

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**.

Here are policy recommendations that would help remove barriers to telehealth implementation and strengthen and improve telehealth services:

Recommendations for Congress

Congress must pass legislation to redefine how Traditional Medicare beneficiaries can access telehealth.

- The Coronavirus Preparedness and Response Supplemental Appropriations Act allowed the HHS Secretary to waive certain Medicare telehealth payment requirements during the Public Health Emergency (PHE).
- Many provisions must be made permanent through legislation. The Social Security Act, section 1834(m) should be revised to allow for flexibility in benefit design:
 - Originating sites
 - Eligible geographies
 - Eligible services
 - Eligible providers
- Congress should make permanent the CONNECT for Health Act, which will further expand access to telehealth services for Medicare beneficiaries by promoting quality care and alternative payment models.
- Congress should maintain the flexibility enacted in the CARES Act for commercial insurers to cover telemedicine pre-deductible in high-deductible health plans.

Recommendations for the Administration

The **Centers for Medicare & Medicaid Services** should advance telehealth by:

- Adding eligible telehealth services to the Medicare Telehealth Service list, with the opportunity for public comment on permanent additions
- Modifying or eliminating the need for an existing doctor-patient relationship
- Including remote services in Opioid Treatment Program bundles
- Allowing information obtained from telehealth and telephonic visits to be included in risk adjustment calculations for Medicare Advantage, Medicaid and individual and small group market plans
- Increasing flexibility in requirements around state licensure for providers enrolled in the Medicare program to further increase access to underserved areas by allowing doctors to practice across state lines

- Encouraging growth of telehealth by allowing health plans flexibility to focus on value over volume, for example through innovative payment arrangements with providers, and not mandating brick-and-mortar payment rates
- Allowing rural health clinics and federally qualified health centers to deliver telehealth services

The **Departments of Health and Human Services, Labor, and Treasury** should allow health insurance providers to maintain newly added benefits or cost sharing changes made to expand telehealth or other remote care services through the end of the plan year after the public health emergency ends.

The **Drug Enforcement Administration** should allow providers to prescribe controlled substances via telehealth for the treatment of substance use disorders. Additionally, we recommend the Administration amend its rules to allow providers to prescribe buprenorphine for the treatment of substance use disorders to both existing and new patients via telehealth. Any policy changes that include remote prescribing should include appropriate guardrails to protect against fraud, waste, and abuse.

The **Health Resources & Services Administration** can support the further expansion of telehealth through its grant programs, especially those that distribute funds to rural regions. Insurance providers support this work and encourage further expansion of telehealth into areas that lack sufficient health care resources.

The **Federal Communications Commission** can help expand telehealth infrastructure, especially in rural parts of the country. We have previously supported the Connected Care Initiative created by the Commission, and insurance providers continue to support widespread access to broadband internet access.

Recommendations for States

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.