



Telehealth: Lessons from the COVID-19 pandemic

Telehealth services have emerged as a critical tool during the COVID-19 pandemic to provide care to patients while supporting physical distancing efforts and reducing the spread of **SARS-CoV-2 and other infectious diseases** by avoiding unnecessary outpatient visits. The American Medical Association continues to hear success stories from patients and physicians who see the expansion of telehealth as a positive step for health care delivery due to increased convenience, better provider/patient communication, greater provider/patient trust, and access to real-time information related to a patient's social determinants of health (i.e., a patient's physical living environment, economic stability, or food insecurity)—all of which can lead to better health outcomes and reduced care costs. Congress should act to ensure that telehealth services are covered and remain available permanently at the end of the COVID-19 public health emergency.

Congress should permanently fix the geographic and site of service restrictions on audio-visual technologies

- Under 1834(m) of the Social Security Act (SSA) (42 U.S.C. 1395m(m)), Medicare is prohibited from covering and paying for telehealth services delivered via two-way audio-visual technology unless it is provided at an eligible site in a rural area. Patients must also travel to an eligible originating site to receive telehealth services, except in a few instances where Congress has acted to authorize telehealth to the home for specific services. As a result, the 1834(m) restrictions essentially bar Medicare beneficiaries from using widely available two-way audio-visual technologies to access covered telehealth services unless they live in a rural area, and with a few exceptions, even those in rural areas must travel to an eligible health care site.
- Congress gave CMS the ability to waive the geographic origination requirement for the duration of the COVID-19 pandemic, but this restriction will snap back into place abruptly when the emergency declaration ends unless Congress acts first.
- Two-way audio-visual services are the only communication modality that Medicare places such a prohibition on. Other communication technologies, including remote patient monitoring, do not meet the definition of a telehealth technology and services furnished via these technologies are not subject to the geographic and originating site restrictions.
- The success of telehealth technology adoption during the COVID-19 public health emergency has made it abundantly clear that these outdated and arbitrary restrictions make no sense with today's technology. Physicians and patients have seen the value of telehealth services and should not be forced to stop using these tools when the public health emergency ends.
- Access to telehealth services can help reduce inequalities in care for underserved communities by providing access to services for patients regardless of where they are located. Patients in rural areas or underserved urban communities often have to travel long distances to access care, especially specialty services including emergency and critical care. Telehealth also can help eliminate commutes to physician offices for those with mobility or transportation difficulties.

- In conjunction with expanded access to telehealth services, Congress must continue to support the expansion of high-speed broadband internet access to underserved communities. Patients cannot take advantage of telehealth services if they do not have the requisite internet connection to access them. Solving this requires enhanced funding for broadband internet infrastructure in rural areas and support for under-served urban communities and households to gain access to affordable internet access.

Ask your senators and representative to support eliminating 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. This should include removal of the geographic restriction and adding a provision to allow as an originating site any location at which a patient is located.