

Issue: AZ Telemed. Talking Points

The Telemedicine Cliff Is Approaching

It took the COVID-19 pandemic to cause widespread adoption of telemedicine. The waiver of key federal and state regulations and the mandate for insurance reimbursements paved the way for widespread use. Many of these waivers, however, will expire at the declared end of the public health emergency. The temporary coverage and protections must be here to stay.

Key Arguments

- **Telemedicine has experienced explosive growth since COVID-19.** Virtual urgent care visits grew by 680% and non-urgent virtual visits by 4,345% in a recent NYC site. In Arizona, Dignity Health East Valley reports that approximately 80% of Dignity practices are utilizing telemedicine as compared with 30% before COVID-19. And as of August, Blue Cross Blue Shield of Arizona data shows that telemedicine visits spiked *50 times higher* with the pandemic.
- **Telemedicine saves money, increases satisfaction.** Stories of increased access abound across Arizona where a majority of clinical practices have now adopted telehealth practices, per the AZ Medical Association. Summit Healthcare Regional Medical Center in Show Low, for example, estimates that in just over a year, it has saved over \$3 million. With a nationwide healthcare system plagued by high costs and low capacity, telehealth delivers better outcomes at lower cost.
- **Health insurers must ensure seamless coverage.** The Governor's Executive Order requires coverage for the same telemedicine services that could be delivered in-person; this only lasts until the declared end of the public health emergency, estimated as mid-Oct 2020. Arizona law will require this coverage but only starting in January 2021. The gap must be covered.
- **Reducing the digital divide will increase access to telemedicine.** Disadvantaged communities have socioeconomic barriers that can effectively block access including housing insecurity, lack of internet access, digital literacy, and affordability of health plans that offer telehealth services.
- **Broadband infrastructure is desperately needed.** Lack of broadband access in rural and underserved areas is a substantial problem impeding telemedicine. A 2016 AZ study found 63% of the rural population without broadband access and fully 95% of tribal populations.

Action Required

State legislators must take action to codify the temporary telemedicine waivers and coverage enabled by Executive Orders and cover existing legislative gaps. These include:

- Codifying telehealth coverage for worker's compensation and self-insurance plans
- Codifying the requirement for payment parity for telehealth by insurers
- Amending the definition of telemedicine to include audio-only and video-only access
- Ensuring the full list of medical specialties is covered for telehealth
- Taking the lead in efforts to evolve acceptable HIPAA-compliant technology in private communications.

See complete report: [The Telemedicine Cliff Rapidly Approaches](#)

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