

# Can telehealth access survive the pandemic? These policies are key

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Temporarily suspending some rules and implementing payment policies for telehealth on an emergency basis propelled the technology to become the lifeline safely connecting numerous patients and physicians during the COVID-19 pandemic.

Now work is underway to ensure that the best parts of telehealth are around long after this public health emergency and that improvements will be made in areas that haven't worked so well, such as ensuring people have access to broadband and equal access to care.

Before the pandemic hit, the AMA advocated for telehealth policies and coverage at the state and federal levels that would support this added way for patients to access care. The push continues as patients and physicians have become accustomed to telehealth.

During a recent webinar, "Telehealth policy and coverage: What you need to know for 2021," AMA experts discussed:

- Telehealth's rapid rise in 2020.
- The latest developments and updates on policy and coverage at the federal and state levels that will help your practice leverage telehealth this year.
- What needs to happen in Congress and state legislatures to ensure that you and your patients can continue to use telehealth to better patient care and lower costs once the public health emergency ends.

Telehealth has been used to such a wide extent because federal leaders and state governors and lawmakers took swift action to create waivers and flexibilities through emergency orders that removed obstacles to physicians and patients easily connecting remotely. Governors, state insurance regulators and Medicaid directors also made emergency changes to ensure physicians and other health care providers would be paid for the visits.

“Many people have said that they can’t imagine things going back to the way they were before and having all the barriers to widespread telehealth coverage ... but there are a number of challenges that we will need to address in order to preserve and improve the landscape for telehealth coverage in the future,” said Sandy Marks, the AMA’s senior assistant director for federal affairs.

Learn how the AMA is advancing telemedicine during the COVID-19 pandemic.

## Emergency declarations extended

On Jan. 21, then-Health and Human Services (HHS) Secretary Alex Azar extended the COVID-19 Public Health Emergency declaration for another 90 days, allowing the telehealth and other waivers and flexibilities implemented during the pandemic to be in effect until at least April 21.

This includes the ability to provide telehealth services to Medicare patients all over the country, not just in rural areas; the ability to deliver telehealth services to Medicare patients in their homes, instead of their needing to go to a health care facility to receive them; and paying physicians for audio-only telehealth services in addition to services that involve two-way, real-time, audio-video communication.

HHS can continue to extend the declaration by 90 days if the public health emergency hasn’t ended.

## Some changes already permanent

The recent final 2021 Medicare payment rule made some changes permanent, including adding five AMA Current Procedural Terminology (CPT<sup>®</sup>) codes to the telehealth list, including group psychotherapy (CPT code 90853) and home visits, established patient (CPT codes 99347–99348.) Among other permanent changes are that nursing facility visits may be provided via telehealth once every 14 days instead of the once every 30 days allowed before the pandemic.

But Marks and Kimberly Horvath, senior legislative attorney in the AMA Advocacy Resource Center, said more permanent changes are needed going forward.

## Looking at the work ahead

With so many temporary policies that enabled telehealth during the public health emergency set to expire when the pandemic is over, now is a critical moment at the state level, Horvath said. And,

based on comments from state regulators and legislators at the 2021 AMA State Advocacy Summit in early January, telehealth policy is a priority.

“It is something we anticipate many states addressing because many of these legislatures were not in session when the pandemic hit. So, this is their first opportunity to make permanent many of the temporary policies that were put in place,” Horvath said. “We have an opportunity to collectively work together to support and maintain those policies that promote sustainable adoption of high-quality, coordinated telehealth.”

Enacting coverage parity, providing fair payment; requiring insurers to allow all contracted physicians to provide telehealth, expanding broadband, expanding acceptable modalities increasing digital literacy and addressing geographic and originating site barriers are among the areas that need to be addressed.

The AMA has state model legislation for telehealth and Horvath pointed to California, Delaware and Oklahoma among the states with strong laws already in place.

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