

Telehealth Policy Before, During & After COVID-19

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Promoting Digital Equity

Kaiser Permanente Institute for Health
Policy Forum



Center for Connected
Health Policy

THE NATIONAL
TELEHEALTH POLICY
RESOURCE CENTER



CENTER FOR CONNECTED HEALTH POLICY (CCHP)

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is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

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- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.



TELEHEALTH POLICY CHANGES IN COVID-19

FEDERAL

MEDICARE ISSUE	CHANGE
Geographic Limit	Waived
Site limitation	Waived
Provider List	Expanded
Services Eligible	Added additional 80 codes
Visit limits	Waived certain limits
Modality	Live Video, Phone, some srvs
Supervision requirements	Relaxed some
Licensing	Relaxed requirements
Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)	More codes eligible for phone & allowed PTs/OTs/SLPs & other use

- DEA – PHE prescribing exception/allowed phone for suboxone for OUD
- HIPAA – OCR will not fine during this time

STATE (Most Common Changes)

MEDICAID ISSUE	CHANGE
Modality	Allowing phone
Location	Allowing home
Consent	Relaxed consent requirements
Services	Expanded types of services eligible
Providers	Allowed other providers such as allied health pros
Licensing	Waived some requirements

- Private payer orders range from encouragement to cover telehealth to more explicit mandates
- Relaxed some health information protections



FEDERAL TELEHEALTH POLICY

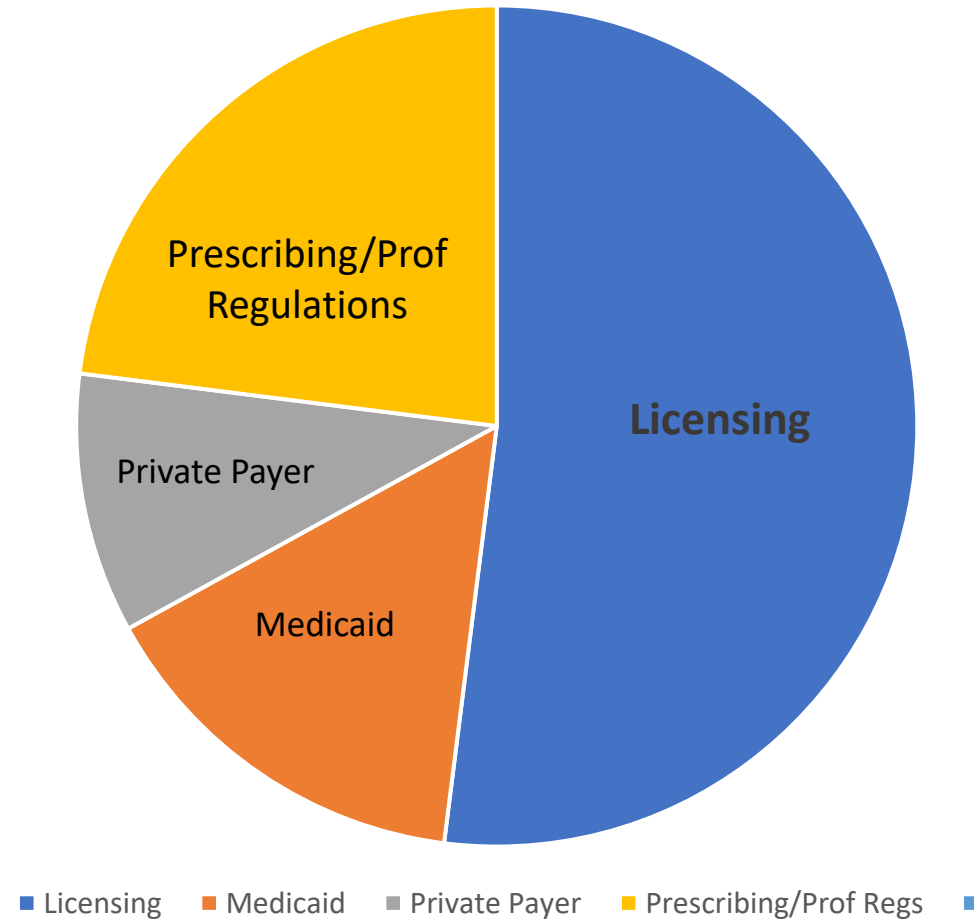
PRE-COVID-19	DURING COVID-19	POST-COVID-19 PHE
<p>Telehealth-specific policy primarily found in Medicare.</p> <ul style="list-style-type: none"> Limited the use of telehealth to take place in specific geographic locations and sites (mostly medical facility) Primarily only live video allowed Limited list of providers eligible to provide services <p>Prescribing of Controlled Substances (Ryan Haight Act)</p> <ul style="list-style-type: none"> Narrow exceptions to the use of telehealth one of which is when a PHE is declared 	<p>Medicare Limitations Eased</p> <ul style="list-style-type: none"> Geographic and site limits removed All Medicare eligible providers can use telehealth (including FQHC/RHC) Audio-only was allowed to provide some services Expanded list of services eligible to be provided via telehealth <p>Prescribing of Controlled Substances</p> <ul style="list-style-type: none"> PHE exception activated. Telehealth can be used to prescribe w/o a prior in-person exam by telehealth provider or one of the other narrow exceptions. 	<p>After the PHE is declared over, 151-day grace period for some of the temporary COVID-19 waivers. Waiving the geographic requirement will continue during this period; prescribing of controlled substance exception ends.</p> <p>Permanent Changes Made</p> <ul style="list-style-type: none"> Medicare - mental/behavioral health services may be provided in the home and w/o geographic requirement if certain conditions met. Audio-only may be used to provide mental/behavioral health services if certain conditions met. Rural emergency hospitals added as an eligible originating site



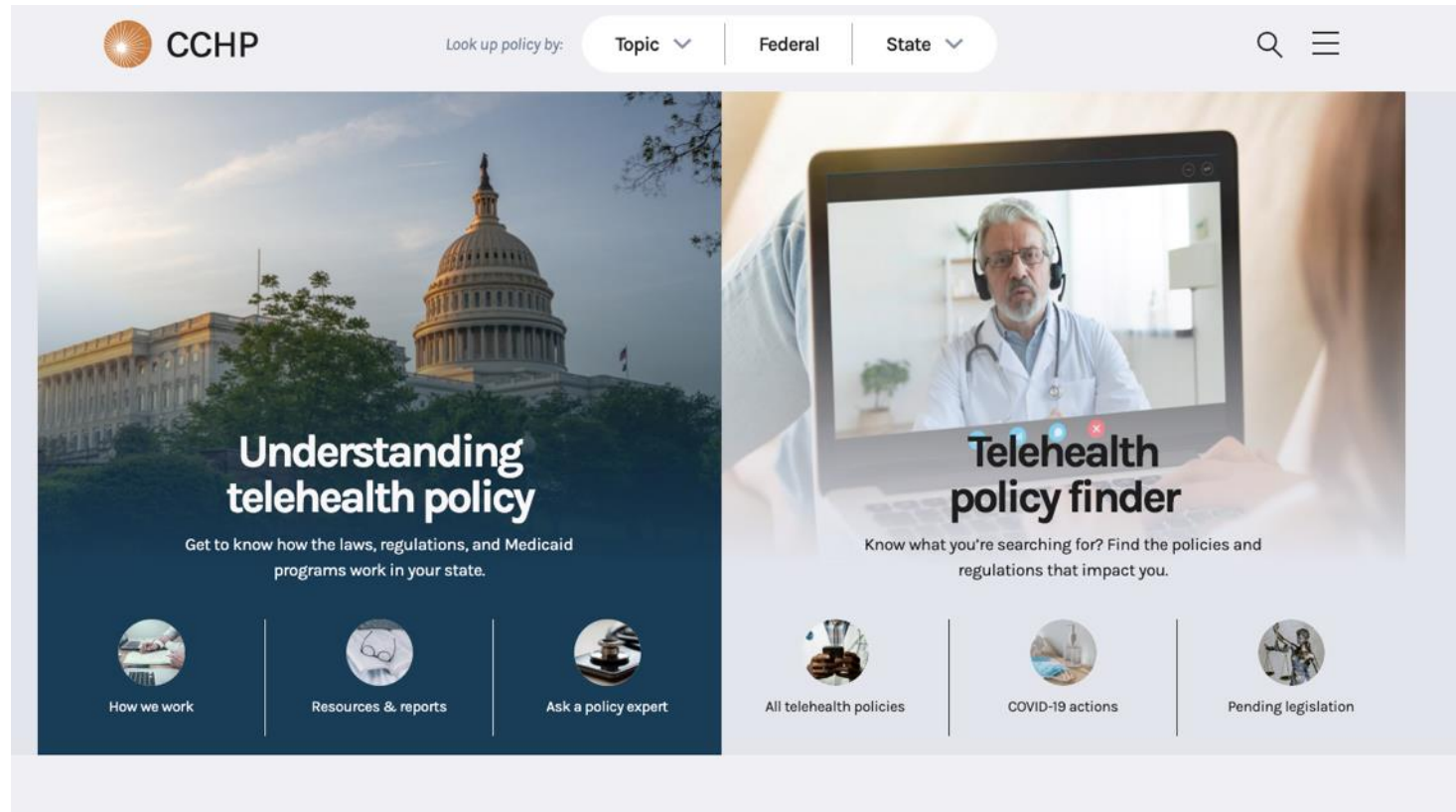
STATE TELEHEALTH POLICY

MEDICAID FEE FOR SERVICE	
2020	2022
50 States & DC Live Video Coverage	50 States & DC Live Video Coverage
11 States Store & Forward Coverage	25 States Store & Forward Coverage
20 States RPM Coverage	34 States RPM Coverage
N/A	34 States Audio—Only Coverage
39 States & DC Private Payer Laws/5 States w/Payment Parity	43 States & DC Private Payer Laws/24 States w/Payment Parity

Percentage of Enacted States Bills Issues in 2022



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Thank You!

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