Why medical students are out to cut telehealth’s red tape

FEB 25, 2021

Brendan Murphy
News Writer

On March 4–5, a group of 900-plus medical students from 47 voting states and Puerto Rico will work together in an attempt to shape the future of health care during the Medical Student Advocacy Conference.

In virtual Capitol Hill visit meetings scheduled with more than 250 members of Congress, medical students hope to focus their advocacy on a few key issues. Reilly Bealer is a rising third-year medical student at the Elson Floyd College of Medicine at Washington State University who is taking a year away from her medical studies working as the AMA Government Relations Advocacy Fellow (GRAF). She offered some insight on what those issues are and why they are key to creating a healthier nation.

Taking the red tape out of telehealth

The problem: Telehealth services have been instrumental in care provision during the COVID-19 pandemic. The Centers for Medicare & Medicaid Services (CMS) provided critical flexibility in telehealth provisions by waiving the geographic origination requirement for the duration of the COVID-19 pandemic. However, this restriction will snap back into place abruptly when the emergency declaration ends unless Congress acts first.

What Congress can do: Step in and eliminate restrictions on where telehealth technology may be used so Medicare may cover and pay for telehealth services to beneficiaries anywhere in the country and to any location.

“We are looking at this as an equity issue,” Bealer said. “This could eliminate barriers that can exacerbate inequities where patients have to drive or find other transportation to access certain care that they could otherwise get at home, thus protecting these patients, many of which are at increased risk for poor health outcomes by COVID-19, from unnecessary exposure to infectious pathogens.”
Rise in maternal mortality

The problem: Increasing rates of maternal mortality disproportionately harm Black and Indigenous mothers —and exist at the intersection of racial and gender discrimination. There are a multitude of considerations necessary to address this problem, such as: a lack of insurance or inadequate coverage prior to, during and after pregnancy; closures of maternity units in many rural and urban communities; and a lack of interprofessional teams trained in best practices.

What Congress can do: Pass proposed legislation that includes actions such as improving data collection, disseminating information on effective interventions and expanding access to health care and social services for postpartum women. There is also a need to expand coverage for post-partum care for up to one year.

“We’ve seen that at least a third of maternal deaths happen after the 42-day mark postpartum,” Bealer said. “It’s important that you are covering the individual while pregnant, but also that they have access to high quality care in the 12 months postpartum. These mothers matter.”

Learn tips to effectively speak with lawmakers as a medical student.

More research on medical cannabis

The problem: With growing public support and legislative efforts at all levels of government to legalize the medical use of cannabis, many individuals are using marijuana-derived products that have not been approved by the Food and Drug Administration. States have enacted laws making the medical use of cannabis legal at the state level, even though such use is still illegal at the federal level.

What Congress can do: Legal and regulatory barriers to cannabis and cannabinoid research have left physicians and patients without the evidence needed to understand the health effects of these products and make sound clinical decisions regarding their use. Addressing this reality calls for specific legislation. There is a need for scientifically valid and well-controlled clinical trials conducted under federal investigational. Furthermore, new drug applications are necessary to assess the safety and effectiveness of all new drugs, including potential cannabis products for medical use.

“There’s a lot of complexities related to the subject of medical marijuana,” Bealer said. “We’re seeing more patients interested in exploring the use of marijuana or marijuana synthesized products to aid them.” But without more scientific research, the benefit-risk calculation for patients and physicians
remains murky.

The Medical Student Advocacy Conference will be held virtually due to the pandemic. In addition to visits with legislators—which have reached maximum capacity—the AMA-member exclusive event offers educational events and speakers in numerous advocacy areas. Registration remains open through March 3.