

Senate bill would nix geographic, site restrictions on telehealth

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What's the news: The AMA is supporting S. 4375, the “Telehealth Modernization Act of 2020,” which would permanently remove many of the regulatory restrictions on telehealth that were temporarily lifted at the start of the COVID-19 pandemic and have enabled patients to receive care without leaving their homes.

“During the pandemic, telemedicine has allowed physicians to provide care to patients while supporting physical distancing efforts and reducing the spread of SARS-CoV-2 and other infectious diseases by avoiding unnecessary outpatient visits,” AMA Executive Vice President and CEO James L. Madara, MD, wrote in a letter to Sen. Lamar Alexander, R-Tenn., the sponsor of the bill and chair of the Senate Health, Education, Labor and Pensions Committee.

Earlier this year, the Coronavirus Aid, Relief and Economic Security (CARES) Act enacted a general waiver provision enabling the Department of Health and Human Services (HHS) to temporarily lift outdated originating site and geographic restrictions on Medicare's coverage of telehealth-enabled services. Before this action, Medicare physicians were prohibited from offering most telehealth services outside of rural areas, and Medicare beneficiaries in rural areas were not able to receive most of those services unless they traveled to a health care facility.

Alexander's bill would permanently remove Medicare's telehealth geographic and site restrictions.

It would also give the HHS secretary the authority to help patients access telehealth from physical therapists, speech pathologists and other health professionals, and allow Medicare hospice and home dialysis patients to begin receiving care through a telehealth appointment without an initial in-person visit.

Learn why the AMA presented its Dr. Nathan Davis Award for Outstanding Government Service to Alexander.

Why it matters: “It is critically important that Medicare beneficiaries continue to be able to access telehealth services from their physicians without arbitrary restrictions throughout the COVID-19 public health emergency and beyond,” Dr. Madara wrote.

Alexander noted in a press release that, in his home state, Nashville’s Vanderbilt University Medical Center went from 10 telehealth visits a day before the pandemic to more than 2,000 daily telehealth visits during the emergency.

Similar anecdotes are being shared throughout the nation’s health care system.

Physicians and other health professionals are seeing 50 to 175 times the number of patients via telehealth than they did before the pandemic, according to a report from McKinsey & Company Health Care Systems & Services. The report also states that virtual visits could potentially account for \$250 billion, or about 20%, of what Medicare, Medicaid and commercial insurers spend on outpatient, office and home health.

In remarks made while introducing his bill, Alexander noted the explosive adoption of telehealth services during the pandemic.

“Because of COVID-19, the health care sector and federal and state governments have been forced to cram 10 years’ worth of telehealth experience into almost 5 months,” Alexander said.

Dr. Madara said there should be no turning back now that telehealth has proved its value.

“The success of telehealth technology adoption during the COVID-19 public health emergency has made it abundantly clear that this technology should be available to all Medicare patients regardless of where they live or how they access telehealth services,” Dr. Madara wrote.

“Telehealth technologies allow physicians to increase continuity of care, extend access beyond normal clinic hours, and help overcome clinician shortages, especially in rural and other underserved populations,” Dr. Madara’s letter adds. “This ultimately helps health systems and physician practices focus more on chronic disease management while enhancing patient wellness, improving efficiency, providing higher quality of care, and increasing patient satisfaction.”

The bill would also give the HHS secretary authority to give Medicare flexibility in paying for more telehealth services. Alexander noted that, during the pandemic, Medicare is covering 135 telehealth services—more than double what it did before. This includes emergency department and home visits, plus physical, occupational and speech therapy services.

Learn more: Congress took swift and decisive actions to ensure that telehealth services would be available to all Medicare patients early in the COVID-19 pandemic. But these actions will expire when the public health emergency is over. The AMA has told Congress that the progress seen in the use of telehealth services will be erased if it fails to act.

Alexander noted that his bill incorporates recommendations he received after asking health care experts which of the 31 federal health policy changes made during the public health emergency should be made permanent.

The AMA responded to Alexander with a 20-page letter telling the senator that the AMA “strongly supports all efforts to increase, maintain, and expand patient’s access to telehealth services.”

Previously, the AMA joined more than 70 other health care-related organizations, advocacy groups and companies in a letter to Congressional leaders to permanently remove geographic and site restrictions and other statutory limits on telehealth.