How Congress, states can keep patients connected to telehealth

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Since the pandemic’s onset, exceptions to telehealth rules have allowed Medicare patients to obtain new patient office visits, telephone visits, mental health services, nursing facility visits, emergency department visits, critical care services and more via telehealth.

For patients with functional limitations that make it difficult to get to in-person appointments, changes in telehealth rules during the public health emergency have made it easier to manage their medical conditions.

The Centers for Medicare & Medicaid Services (CMS) “has a lot of opportunities here to facilitate improvements in care. And we think it's going to be an exciting time,” Sandy Marks, the AMA’s senior assistant director for federal affairs, said during a recent episode of “Perspectives with the AMA” on ReachMD, a radio station for physicians that is available on air, online and via mobile apps.

Marks joined two other AMA experts to discuss what’s been done to provide Medicare coverage during the public health emergency, what’s on the horizon for continued telehealth access, and the growth of digitally enabled hybrid models of care that blend in-person, virtual and remote monitoring services.

For the telehealth services patients have gained to stick around post-pandemic and for improvements in care to take place, federal and state laws need to change, Marks and her colleagues said.

“At the AMA, we strongly believe that Congress must act now—as soon as possible really—to remove any arbitrary restrictions on who may receive telehealth services and where they may receive them,” said Kyle Thomson, a senior legislative attorney for the AMA Division of Legislative Counsel.

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What states can do

At the state level, Kimberly Horvath, a senior legislative attorney in the AMA Advocacy Resource Center, said there are four things the AMA is encouraging state lawmakers to do when it comes to telehealth.

**Support telehealth coverage and payment.** Lawmakers can act to remove any remaining barriers to telehealth coverage—for example, geographic restrictions or originating site restrictions—so that coverage is comparable to in-person services.

**Provide fair payment for telehealth.** When barriers to coverage are lifted and lawmakers support fair payment, physicians can fully integrate telehealth to their practices.

**Create care policy that supports physicians’ ability to provide telehealth.** Not all care can be provided via telehealth, so patients need access to in-person care when it is clinically appropriate or simply because the patient wants to be seen in person. Patients shouldn’t incur additional hurdles, burdens or costs to do that.

**Establish equity.** Increase affordable internet connectivity. Support expanding broadband access, fair and equitable payment, digital literacy programs and programs that ensure interpreter services are available for telehealth for patients who may be hard of hearing or have limited English proficiency.

Find out why this is the year to reform Medicare pay and boost telehealth.

**Licensing across state lines**

Perhaps on fewer physicians’ minds now, but another piece that will be important to address going forward: licensing.

In the COVID-19 Telehealth Coalition survey of physicians last year, low or no payment was the biggest barrier physicians identified to continued telehealth access; 18% identified licensure as a barrier.

The AMA supports state-based licensure and believes physicians need to be licensed in the state where the patient is located, including for telehealth services. Horvath said the easiest way for physicians to practice in multiple states and to obtain licensure in multiple states is through the Interstate Medical Licensure Compact, which includes 33 states, the District of Columbia and Guam.
States should join the compact if they haven’t yet done so. “In addition, we would encourage state lawmakers to consider narrow exceptions to licensures for telehealth. So, for things like physician-to-physician consultations, or in the event of an urgent or emergent circumstance,” Horvath said.

Learn more about the cross-state licensing process that is now live in 30 states.