



March 2, 2021

MEMORANDUM

From: Charlie Katebi, Health Policy Analyst, Americans for Prosperity
For: Interested Parties
Subject: Making Federal Telehealth Expansions Permanent

Telehealth Expands Access to Life-Saving Care

Since the start of the COVID-19 pandemic, the Centers For Medicare and Medicaid Services (CMS) removed a series of harmful barriers on telehealth in order to expand health access and slow the spread of the virus. Prior to our public health emergency, only 13,000 Medicare enrollees on average received virtual care every week. After these reforms took effect, the number of enrollees receiving telehealth increased to 1.7 million every week.ⁱ By April, healthcare workers delivered nearly half of all primary care to seniors through telehealth.ⁱⁱ

Telehealth Lowers Health Care Costs

Expanding access to telehealth also lowers health care spending by providing patients a low-cost alternative to expensive in-person care. Primary care practitioners routinely use telehealth consultations to refer patients to urgent care clinics instead of making costly emergency department visits. Virtual care also allows providers to remotely monitor and treat patients at home instead of inside a hospital.

For example, the Veterans Health Administration has utilized telehealth to reduce hospitalizations by up to 40 percent by remotely monitoring chronically-ill patients and provide timely interventions.ⁱⁱⁱ These innovations saved nearly \$6,500 for every individual within the program. An analysis by Robert Litan from the Brookings Institute found that expanding remote patient monitoring could save nearly \$200 billion nationwide.^{iv}

Telehealth Recommendations For Congress

Unfortunately, most of CMS' emergency telehealth reforms are temporary. Without additional

actions from lawmakers, patients will lose access to life-saving virtual care when the emergency declaration ends. Policymakers should make these reforms permanent to strengthen America's capacity to combat COVID-19 and other long-term health care challenges.

Removes barriers on patient locations: Under changes implemented by the CARES Act, CMS authorized health care providers to deliver care to patients located in any zip code and setting, including their home.^v Prior to this reform, patients could only receive telehealth services from select health care facilities in rural areas.

Removes barriers on provider locations: Under the CARES Act, CMS announced that health care practitioners can deliver telehealth from an expanded array of facilities, including Federally Qualified Health Centers, Rural Health Centers, and their own homes.^{vi}

Expands list of telehealth services: Starting March 1, 2020, CMS announced that health professionals can deliver approximately 240 additional telehealth services to Medicare recipients, including mental health consultations, home health visits and emergency care.^{vii}

Expands list of telehealth providers: Prior to COVID-19, federal law authorized only nine types of health care providers to deliver telehealth services.^{viii} Fortunately, the agency expanded the list of telehealth provider-types to include all practitioners who are currently authorized to deliver in-person care to Medicare recipients, including physical therapists, occupational therapists, and speech language pathologists.^{ix}

End technology restrictions on telehealth: The Office for Civil Rights (OCR) issued guidance allowing health care providers to deliver telehealth through any non-public facing telecommunication platform, including Zoom, Apple FaceTime, and Skype.^x

Allow telehealth across state lines: Prior to COVID-19, federal law prohibited health care practitioners from delivering telehealth to patients across state lines.^{xi} Fortunately, CMS issued a waiver allowing health care providers to deliver telehealth in states that explicitly authorize out-of-state providers to provide virtual care without an additional license.^{xii}

ⁱ <https://www.healthaffairs.org/doi/10.1377/hblog20200715.454789/full/>

ⁱⁱ <https://aspe.hhs.gov/system/files/pdf/263866/hp-issue-brief-medicare-telehealth.pdf>

ⁱⁱⁱ <https://www.aha.org/system/files/content/16/16telehealthissuebrief.pdf>

^{iv} <https://www.ambiohealth.com/uploads/Vital%20Signs%20Via%20Broadband%20Remote%20Health%20Monitoring%20Transmits%20Savings%20Enhances%20Lives.pdf>

^v <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

^{vi} <https://www.cms.gov/files/document/covid-rural-health-clinics.pdf>

^{vii} <https://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes>

^{viii} <https://www.law.cornell.edu/cfr/text/42/410.78>

^{ix} <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

^x <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

^{xi} <https://www.law.cornell.edu/cfr/text/42/410.78>

^{xii} <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>