

Beyond COVID-19:

Policy Recommendations to Strengthen and Improve Telehealth Services

COVID-19 brought with it an explosion in [telehealth use](#). However, even before the coronavirus, telehealth was growing. In fact, a [study](#) published in the *Journal of the American Medical Association* found that telemedicine visits increased at an average compound growth rate of 52% per year from 2005 to 2014.

So why are patients and providers using telehealth in such increasing numbers?

- In the time of COVID-19, **telehealth just makes good sense**. It reduces the risk of spreading the virus by keeping patients home.
- **Telehealth can improve access to care**. In some rural areas, the closest doctor or hospital could be hours away. In a matter of seconds, telehealth brings the health care provider right into the patient's home.
- **Telehealth reduces health care costs for patients and providers**. Some of the shared [cost-saving benefits of telehealth](#) include better management of chronic diseases, reduced travel times, and fewer or shorter hospital stays.

For years, America's health insurance providers have offered telehealth as an effective and efficient way to receive care. During the COVID-19 crisis, they supported policy changes made by federal and state policymakers to **encourage telehealth use** and **speed its adoption**.

Now, as the conversation about what a post-COVID health care system will look like begins, it is important that some of those policy changes remain in place to help fulfill the promise of telehealth and the role it plays in **improving efficient access to care, enhancing outcomes, and creating cost savings**.

State Medicaid Agencies can encourage increased access to care through telehealth by:

- Increasing the flexibility for in-network providers eligible to deliver services via telehealth
- Increasing the flexibility for which services are eligible to be delivered via telehealth
- Increasing the flexibility for the range of technologies that may be used to deliver services via telehealth

- Allowing providers to deliver services across state lines via telehealth
- Removing requirements for initial in-person visits before telehealth can be utilized
- Including and counting services and diagnoses resulting from telehealth visits in risk adjustment calculations, quality, and performance metrics.

State legislatures can encourage the growth of telehealth by allowing health insurance providers to have flexibility in the way in which plans design benefits including:

- Expanding the type of providers eligible to deliver services via telehealth
- Expanding the types of services eligible to be delivered via telehealth
- Maintaining cost saving potential of telehealth by not mandating brick-and-mortar payment parity between virtual and in-person visits; telehealth visits do not always require the same level of intensity, same amount of time, or the same equipment as in-person visits and thus should not be required to be reimbursed equally
- Allowing providers to deliver services across state lines via telehealth
- Allowing insurance providers to maintain utilization management protocols
- Expanding eligibility based on patient location or geography

State licensing boards can increase flexibility in the requirements around state licensure, which will allow providers licensed in other states to practice across state borders.

Telehealth is meeting the promise of patient care that is more affordable, accessible, and satisfactory. AHIP will continue to advocate for policies which encourage its growth.