



2024 Harold Rogers PDMP National Conference

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What is the ATA and Why Does It Exist?

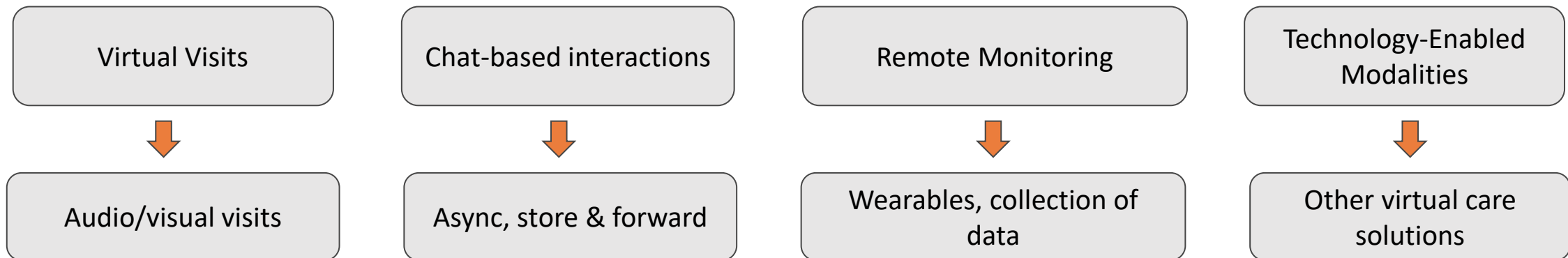
The ATA represents over 400 organizations – including leading healthcare delivery systems, academic institutions, technology solution providers and payers – all committed to the vision that people should access safe, effective and appropriate care where and when they need it.

Enable Healthcare Delivery Across State Lines	Ensure Patient Choice, Access, and Satisfaction	Expand Reimbursement to Incentivize 21st Century Virtual Care	Protect Patient Privacy and Mitigate Cybersecurity Risks
Ensure Access to Non-Physician Providers	Expand Access for Underserved and At-risk Populations	Support Seniors and Expand “Aging in Place”	Ensure Program Integrity

Telehealth: Defining 21st Century Care

Telehealth effectively connects individuals and their healthcare providers when in-person care is not necessary or not possible.

The ATA has a broad and all-encompassing definition including:



How is telehealth regulated

	The Practice	The Payment
Federal	<p>Telehealth, like other types of healthcare services, is largely regulated at the state not federal level.</p> <p>Federal government focuses on certain areas including: DEA/Remote Prescribing, HIPPA, FDA regulation, and FTC/antitrust</p>	<p>Federal public insurance coverage for telehealth services is regulated extensively specifically in:</p> <ul style="list-style-type: none"> • Federal law on public payers like Medicare, Medicaid, Veterans Health Administration, Indian Health Service, and Tricare • Policies and Rules originating from the Centers for Medicare & Medicaid Services (CMS)
State	<p>Telehealth is regulated extensively at the state level and differs significantly between the states.</p> <p>States' telehealth policies may differ in their regulation of:</p> <ul style="list-style-type: none"> • Acceptable telehealth modalities (synchronous, asynchronous, and remote patient monitoring technologies) • Which practitioners are permitted to provide telehealth services • Establishment of a valid patient/provider relationship • Out-of-state practitioners treating patients in the state remotely without a license 	<p>Public and private coverage and reimbursement for telehealth services are also extensively regulated at the state level.</p> <p>States differ in their approaches to the following issues:</p> <ul style="list-style-type: none"> • Telehealth coverage requirements for public and private health plans • Reimbursement for services provided via telehealth • Eligibility of providers to deliver reimbursable services

Source and more information: [How Telehealth is Regulated - ATA \(americantelemed.org\)](https://www.americantelemed.org)

ATA 2024 Federal Areas of Engagement

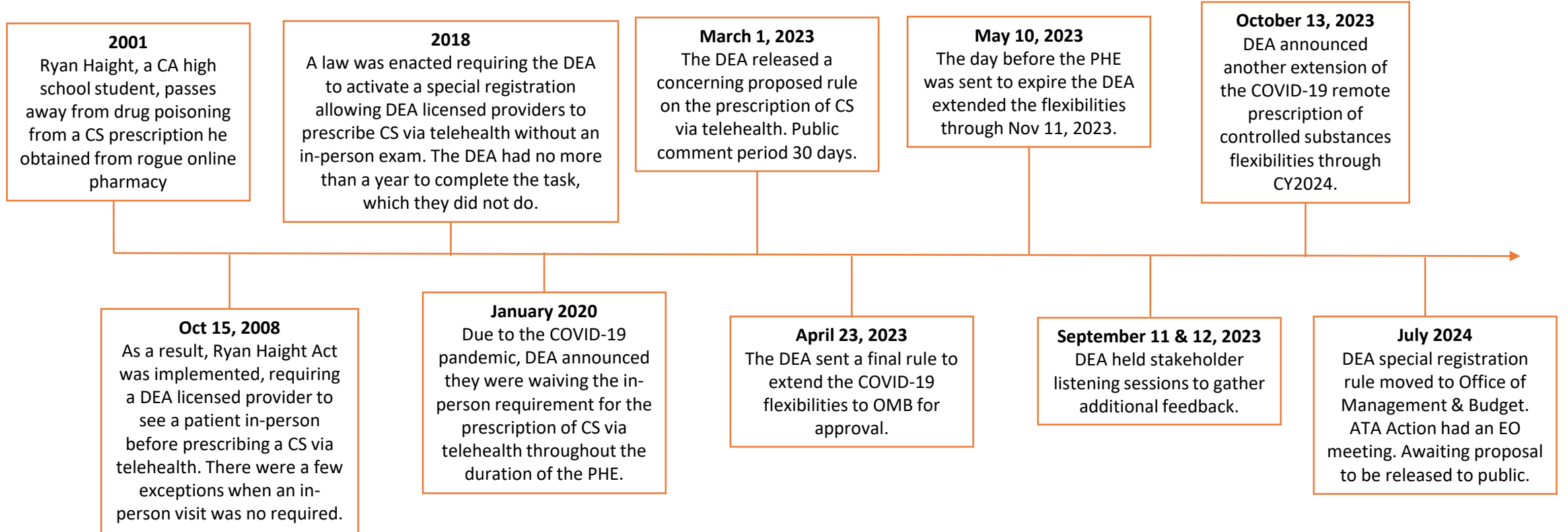
Legislative	Regulatory
<p>Permanent Medicare Telehealth Coverage</p> <ul style="list-style-type: none"> • Geographic & originating site waivers • Audio only coverage • RHCs and FQHCs considered distant sites • Expanded list of eligible telehealth practitioners • Waiving telemental health in-person requirement • Continuation of Acute Hospital Care at Home Program 	<p>Prescription of Controlled Substances via Telehealth</p>
<p>First Dollar Coverage of High Deductible Health Plan (HDHP) – Health Savings Accounts (HSA)</p>	<p>Box 32: Provider Home Address Issue</p>
<p>Telehealth as an Excepted Benefit</p>	<p>Other Issues: Remote Monitoring, Medicare Advantage/Network Adequacy, Broadband, Licensing, AI, Privacy</p>

What is the Ryan Haight Act?

The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 requires a practitioner to conduct at least one in-person medical evaluation of the patient before prescribing a controlled substance by means of the “Internet” (a broadly-defined term that includes telemedicine). The Act contains seven exceptions when a provider doesn’t have to examine the patient in-person first including:

- 1.) treatment in a hospital or clinic
- 2) treatment in the physical presence of a DEA-registered practitioner
- 3) treatment by Indian Health Service or Tribal practitioners
- 4) treatment during a public health emergency as declared by the Secretary of Health and Human Services
- 5) treatment by a practitioner who has obtained a “special registration”
- 6) treatment by Department of Veterans Affairs practitioners during a medical emergency
- 7) other circumstances specified by regulation. *See* 21 C.F.R. § 1300.04(i)(1)-(7).

Timeline of the Remote Prescription of Controlled Substances



ATA Special Registration Recommendations to the DEA

1. Special Registration process should work in conjunction with the existing process
2. Telemedicine providers should not be required to maintain local addresses in every state where they practice
3. Special Registration should include the elements DEA needs to monitor for illegitimate practitioners and illegal prescribing practices.
4. Special Registration should not be limited to any specific specialty or treatment condition. Schedule II prescribing could involve additional oversight but should not have additional restrictions.

ATA Special Registration Recommendations to the DEA (Continued)

5. Dispensers (pharmacies and pharmacists) should be able to identify legitimate prescribers who have a current Special Registration.

6. Patient should be able to receive telehealth services from any location including home. These locations should not be required to have any controlled substances authority.

7. The Special Registration process should not place any arbitrary limits on a clinician's ability to practice within the scope of their authority.

Remote Prescribing of Controlled Substances 2024 Playbook

The Players: The Biden administration, HHS, DEA, Congress

Opening Play: During the COVID-19 PHE, the DEA waived the Ryan Haight in-person requirement for the prescribing of controlled substances via telehealth.

Recent Game Winning Play: The DEA extended the flexibilities through CY2024

What to Watch for in the 2024 Telehealth “Super Bowl”:

- The establishment of a permanent framework for remote prescribing of controlled substances, potentially including a Special Registration process
- Status of an in-person visit requirement for providers and patients
- Status of DEA’s geographic proximity “red flags” for pharmacy fulfillment



ANY
QUESTIONS

