



# Policy webinar: State of Telehealth

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# Where We Are Right Now

## ***Public Health Emergency (PHE)***

- Recently extended for an additional 90-days into April
- Grants multiple telehealth related flexibilities including:
  - Removal of geographic/distance site requirements for telehealth
  - Ability to use audio-only telehealth
  - Flexibility for prescribing of certain substances
  - Flexibility for use of non-HIPAA covered technologies
- Centers for Medicare and Medicaid Services (CMS) has created a third category of temporary telehealth services during the PHE
- Payment parity is in-place for most telehealth services

## ***Federal Broadband Programs***

- National Telecommunications and Information Administration (NTIA)
  - Currently has open comment for Broadband Programs in Infrastructure Law
    - <https://ntia.gov/other-publication/2022/request-comment-broadband-programs-bipartisan-infrastructure-law>

# Where We Are Right Now (cont.)

## ***Federal Broadband Programs***

- Federal Communications Commission COVID-19 Telehealth Program and Connected Care Pilot Programs
  - Both programs have selected their recipients and the process of obligating and expending the funds are underway
- HHS/Health Resources and Services Administration (HRSA) Telehealth Broadband Pilot Program
  - \$6.5 million awarded to the National Telehealth Technology Assessment Resource Center (TTAC)
  - \$1.5 million awarded to the Telehealth-Focused Rural Health Research Center to evaluate the program across participating communities
- White House has convened an Infrastructure Implementation Task Force to guide use of infrastructure funds including broadband

# What Exactly Was Included in the PFS

CHIME has a [cheat sheet](#) on the telehealth changes included in the CY22 Physician Fee Schedule (PFS). Key changes include:

- Additional to the Medicare Telehealth Services List
  - Category 3 temporary PHE services in place through 2023
- Extension of Mental-Telehealth Services on a Permanent Basis
  - Multiple conditions and exceptions are included under this, including regular in-person visit requirements
- Payment for audio-only communications related to rural health and Mental-Telehealth Services

# Where Are We Going

## ***Public Health Emergency (PHE)***

- Once the PHE expires – I promise you eventually this will end – telehealth will *currently* revert to the way it was pre-pandemic, with caveats including:
  - Category 3 services will be covered through the end of 2023
  - Mental health telehealth services will still largely function as they have under the PHE on a permanent basis.
    - There are some requirements for in-person visits and exceptions
- This means – largely – telehealth will be restricted to those in rural areas and must use a distance site provider
- The prescribing and HIPAA technology relaxations will also expire

# Where Are We Going (cont.)

## ***Federal Broadband Programs***

- The FCC programs have already obligated their funding
  - Unless new funding is obligated or a new call for applications is announced there is little way to impact these programs
- Similarly, so have the HRSA programs
  - These get plussed up regularly, so there may be comment opportunities
- The NTIA program has yet to release its grant rules or call for proposals
  - CHIME will respond to the request for information asking them to prioritize healthcare
  - Depending on the eligible grantees and the grant process, CHIME may be able to shape the grant process

# Capitol Hill

- The prognosis for Congress to pass sweeping telehealth legislation is still unknown.
- One very possible outcome is Congress takes a “kick the can down the road” approach whereby they maintain the pandemic authorities in the short-term, such as several months, one year, or two years.
- The federal government is currently being funded by a continuing resolution (CR) which expires on Feb. 18.
- If Congress wanted to act, they could attach language (an extension or otherwise) to the CR.



# Legislation

- S. 1512/H.R. 2903, the CONNECT for Health Act
- S. 368/H.R. 1332, the Telehealth Modernization Act
  - Also included in Section 403 of the Cures 2.0 Act introduced by Reps. Diana DeGette (D-CO) and Fred Upton (R-MI) in November 2021
- H.R. 366, the Protecting Access to Post-COVID-19 Telehealth Act
- H.R. 6202, the Telehealth Extension Act

# Challenges

- The challenges facing passage of comprehensive legislation making permanent many of the requirements lifted under pandemic authorities include:
  - Cost and impact on the Medicare Trust Fund
  - Program integrity (ie. fraud, waste, and abuse) concerns
  - Payment parity
  - Differences of opinion on removing the Medicare requirement which calls for a patient to be seen first by a provider before being seen via telehealth

# Have Questions?

Reach out to the team at [policy@chimecentral.org](mailto:policy@chimecentral.org)