessment in the past 12 months.
Pennsylvania	Authorizing the use of telemedicine	Telemedicine Act (<u>SB 857</u>)	Sen. Elder Vogel (R)	Vetoed by Governor	Amending Title 40 (Insurance) of the Pennsylvania Consolidated Statutes, providing for telemedicine, authorizing the regulation of telemedicine by professional licensing boards and providing for insurance coverage of telemedicine.
Virginia	Amends Originating Site & Medicaid Reimbursement	Telemedicine Services; originating site (SB 5080)	Sen. George Baker (D)	Passed both Houses	Amend the state plan for medical assistance services to provide for payment of medical assistance for medically necessary health care services provided through telemedicine services, regardless of the originating site or whether the patient is accompanied by a health care provider at the time such services are provided