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## 2021 Issue Brief

### Telehealth Expansion

#### Issue

AMGA member medical groups and integrated delivery systems took unprecedented steps to ensure that they could properly respond to their patients during the COVID-19 public health crisis. AMGA members expanded their telehealth services to patients, often increasing from 10 telehealth visits per month to an average 2,000 telehealth visits per week. After more than a year of the pandemic, our members' patients have come to expect telehealth services as a standard of care delivered by their provider. Congress needs to ensure that this service remains available to all patients and that AMGA members can use the technology as part of their innovative delivery models, which promote patient convenience and safety. AMGA appreciates Congress' waiver of certain Medicare requirements during the public health emergency (PHE). Furthermore, we advocate for permanent telehealth services to ensure patients have access to care.

AMGA recommends that policymakers consider the following policies to improve patient access to telehealth services:

#### **Permanently Waive Geographic Limitations and Originating Site Regulations**

Through the *Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020*, Congress waived Medicare's telehealth originating site and geographic limitations during the PHE. AMGA recommends that Congress permanently authorize this expansion, as the pandemic has created a new normal for the delivery of care. Medicare beneficiaries expect telehealth services to remain beyond this pandemic. Providers should maintain their ability to leverage the investments they made in incorporating telehealth into their delivery model.

#### **Payment Parity for In-Office and Telehealth Services**

Throughout the course of the pandemic, AMGA members have made significant investments in telehealth modalities and platforms to ensure that their patients have access to care. Congress must recognize the need for reimbursement policies that support the abilities of medical groups and integrated delivery systems to reach their patients via telehealth. Without payment parity between telehealth services and in-person care, telehealth will be disincentivized, even if the geographic and originating site restrictions are eliminated.

#### **Audio-Only Services**

To ensure equitable access to care, Medicare should continue separate payment for audio-only (telephone) services. Reimbursement for these services should be equivalent to video telehealth and in-person care, as the resources needed to deliver this care are the same. In addition, it is important that audio-only visits satisfy the face-to-face requirement for collecting diagnoses for risk-adjustment and care coordination purposes. Risk adjustment gives providers a clear picture of a patient based upon accurate diagnoses, leading to a more patient-centered approach to care. Telehealth and audio-only visits also should be valid for risk adjustment during and beyond the PHE for the entire Medicare program. Ensuring that audio-only care remains an option will ensure more Medicare beneficiaries will have increased access to care and management of their health.

### **Remove State Licensing Restrictions for Telehealth Services**

AMGA members provide care in a collaborative manner and need standardized federal licensing and credentialing for telehealth. This would ensure that the most appropriate member of the care team can provide or suggest the most appropriate therapy to a patient, regardless of the state in which a provider or patient resides. Policymakers should establish a national standardized licensing and credentialing system for telehealth so patients can have access to care where quality, value, and cost are the main drivers.

#### **AMGA asks Congress to:**

- **Waive geographic and originating site of service limits post-PHE in order to ensure all patients have access to the best care.**
  - **Approve the *Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021* (H.R. 2903/ S.1512), which would permanently remove all geographic restrictions on telehealth services and expand originating sites to include the home and other sites.**
  - **Approve the *Telehealth Modernization Act* (H.R. 1332/S. 368), which would permanently eliminate geographic and originating site restrictions and expand the types of telehealth services covered by Medicare.**
- **Ensure Medicare continued payment parity between in-office and telehealth visits beyond the PHE.**
- **Promote policies that enable the use of audio-only services beyond the PHE.**
  - **Approve the *Ensuring Parity in MA Audio-Only Telehealth Act* (H.R. 2116/S. 150), which would permit audio-only diagnoses that are made via telehealth to be used for purposes of determining risk adjustments to payments under Medicare Advantage.**
- **Establish standardized federal licensing and credentialing standards for telehealth services.**
  - **Approve the *Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act* (H.R. 708/S. 168), which would enable healthcare professionals to provide telehealth services across state lines during the COVID-19 pandemic by providing state licensing reciprocity.**