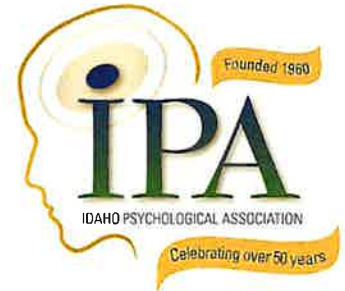


March 13, 2023



The Honorable Julie VanOrden
Chair, Senate Health & Welfare Committee
P.O. Box 83720
Boise, ID 83720-0081

Dear Senator VanOrden and Committee Members:

We respectfully request that Committee members vote “No” on House Bill 61. Our concerns are as follows:

- **Lack of discussion with stakeholders:** Although we aren't sure exactly which professions would be covered by this bill, it seems this legislation skipped the Sunrise process required to add a registration and was not reviewed with the stakeholders who would be impacted by it. Our organization and others we've talked to were not contacted in advance. This is problematic, as many professions already have methods in place for allowing qualified out-of-state providers to practice into Idaho. For example, psychology has a convenient and affordable temporary permit and an interstate compact available for psychologists who want to practice into Idaho via telehealth.
- **Excessive and duplicative regulation:** There are already multiple pathways for out-of-state psychologists to treat Idahoans, including the interstate compact and temporary permit mentioned above. In addition, if H162 on Virtual Care passes, there will be other routes allowed.
- **Confusing:** This bill singles out mental and behavioral health providers from other health care providers covered by the Telehealth Act. It is unnecessary to add this to the law when Idaho's state leaders are trying to minimize government overreach and red tape. Adding this would create much confusion as many Idaho health care professions already have options as previously discussed for telehealth into Idaho. In addition, this bill requires registering with a "licensing authority," which seems vague, rather than requiring involvement by the appropriate licensing board for their profession.
- **Idaho providers/citizens foot the bill:** This bill proposes a cap registration rate of \$35 per 2 years (\$17.50/year) but also indicates that if a complaint is filed against the out of state provider, the investigation would be done by Idaho. Who would pay for that? Licensed Idaho providers and/or Idaho taxpayers would get stuck with much of those costs. Idaho psychologist licenses are \$250 per year. That doesn't seem like a fair way to treat Idahoans providing healthcare in Idaho.
- **No mention of prescribing during a prescription drug crisis:** Upon first reading, it might seem like this bill only applies to counselors, social workers, marriage and family therapists, and psychologists. We aren't so sure that's the case. The language just describes "mental or behavioral health providers" without Idaho licenses. Psychiatric providers like psychiatrists, psychiatric nurse practitioners, and prescribing psychologists would likely also fit in this very loose language. Again, this is confusing as it is unclear as to whom this bill applies. If prescribing is in fact included, this could increase the amount of opioid misuse as well as access to opioids sold on the street in our communities.
- **Inviting in bad actors...and then struggling to find them:** If passed, this bill would have the impact of giving long-term permission to out-of-state providers to practice into Idaho COMPLETELY ON THE HONOR SYSTEM with no vetting involved. Failing to verify a provider is properly credentialed, in good standing in their home state, and licensed where the requirements are substantially similar to Idaho's, by just registering them opens the door to the potential of bad actors who could come into Idaho after seeing that the door is wide open, for only \$17.50 per year. What happens if the bad actor cannot even be found, or if he/she is not who/what they say they are because their registration was based on the honor system? These are major concerns for the safety of Idahoans.

Thank you for your consideration of the above. If you have any questions or need additional information, please contact our office or Lance Giles, IPA's Lobbyist, at 208.972.0972.

Sincerely,

Deborah J. Katz
Executive Director

cc: Dr. Lyn McArthur, Co-chair, Advocacy Committee
Dr. Kendra Westerhaus, Co-chair, Advocacy Committee



James L. Madara, MD
CEO, EXECUTIVE VICE PRESIDENT

March 13, 2023

The Honorable Julie Van Orden
Chair, Senate Health and Welfare Committee
Idaho Senate
425 S 1100 W
Pingree, ID 83262

Re: AMA Opposition to House Bill 61

Dear Chair Van Orden:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to express our **opposition to House Bill 61 (HB 61)**, which would allow out-of-state health care professionals to provide mental and behavioral health care to patients in Idaho via telehealth without an Idaho license. The AMA strongly believes that physicians and other health care professionals delivering telehealth services must be licensed to practice in the state where the patient is receiving the services or be providing such services as otherwise authorized by the state's medical board. State-based licensure protects the safety and well-being of patients and ensures those providing care to patients in Idaho must abide by Idaho's laws and regulations.

The AMA has always been a strong supporter of state-based licensing of physicians and other health care professionals and continues to believe that physicians and other health care professionals should have a full and unrestricted license to practice telehealth in the state where the patient is receiving the services. While AMA supports state flexibility in creating alternative mechanisms to support licensure for physicians and other health care professionals providing care via telehealth across state lines, the AMA cautions against a piecemeal approach as HB 61 would allow.

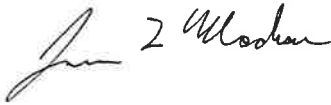
The AMA also believes that any alternatives should include minimum standards and safeguards to protect the health and safety of patients receiving care via telehealth. For example, we believe that telehealth services should be properly documented in a patient's medical record and that patients should receive a summary of the visit for their own records. In addition, patients must be informed of how to reach the telehealth provider for follow-up care and telehealth providers must have referral protocols in place for in-person care or emergency services if needed. These protocols should also be discussed and made available to the patient during the provision of care. To ensure transparency, key information should be shared with the patient ahead of the telehealth visit, including identifying the physician or other health care professional providing the care, informing the patient of their cost-sharing responsibilities, and informing the patient of any limitations on prescribing medications via telehealth. In addition, strong informed consent laws should be in place that require the provider to inform the patient about the provider's license and location of practice, among other state requirements. Finally, care provided via telehealth must be coordinated with a patient's medical home, including providing the patient's medical home with a copy of the medical record generated from the telehealth visit. These simple but important protocols are essential to support continuity of care and the health and safety of patients. It is unclear, however, whether physicians or other health care professionals providing care to a patient in Idaho, per HB 61, would need to abide by these commonsense protocols.

The Honorable Julie Van Orden
March 13, 2023
Page 2

Finally, the AMA is also concerned that HB 61 not only fails to clearly indicate that a provider must adhere to the scope of practice laws of the state in which the provider is licensed, but also to other applicable laws in Idaho, including laws around prescribing medications. These laws were put in place by this legislative body and should be followed by all health care professionals providing care to patients in Idaho, whether that care is provided in-person or via telehealth.

For all these reasons, the AMA encourages the Senate Health and Welfare Committee to oppose HB 61. If you have any questions, please contact Kim Horvath, JD, Senior Attorney, AMA Advocacy Resource Center, at kimberly.horvath@ama-assn.org.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jim L Madara".

James L. Madara, MD

cc: Idaho Medical Association

Representative Julianne Young

From: Mike Sandvig <sandvig@namiidaho.org>
Sent: Tuesday, March 7, 2023 12:37 PM
To: Senator Julie VanOrden; Senator Glenneda Zuiderveld; Senator Mark Harris; Senator Abby Lee; Senator Carl Bjerke; Senator Melissa Wintrow; Senator Ron Taylor
Cc: Michelle Tierney
Subject: Support for House Bill 61 - Telehealth Access Act



CAUTION: This email originated outside the State of Idaho network. Verify links and attachments BEFORE you click or open, even if you recognize and/or trust the sender. Contact your agency service desk with any concerns.

Dear Chairman and Senators,

NAMI Idaho is in support of House Bill 61.

There is a significant shortage of mental health providers in Idaho. The authorization of telehealth mental health providers is a logical and reasonable measure to increase availability of qualified professionals to serve Idahoans. This process was found to be effective during the COVID 19 pandemic.

The bill contains reasonable assurance that persons authorized to perform interstate telehealth services for Idahoans are appropriately qualified. This is a very important part of the bill. License requirements can be time consuming to obtain, especially to resolve apparent technical issues that are not significant or degrading to the quality of the service. This bill is also a great bridge opportunity if the out-of-state provider seeks to be licensed in Idaho.

Providers of service work with persons to assure clients have mental health coverage, what insurance payments will occur, or the person can afford direct pay. Passage of this bill will also put insurance providers on notice to adapt their policies and practices to come in alignment with reasonable practices authorized by the State of Idaho.

Thank you for your support and consideration of this matter,

Michael Sandvig, President Emeritus
NAMI Idaho
1985 E 25th Street
Idaho Falls, Idaho 83404



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Ph: 866.295.7284 | Fax: 208.336.0070 | TTY: 877.434.7598
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facebook.com/idaho

March 6, 2023

RE: HB 61 Support

Dear Senator:

On behalf of our more than 180,000 AARP Idaho members, I am encouraging your full support for House Bill 61, which serves as an interstate licensure bill allowing out-of-state mental health providers the ability to practice in Idaho if they hold a valid license and are in good standing elsewhere.

AARP Idaho has been an avid supporter of telehealth in Idaho advocating for updates to our telehealth statutes and have stressed the positive impact telehealth makes in the lives of older Idahoans and their family caregivers.

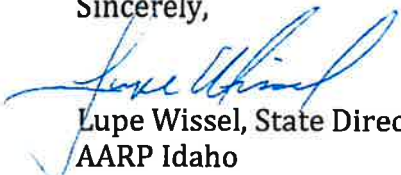
The flexibilities allowed through the pandemic bolstered telehealth access by expanding the locations, delivery methods, providers, and services that could be covered during a telehealth appointment. It highlighted how telehealth could change the way we viewed healthcare and put more control in the hands of Idahoans. Many individuals who had never heard or understood what telehealth was, participated in their first virtual appointment.

Today, families live all over the world and telehealth allows the ability for family caregivers to speak to their loved ones' doctors from afar.

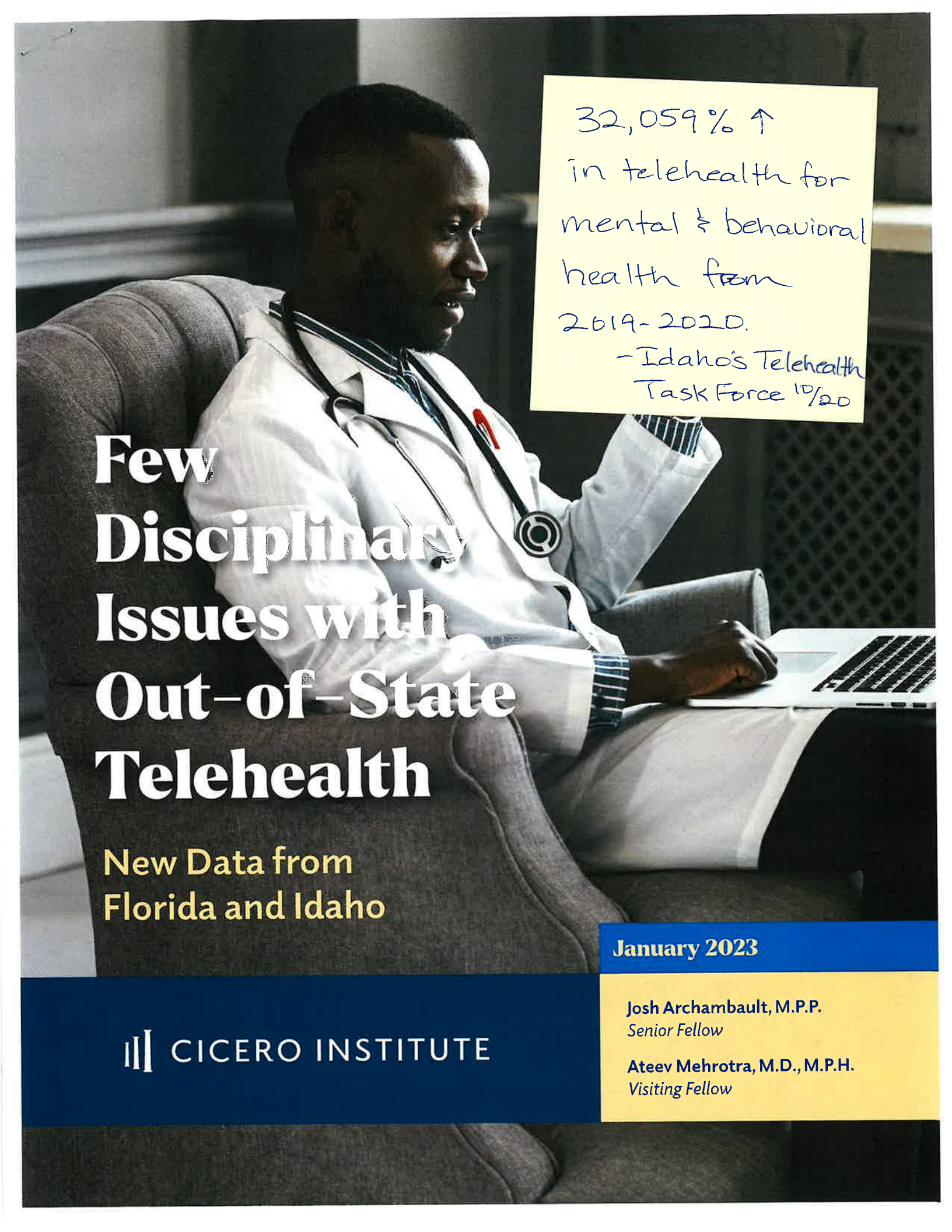
We have learned that the benefits of telehealth are more pronounced for people in underserved or rural communities, older adults with disabilities or physical limitations, and family caregivers caring for a loved one who may not be able to take time to care for themselves – all of whom may experience additional barriers when seeking in-person care.

We support the continued efforts of the Legislature to remove barriers to telehealth for providers, patients, and family caregivers and to support House Bill 61.

Sincerely,



Lupe Wissel, State Director
AARP Idaho



32,059% ↑
in telehealth for
mental & behavioral
health from
2019-2020.
-Idaho's Telehealth
Task Force 10/20

Few Disciplinary Issues with Out-of-State Telehealth

New Data from
Florida and Idaho

January 2023

Josh Archambault, M.P.P.
Senior Fellow

Ateev Mehrotra, M.D., M.P.H.
Visiting Fellow

 CICERO INSTITUTE

Approach to out-of-state telehealth in the two states

In 2019 the Florida Legislature passed [legislation](#) making it easier for out-of-state clinicians to provide care to Florida residents. The new telehealth law required providers to submit an application to Florida and demonstrate, among other requirements, they have an active, unencumbered license in another state with no disciplinary actions in the previous five years. Providers who obtain a telehealth registration agree to not open an office in the state and there is no fee to register. Under the new law, across-state-line registrations began in October 2019.

In [April](#) and [June](#) of 2020, Idaho Governor Brad Little implemented executive actions waiving rules and regulations related to telehealth. In response, the Idaho Division of Occupational & Professional Licenses issued [guidance](#) stating “Any healthcare professional may provide telehealth services in or into Idaho, so long as the healthcare professional is licensed or registered and in good standing with another U.S. state or jurisdiction and acting in good faith.” There is no registration process and no fee for providers to start to offer across-state-line telehealth in Idaho. Without registration data it is impossible to assess the number and type of providers offered across-state-line telehealth to Idaho patients, but Idaho does still collect complaints.



Out-of-state registrations issued to an array of clinical specialties from across the nation

Among the 7,330 registrations during fiscal year 2021 to 2022, roughly 80% are for physicians or mental health specialists (mental health counselors, social workers, psychologists, and marriage and family therapists) (Figure 2). The remaining clinicians represent a wide range of training programs.

Figure 2. Specialty of Florida Out-of-State Telehealth Providers Issued a Registration in FY 2021–2022

Provider type	Registrations issued	Percent of total
Medical Doctor	2,705	37%
Licensed Mental Health Counselor	1,127	15%
Licensed Clinical Social Worker	995	14%
Psychologist	701	10%
Advanced Practice Registered Nurse	596	8%
Licensed Marriage & Family Therapist	307	4%
Osteopathic Physician	254	3%
Physician Assistant	205	3%
Dietitian/Nutritionist	94	1%
Speech–Language Pathologist	70	0.95%
Physical Therapist	52	0.71%
Registered CSW Intern	48	0.65%
Registered Nurse	41	0.56%
Registered MHC Intern	35	0.48%
Optometrist	29	0.40%
Dentist	16	0.22%
Occupational Therapist	16	0.22%
Board Certified Behavior Analyst	8	0.11%
Registered MFT Intern	7	0.10%
Pharmacist	6	0.08%
Chiropractic Physician	4	0.05%
Hearing Aid Specialist	4	0.05%
Licensed Acupuncturist	3	0.04%
Licensed Midwife	2	0.03%
Licensed Practical Nurse	1	0.01%
Certified Master Social Worker	1	0.01%
School Psychologist	1	0.01%
Occupational Therapy Assistant	1	0.01%
Audiologist	1	0.01%
Total	7,330	100%



Few Complaints in Florida or Idaho

In the first two and half years that Florida has allowed out-of-state telehealth registrations, there have been no cases that have resulted in discipline for a provider offering services to Florida patients.

Florida has also seen few complaints for providers providing telehealth across state lines. Of the 16 complaints reported for those with out-of-state telehealth registrations, five were related to controlled substance prescribing, five were related to discipline in another state, and the rest were one complaint each for six other concerns. Of the five controlled substances complaints, three were related to offering buprenorphine refills via telehealth, which is now legal. The fourth concern related to discipline in another state was connected to a report of concern over controlled substances in that other state, and the fifth was related to a pharmacist attempting to refill an ADHD drug for longer than is currently allowed under state law. Of the five other state issues, three were self-reported and two appeared to be from a report from another state. Ten of the 16 complaints have come to a conclusion, and nine of the 10 were found to have no violation with just one resulting in a letter of guidance.

For comparison, during the same time period, there were 57 complaints related to telehealth visits provided by in-state Florida providers. The complaints have largely revolved around similar issues, prescription prescribing over telehealth (21%) with the second biggest area of concern being related to discipline in another state (14%). Of the 57 total complaints, two have resulted in discipline.



Lessons for ongoing debate about out-of-state licensure or registration

The experience of the two states reveals some interesting trends. Based on the number of telehealth registrations, a substantial and growing number of providers are interested in providing care in Florida. Future work should explore how much care these clinicians are providing and for what conditions and patients.

Based on complaints data, there have been few complaints, and none have resulted in disciplinary action. These early results question the concern that there will be substantial disciplinary concerns with across-state-line telehealth.

Our findings also inform the debate on whether asking clinicians to register is critical. The few states that have [permanently made it easier](#) for out-of-state clinicians to provide telehealth have often asked clinicians to first register. It is unclear if this registration process is a necessary standard. While consumer protection is always a concern, these early results show that patients are not flocking to regulatory agencies to complain, and, among the complaints that have been submitted, the vast majority are dismissed as unfounded. The registration process does create an administrative burden for clinicians that may be unnecessary and may harm patient access to care.

Despite the attention telehealth has received during the pandemic, few states have implemented robust laws allowing out-of-state clinicians to provide care in their state. Four states with clear pathways are Arizona, Delaware, Florida and Indiana. In many other states that have allowed some kind of across-state-line telehealth, most have narrowed access to only a certain provider type, or passed a compact that only applies to one kind of provider from other compact states.

Pilots don't lose their skills when they cross a state line, and neither do health care professionals. As more Americans are mobile, being able to stay in touch with providers who know the patient's history and have their trust may help to keep continuation and coordination of care. As policymakers review their current laws to best help their state be ready for another pandemic, or to improve access to affordable care, Florida and Idaho offer some lessons on across-state-line telehealth for them to consider.



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