Southwest Telehealth Resource Center covers the states of Arizona, Colorado, Nevada, New Mexico & Utah.

A few notes about this report:

1. Bills are organized into specific telehealth "topic area".
2. The Fiscal Note (FN) Outlook: The left hand column indicates the bill's Pre-Floor Score, and the right hand column indicates the bill's actual Floor Score of the last chamber it was in (either Senate or House).
3. Regulations are listed at the end in order of their publication date.
4. If you would like to learn more about any piece of legislation or regulation, the bill numbers and regulation titles are clickable and link out to additional information.

All Bills (by Topic)

Cross-State Licensing (1)

<table>
<thead>
<tr>
<th>State</th>
<th>Bill Number</th>
<th>Last Action</th>
<th>Status</th>
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<tbody>
<tr>
<td>UT</td>
<td>HB 161</td>
<td>Governor Signed 2020 03 31</td>
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Title
Audiology and Speech-language Pathology Interstate Compact

Primary Sponsors
Derrin Owens, Evan Vickers

Bill Summary: Enters Utah into the Audiology and Speech-language Pathology Interstate Compact.

Demonstrations, Grants & Pilot Projects (5)
<table>
<thead>
<tr>
<th>State</th>
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<tr>
<td>CO</td>
<td>SB 20-122</td>
<td>Senate Committee On State Veterans Military Affairs Refer Unamended To Appropriations 2020 02 05</td>
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**Title**
Mobile Veteran Support Unit Grant Program

**Description**
The bill establishes the mobile veteran support unit grant program (grant program) to provide one-time grants to nonprofit organizations to establish mobile veteran support units. A mobile veteran support unit acts as an initial point of contact for veterans to obtain health and well-being services, including mental health services, dental health services, telehealth services, military benefit assistance, and housing assistance. The department of public health and environment (department) administers the grant program. The department must consult with the Colorado board of veterans affairs when adopting grant program rules. (Note: This summary applies to this bill as introduced.)

**Primary Sponsors**
Kerry Donovan

**Bill Summary:** Creates the Mobile Veteran Support Unit Grant Program, which would be able to provide health care services through telemedicine, among other tasks.

<table>
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<tbody>
<tr>
<td>NM</td>
<td>HB 183</td>
<td>Sent To Hhhc Referrals Hhdc Hafc 2020 01 24</td>
<td>Failed sine die</td>
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**Title**
NORTHWESTERN NM REMOTE PATIENT MONITORING

**Bill Summary:** Establishes a remote patient monitoring pilot program.

**Primary Sponsors**
Patty Lundstrom, Harry Garcia, Bill Rehm

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**Title**
PILOT PROGRAM FOR REMOTE PATIENT MONITORING

**Bill Summary:** Requires the department to develop and implement a remote patient monitoring pilot program beginning in fiscal year 2021 for two counties with significant populations of eligible remote patients who have increased health risk due to chronic illness as well as alcohol or substance abuse. The department shall use the pilot program to create a baseline for the public health benefits and the costs of establishing a statewide program to provide remote monitoring of vital health indicators for at-risk patients.

**Primary Sponsors**
Michael Padilla
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<tr>
<th>State</th>
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<td>SB 242</td>
<td>SCC Reported by Committee To Fall Within The Purview Of A 30 Day Session 2020 02 04</td>
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<td>UT</td>
<td>SB 8</td>
<td>Governor Signed 2020 03 30</td>
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Title
GROSS RECEIPTS ON REMOTE PATIENT MONITORING

Primary Sponsors
Michael Padilla

Bill Summary: Enacts the gross receipts taxes on remote patient monitoring equipment act, and establishes a pilot program for remote patient monitoring.

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Title
State Agency and Higher Education Compensation Appropriations

Primary Sponsors
Don Ipson, Jefferson Moss

Bill Summary: Allocates funds to the Utah Education and Telehealth Network.

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Medicaid Reimbursement (1)

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<td>CO</td>
<td>HB 20-1092</td>
<td>House Committee On Public Health Care Human Services Refer Unamended To Appropriations 2020 02 05</td>
<td>In House</td>
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Title
Reimbursement To Federally Qualified Health Centers

Description
The bill requires the department of health care policy and financing to reimburse federally qualified health centers (FQHCs) for telemedicine services and clinical pharmacy services provided to medicaid recipients.(Note: This summary applies to this bill as introduced.)

Primary Sponsors
Yadira Caraveo, Perry Will, Kerry Donovan, Bob Rankin

Bill Summary: Clarifies that a telemedicine service meets the definition of a face-to-face encounter for a FQHC.

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Online Prescribing (1)
Telehealth Parity Amendments

Primary Sponsors
Melissa Ballard, Allen Christensen

Bill Summary:
Adds remote patient monitoring as a telehealth service. Requires telehealth providers to establish a provider-patient relationship during the patient encounter if one does not already exist. Provides that a provider offering telemedicine services may not prescribe a prescription drug based solely on an online questionnaire, an email message, or patient generated medical history, unless a provider-patient relationship exists. Requires health benefit plans entered into or renewed on or after January 1, 2021 to provide coverage for telemedicine services that are covered by Medicare and reimburse, at a commercially reasonable rate, a network provider that provides the telemedicine services. A health benefit plan may not impose originating site restrictions, geographic restrictions, or distance-based restrictions.

Protecting Preventive Health Care Coverage

Description
The bill codifies a number of preventive health care services currently required to be covered by health insurance carriers pursuant to the federal "Patient Protection and Affordable Care Act" and adds them to the current list of services required to be covered by Colorado health insurance carriers, which services are not subject to policy deductibles, copayments, or coinsurance. The bill expands certain preventive health care services to include osteoporosis screening, urinary incontinence screening, and screening and treatment of a sexually transmitted infection (STI). Current law requires a health care provider or facility to perform a diagnostic exam for an STI and subsequently prescribe treatment for an STI at the request of a minor patient. The bill allows a health care provider to administer, dispense, or prescribe preventive measures or medications where applicable. The consent of a parent is not a prerequisite for a minor to receive preventive care, but a health care provider shall counsel the minor on the importance of bringing the minor’s parent or legal guardian into the minor’s confidence regarding the services. Current law requires the executive director of the department of health care policy and financing to authorize reimbursement for medical or diagnostic services provided by a certified family planning clinic. The bill defines family planning services and authorizes reimbursement for family planning services. The bill allows staffing by medical professionals to be accomplished through telemedicine.

Primary Sponsors
Brittany Pettersen, Dominick Moreno, Daneya Esgar, Kyle Mullica
Private Payer Reimbursement (2)

<table>
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<tr>
<th>State</th>
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<tbody>
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<td>HB 2536</td>
<td>Reported Proper For Consideration Out Of Rules Committee 2020 03 16</td>
<td>In Senate</td>
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**Title**
Telemedicine; health care providers

**Primary Sponsors**
Amish Shah

**Bill Summary:** Expands the definition of a health care provider in Arizona's telehealth private payer law. It also expands the definition of telehealth to include store-and-forward technologies and remote patient monitoring technologies.

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<tr>
<td>UT</td>
<td>HB 313</td>
<td>Governor Signed 2020 03 24</td>
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**Title**
Telehealth Parity Amendments

**Primary Sponsors**
Melissa Ballard, Allen Christensen

**Bill Summary:** Adds remote patient monitoring as a telehealth service. Requires telehealth providers to establish a provider-patient relationship during the patient encounter if one does not already exist. Provides that a provider offering telemedicine services may not prescribe a prescription drug based solely on an online questionnaire, an email message, or patient generated medical history, unless a provider-patient relationship exists. Requires health benefit plans entered into or renewed on or after January 1, 2021 to provide coverage for telemedicine services that are covered by Medicare and reimburse, at a commercially reasonable rate, a network provider that provides the telemedicine services. A health benefit plan may not impose originating site restrictions, geographic restrictions, or distance-based restrictions.

Provider-Patient Relationship (1)

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<td>HB 313</td>
<td>Governor Signed 2020 03 24</td>
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**Title**
Telehealth Parity Amendments

**Primary Sponsors**
Melissa Ballard, Allen Christensen

**Bill Summary:** Adds remote patient monitoring as a telehealth service. Requires telehealth providers to establish a provider-patient relationship during the patient encounter if one does not already exist. Provides that a provider offering telemedicine services may not prescribe a prescription drug based solely on an online questionnaire, an email message, or patient generated medical history, unless a provider-patient relationship exists. Requires health benefit plans entered into or renewed on or after January 1, 2021 to provide coverage for telemedicine services that are covered by Medicare and reimburse, at a commercially reasonable rate, a network provider that provides the telemedicine services. A health benefit plan may not impose originating site restrictions, geographic restrictions, or distance-based restrictions.

Regulatory, Licensing & Advisory Boards (3)
Title: Sunset Occupational Therapy Practice Act

Description: Sunset Process - House Public Health Care and Human Services Committee. The bill implements, with amendments, the recommendations of the department of regulatory agencies (department) in its sunset review and report on the licensing of occupational therapists and occupational therapy assistants (OTAs) by the director of the division of professions and occupations in the department. Specifically: Sections 1 and 2 of the bill continue the "Occupational Therapy Practice Act" (act) for 10 years, until 2030, rather than for 7 years, as recommended by the department; Sections 3 and 4 modify the legislative declaration and certain definitions related to the scope of practice of occupational therapy; Section 5 designates "occupational therapy consultant", "M.O.T.", "M.O.T./L.", "occupational therapy assistant", and "O.T.A." as protected titles under the act and clarifies that individuals who legally practice temporarily as occupational therapists in Colorado may use protected titles; Sections 7, 8, and 14 15 reorder and amend certain provisions of the act concerning examinations and applications for licensure by occupational therapists and OTAs; Sections 11 and 13 12 and 14 add certain prohibited behaviors as grounds for discipline and reorder certain provisions concerning disciplinary proceedings; and Sections 6, 9, 10, 11, and 12 13 make technical corrections throughout the act. Section 10 also states that the act does not authorize an occupational therapist to practice optometry. (Note: Italicized words indicate new material added to the original summary; dashes through words indicate deletions from the original summary.) (Note: This summary applies to the reengrossed version of this bill as introduced in the second house.)

Primary Sponsors
Jonathan Singer, Colin Larson, Rhonda Fields

Bill Summary: Defines telehealth and telerehabilitation for occupational therapy practice.

State: CO
Bill Number: HB 20-1230
Last Action: Introduced In Senate Assigned To Health Human Services 2020 03 10
Status: In Senate

State: NM
Bill Number: SB 212
Last Action: Sent To Scc Referrals Scc Spac Scorc 2020 01 29
Status: Failed sine die

Title: ESTABLISH TELEDENTISTRY SITE & LICENSURE

Primary Sponsors
Jerry Ortiz y Pino

Bill Summary: Defines the "originating site" of teledentistry as the site where the dentist provides the service. It also allows for asynchronous communication is paired with live video.

State: UT
Bill Number: SB 135
Last Action: Governor Signed 2020 03 28
Status: Enacted

Title: Dental Practice Act Amendments

Primary Sponsors
Allen Christensen, Steve Eliason

Bill Summary: Provides for practice standards for the practice of teledentistry.
The proposed substantive amendments in this filing are as follows: In Section R156-17b-102, adds definitions for the terms "Area of need", "Mail service retail pharmacy", "MPJE", "Remote Dispensing Pharmacist in Charge"/"RDPIC", "Remote dispensing pharmacy", "Retail Pharmacy", "Supervising pharmacy", and "Telepharmacy system". In Section R156-17b-106, clarifies the use of "shall" or "may" as used in this rule. Although these conventions are understood for Utah laws and rules, adding this special clarification to the pharmacy rule is important because there are other standards that apply in the pharmacy profession when using the terms shall and may. In Section R156-17b-203, creates an Advisory Pharmacy Compounding Education Committee (Committee). The Committee shall be composed of seven members, diversified between retail pharmacy, hospital pharmacy, and other pharmacy specialties deemed pertinent by the Division in collaboration with the Board. In Section R156-17b-302, clarifies that Class A pharmacies include retail pharmacies, mail service retail pharmacies, and remote dispensing pharmacies, and that a Class A pharmacy needs a PIC or a remote dispensing pharmacist in charge (RDPIC). In Section R156-17b-303a, clarifies that a pharmacist applicant will need to take the Utah MPJE exam. In Section R156-17b-304, clarifies that a temporary pharmacist will need to submit evidence of having secured employment in Utah conditioned upon issuance of the temporary license, and that the employment is under the direct, on-site supervision of a pharmacist with an active, non-temporary Utah license that includes a controlled substance license. In Section R156-17b-305, clarifies licensure by endorsement requirements for a pharmacist. In Section R156-17b-309, updates the continuing education topics and requirements for pharmacists and pharmacy technicians, including requiring two CE hours in immunizations or vaccine-related topics for pharmacy technicians who engage in the administration of immunizations or vaccines. In Section R156-17b-402, replaces all administrative penalty subsections with a fine schedule. In Section R156-17b-502, formats certain provisions to fit with the new fine schedule, and adds to the definition of unprofessional conduct "failing to comply with the operating standards for a remote dispensing pharmacy as established in Section R156-17b-614g". In Section R156-17b-601, clarifies the scope of practice for pharmacy technicians and pharmacy technician trainees. In particular, this amendment will allow pharmacy technicians to administer vaccines and emergency medications pursuant to delegation by a pharmacist under the Vaccine Administration Protocol: Standing Order to Administer Immunizations and Emergency Medications adopted March 26, 2019, if the pharmacy technician completes certain required initial training and CE, and is under direct, on-site supervision by the delegating pharmacist. In Section R156-17b-610, clarifies that patient counseling may be provided through a telepharmacy system. In Section R156-17b-612, minor wording changes were made in this section regarding prescriptions operating standards. In Section R156-17b-614a, clarifies that a remote dispensing pharmacy may dispense a prescription drug or device to a patient if a pharmacist or DMP is physically present and immediately available in the facility, or supervising through a telepharmacy system. Section R156-17b-614g is new and establishes and clarifies the qualifications and operating standards for a remote dispensing pharmacy. In Section R156-17b-615, clarifies that a Class C pharmacy may be located in the same building as a separately licensed Class A, B, D, or E third-party logistics provider. Section R156-17b-617g in new and establishes operating standards for a third party logistics provider. In Section R156-17b-621, allows pharmacy interns and pharmacy technicians to administer immunizations and emergency medications pursuant to delegation by a pharmacist under the March 26, 2019, Vaccine Administration Protocol, and establishes and clarifies the required training for pharmacists, pharmacy interns, and pharmacy technicians who will be engaging in the administration of a prescription drug or device, or engaging in the administration of vaccines. In Section R156-17b-623, clarifies the drugs that may be dispensed by a dispensing medical practitioner in accordance with Subsection 58-17b-802(1) and Section 58-17b-803. Clarifies the requirements and operating standards for the practice of telepharmacy through a remote dispensing pharmacy.