

Telehealth keeps patients connected to care. Now Congress must act.

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Not every patient encounter can be conducted via telehealth, said AMA member Adrian Villarreal, DO, and sometimes subtle, nonverbal cues can be missed and there are no opportunities for therapeutic touch.

“That being said, your ability to be there for somebody to let them know that you are present, you are listening, and you are there for them—that can be done with a telephone call,” Dr. Villarreal said. “Is it for everybody? No, it's not. But the patients get the care that they are looking for.”

Dr. Villarreal, a family physician licensed to practice in Florida, Michigan and California, made his remarks during a virtual gathering as part of the AMA Telehealth Immersion Program boot camp.

The Telehealth Immersion Program is designed to help physicians, practices, and health systems implement, optimize, sustain and scale their telehealth efforts. That program is part of the AMA STEPS Forward™ Innovation Academy that lets physicians learn from peers and experts and discover ways to implement time-saving practice innovation strategies.

Equal telehealth access a must

Dr. Villarreal is based in Miami and he is a veteran of the U.S. Army and Air Force. His private practice specializes in the care of veterans through virtual visits. Dr. Villarreal's goal is to establish a hybrid practice where he can provide osteopathic manual treatment on some days and offer telehealth services on others.

He noted that the COVID-19 pandemic made clear the need for telehealth services, but also highlighted that these services must be provided in an equitable manner.

“The COVID-19 pandemic hit the least fortunate the hardest,” Dr. Villareal said. Early in the pandemic, “practically every other patient” told him that telehealth was the only form of health care they could access.

Patients were “so grateful that there was a physician on the other end of the line that was listening to them and doing their best to understand what’s going on and to help them,” he said.

Congress must sustain progress

Top AMA staffers outlined key federal and state regulatory and legislative changes that facilitated rapid telehealth adoption during the public health emergency (PHE) and also noted what still needs to be done.

“We understand that the Department of Health and Human Services (HHS) and Centers for Medicare & Medicaid Services (CMS) are trying to develop a transition to a post-PHE environment,” said Sandy Marks, the AMA’s senior assistant director of federal affairs. She added that the PHE is expected to continue well into 2022.

Prior to the PHE, telehealth was mostly available in rural areas, had to be accessed at a medical facility, and CMS only covered a minimum number of services, for which it usually paid about 30% less than the rates for in-person office visits, Marks said.

“Unless Congress acts, it’s going to pretty much return to the way it was before COVID,” she said. “So whether Medicare patients who are not in rural areas can continue to receive telehealth services after the COVID-19 public health emergency depends 100% on congressional action.”

Congress has changed the law so telehealth could be used for mental health services after the PHE is lifted, but it also created requirements that patients using telehealth must also have an in-person visit within a certain period. The AMA is advocating to get those in-person requirements removed.

To permanently remove originating site and geographic restriction on telehealth for patients with Medicare, the AMA is supporting two bills—the Telehealth Modernization Act of 2021 (HR 1332) and the CONNECT for Health Act of 2021 (S 1512)—that would allow patients all over the country to continue getting telehealth services and continue to access them from their homes. The AMA is also supporting H.R. 4058/S. 2061, the “Telemental Health Care Access Act,” that would repeal the new in-person requirements on accessing Medicare telemental health services before they are implemented.

Physicians supporting these measures can conveniently contact their legislators through the Physicians Grassroots Network to have their voices be heard.

Telehealth regulation in the states

There are a number of initiatives that the AMA supports on the state level.

About 30 states already had parity laws on the books mandating that state-regulated health plans cover telehealth visits on the same basis as in-person visits and about five more took action in 2021, said Kimberly Horvath, the AMA's senior legislative attorney.

The AMA is also working with state medical associations and specialty societies to remove barriers to care and to prohibit health plans from:

- Limiting telehealth coverage to only select corporate telehealth providers.
- Using policies such as different co-pay rates that encourage patients to use corporate telehealth providers rather than their personal physicians.
- Using telehealth-only networks to meet network advocacy requirements.