

## Telehealth flexibilities assured for the bulk of 2022

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**What's the news:** Patients and physicians who have come to see the immense clinical value of telehealth throughout the COVID-19 pandemic can breathe a sigh of relief that access to this vital mode of care will continue for at least another five months after the Biden administration declares an end to the nation's public health emergency (PHE).

The provision is one of many related to health care included in the massive, \$1.5 trillion spending bill—called the Consolidated Appropriations Act, 2022—that was passed last week and garnered headlines for including \$13.6 billion in emergency aid for Ukraine as it struggles to fend off a brutal invasion from Vladimir Putin's Russia.

“Congress has taken a crucial step in starting a revolution in patient access. The AMA aims to continue being a partner in moving it forward,” said AMA President Gerald E. Harmon, MD. “The dramatic increase in adoption of telehealth that occurred in 2020 has allowed medical care that combines in-person and virtual services to become the new standard of care. This new legislation guarantees that patients with Medicare will continue to benefit from this important innovation in health care delivery.”

**Why it's important:** Many of the telehealth flexibilities that have helped dramatically improve patient access to care are temporary and limited to the duration of the COVID-19 PHE, and they affect both public health programs and private health coverage. The PHE must be renewed every 90 days, and is set to expire April 16. It is expected the PHE will be renewed for another 90 days, with a mid-July expiration date.

This puts doctors and health care organizations in the position of having to weigh the costs of investing in the technological and clinical infrastructure needed to maintain telehealth programs against the possibility that Congress may ultimately decide against supporting the permanent expansion of telehealth coverage that is so badly needed.

The AMA and a vast array of more than 300 other health care organizations urged congressional leaders to take this step as a way of “facilitating a pathway to comprehensive permanent telehealth reform that would provide certainty to beneficiaries and our nation’s health care providers while providing sufficient time for Congress and the administration to analyze the impact of telehealth and patient care.”

Prior to the pandemic, Medicare beneficiaries needed to be physically located in a rural area to access telehealth services, thus precluding urban and suburban patients from receiving the same benefits of virtual care. In addition, rural beneficiaries still needed to travel to an “originating site”—essentially another health care facility—outside of the home to access telehealth services.

“For decades, the AMA has recommended permanently removing the geographic and originating-site restrictions. Likewise, the AMA pushed to preserve the existing telehealth flexibilities since the COVID pandemic swept the country,” Dr. Harmon said. “It’s refreshing to see Congress agree. As patients take advantage of these changes and health access is broadened, we are hopeful that Congress will see the wisdom of making these changes permanent.”

In addition to keeping the telehealth flexibilities in place for 151 days after the PHE ends, the new law also calls on the Medicare Payment Advisory Commission to issue a report on telehealth use by June 15, 2023.

“Telehealth has huge potential to expand access to high-quality virtual care for all Americans,” says the letter the AMA and other organizations sent to Congress earlier this year. “Following the 2022–2023 evaluation period, all committees of jurisdiction will have at their disposal the necessary data to pursue evidence-based policymaking and take up comprehensive and permanent telehealth reform in a bipartisan manner.”

Other notable health care provisions in the Consolidated Appropriations Act, 2022, will:

- Give the Food and Drug Administration authority over products such as synthetic nicotine that contain nicotine but don’t come from tobacco.
- Train health professionals to improve prenatal care, labor care, birthing and postpartum care for patients from historically marginalized racial and ethnic groups, including with respect to perceptions and biases that may affect the approach to—and provision of—care.
- Establish or continue evidence-based programs to deliver integrated health care services to pregnant postpartum women to reduce adverse maternal health outcomes and pregnancy-related deaths.
- Improve rural maternal and obstetric care data, and establish rural collaborative improvement and innovation networks to improve maternal and infant health outcomes.
- Extend the schedule 1 categorization of fentanyl-related substances under the Controlled Substances Act.

- Boost the federal medical assistance percentage (FMAP) for Puerto Rico to 76% for Jan. 1–Dec. 13, adding \$200 million to the island’s Medicaid allotment as long as they ensure physicians and other health professionals are paid 70% of Medicare Part B rates.
- Extend the 83% FMAP for American Samoa, the Commonwealth of the Northern Mariana Islands, Guam and the U.S. Virgin Islands through Dec. 13.

**Learn more:** The AMA fielded a survey on telehealth use at the end of 2021, and you can learn about the results in detail by attending this March 31 AMA STEPS Forward™ Telehealth Immersion Program webinar.

Meanwhile, the AMA telehealth quick guide covers practice implementation, policy, coding and payment, and other helpful resources for physicians.