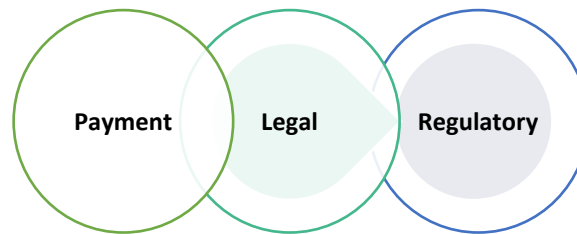# Sustaining the Reach and Impact of Telehealth Post-Pandemic: Key Considerations for State Policy Expansion

Compiled by the National Network of Public Health Institutes (NNPHI) COVID Telehealth Workgroup in Collaboration with the Northeast Telehealth Resource Center — March 2021

Payment Legal Regulatory

Previous Limitations and Impact of the COVID-19 Pandemic:
Historically, several barriers have prevented the widespread adoption of telehealth across the nation. Diversity between federal and state policies, a lack of consistency among payers, and complexities associated with providing care have all significantly limited telehealth adoption despite its potential for addressing some of the nation's most pressing healthcare access and capacity challenges. While incremental policy expansions have occurred within Medicare in recent years, a number of key restrictions remain that continue to limit utilization of digital health services.
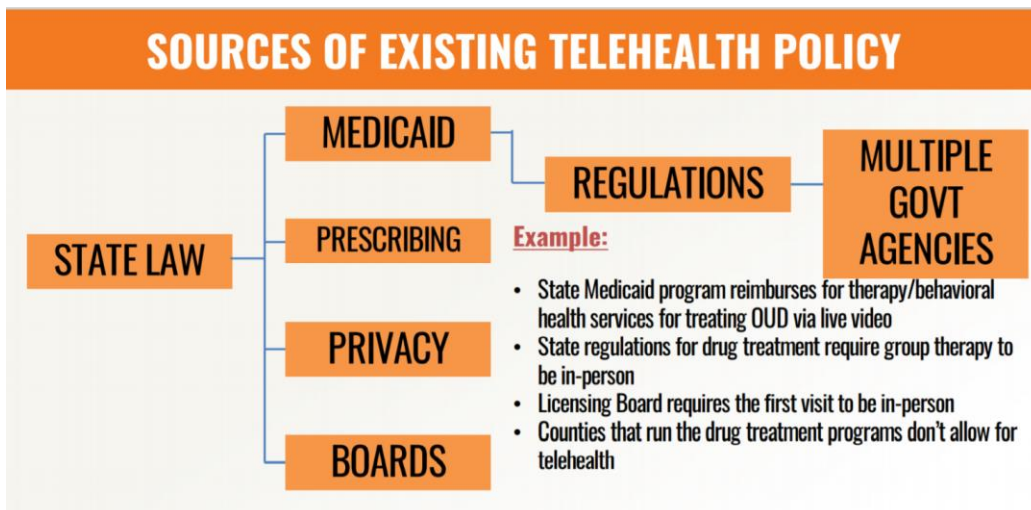
The COVID-19 pandemic initiated unprecedented change in the healthcare industry overnight. Federal and State governments responded rapidly to remove restrictions in telehealth policy under the national Public Health Emergency (PHE), resulting in a massive increase in telehealth utilization across the country and for many types of healthcare services. These policy expansions allowed healthcare organizations and providers to sustain patients' access to vital medical and behavioral health services while decreasing the risk of exposure to COVID-19 for patients and providers.

Below is a list of some of the most common telehealth policy expansions enacted under the PHE through emergency orders, rule changes, and/or legislation. These include changes to both state Medicaid and commercial payer policies.

● Home/Originating Site Expansion or Clarification	● Provider Type Expansion or Clarification
● Allowing for Telephonic/Audio-Only Care Delivery	● Waiving, Easing or Clarifying Prescribing Requirements
● Waiving, Easing, or Clarifying Consent Requirements	● Waiving or Significantly Easing Cross-State Licensure Requirements
● Expanding Telehealth Definitions, Requirements, and/or Guidance	

For a comprehensive review of telehealth policy expansions under the PHE, see the Center For Connected Health Policy's (CCHP) State Action page. In addition, the Federation of State Medical Boards has diligently tracked state-specific activity around cross-state licensure waivers and allowances throughout the pandemic; that information can be found here.

There are many efforts to preserve the federal and state telehealth policy expansions that have been enacted during the pandemic, as most of them were put in place only temporarily. Below is a graphic developed by CCHP that outlines various sources of existing state telehealth policy.

National Network of Public Health Institutes

NORTHEAST TELEHEALTH RESOURCE CENTER NETRC.org

MCD Public Health
Insight Innovation Impact

SOURCES OF EXISTING TELEHEALTH POLICY

Source: Center for Connected Health Policy

Core Telehealth Policy Components for Consideration:

As mentioned above, several policy-related issues hampered widespread adoption of telehealth prior to Spring 2020. While federal and state agencies quickly pivoted to open the door for broad utilization of telehealth during COVID-19, it is unknown how many of these policy expansions will remain after the pandemic and the PHE. Some of the key issues include:
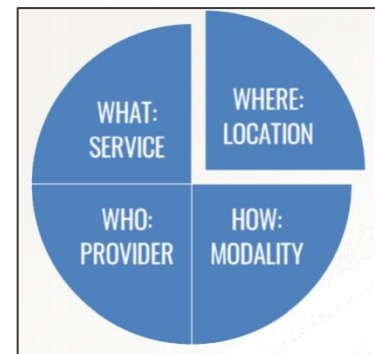
- **Payment parity vs. coverage parity** – requires reimbursement for telehealth services that is equal to that for in-person services
- **Eligible originating (patient) and distant (provider) sites** – a number of states have expanded the types of originating and distant sites eligible for telehealth reimbursement in recent years, for example, adding patient homes and schools as originating sites, and allowing providers to see patients from non-clinical locations. Prior to COVID, Medicare had not implemented such expansions, restricting both originating and distant sites to specific clinical locations
- **Eligible services and providers** – while some states have historically allowed telehealth visits for any services covered under Medicaid benefits, by any licensed or certified provider, Medicare and other state Medicaid programs have had significant restrictions
- **Eligible telehealth modalities** – there is much diversity among states in the types of modalities allowed to count as a reimbursable telehealth visit, including synchronous (i.e., real-time interactive visits), asynchronous (such as store-and-forward), and remote patient monitoring

There have been a number of collaborative efforts to permanently expand federal and state telehealth policy, including the introduction of legislation, rule changes, and the CY 2021 Physician Fee Schedule (CCHP Fact Sheet), which addresses some of the policy issues that can be changed via the regulatory process, such as: expanding the list of eligible telehealth services, allowing for audio-only services, and permitting supervision and training of providers via telehealth. Other key barriers, such as limitations on originating sites and rural eligibility requirements, would need to be addressed through acts of Congress. This is a more complex and lengthy process, although it is clear that expanding the availability of telehealth has bipartisan support.

For more, see:

- Taskforce on Telehealth Policy (TTP): Findings and Recommendations, convened by the American Telemedicine Association, National Committee on Quality Assurance and Alliance for Connected Care
- CCHP's State Telehealth Laws and Reimbursement Policies Report for highlights of state policy trends across key areas (updated biannually, Spring and Fall)

State Success Stories:

A growing number of states have already expanded telehealth policy beyond COVID-19 and the PHE, permanently adopting some or all of the changes made under emergency orders. Below are highlights from several states that have moved to preserve telehealth policy expansions as of March 2021. Note that this policy landscape is constantly evolving and this is intended as a snapshot of different policies at this moment in time. Visit the CCHP website for more examples.

MaineCare Telehealth Rules – enacted June 15, 2020

Preserves multiple aspects of emergency rule changes, including:

- Removing blanket prohibitions on pharmacy and ambulance services via telehealth
- Adding new definitions and new reimbursable codes
- Expanding covered services including store-and-forward, virtual check-ins, remote consultations, and telephone evaluation and management
- Adding a covered service description and additional clarifying language associated with telephonic evaluation and management

Colorado Telehealth Reimbursement Rules – enacted July 6, 2020

Preserves multiple aspects of emergency rule changes, including:

- Prohibiting health insurance carriers from:
  - Imposing specific requirements on HIPAA compliant technologies used to deliver telehealth services
  - Requiring covered persons to have previously established patient-provider relationship before receiving medically necessary services via telehealth
  - Imposing additional certification, location, or training requirements as condition of reimbursement for telehealth services.
- Allowing for clinical supervision in-person or by telehealth
- For Colorado Medicaid:
  - Clarifying methods of communication that can be used for telehealth
  - Requiring state to reimburse rural health clinics, federal Indian Health Service, and federally qualified health centers for telehealth services provided to Medicaid recipients, and at same rate as in-person
  - Specifying that health care and mental health care services include speech therapy, physical therapy, occupational therapy, hospice care, home health care, and pediatric behavioral health care.

Additional telehealth bills have been introduced in the 2021 legislative session, including those proposing to expand the definition of telehealth services, promote use of teledental services, and provide more flexibility for Medicaid to require an established patient relationship in advance of telehealth visits.

New York – Telehealth Expansion – introduced January 2021

Although New York State had one of the more progressive telehealth policies pre-COVID, the governor announced legislation to further expand access to telehealth for all as part of the 2021 State of the State. Core components of the bill include the following:

- Modernizing policy (removal of location requirements, interstate licensure reciprocity)
- Expanding coverage and reimbursement
- Supporting patients and providers through education and training (NYS Telehealth Training Portal)

See the Reimagine New York Commission's Action Plan for more information and recommendations.

Washington-Colorado-Nevada-Oregon: State Collaboration – announced August 2020

Colorado, Nevada, Oregon and Washington have agreed to work together to identify best practices that support telehealth services for residents of the four states. There will be individual state-driven approaches to implementing telehealth policies, but work will be guided by seven overarching principles: Access, Confidentiality, Equity, Standard of Care, Stewardship, Patient Choice, and Payment/Reimbursement.

The [State Medicaid and CHIP Telehealth Toolkit: Policy Considerations for States Expanding Use of Telehealth, COVID-19 Version](#) (October 2020) is a useful resource for states looking to expand telehealth policy. The toolkit includes helpful assessment checklists for states to strategically plan policy approaches that address key gaps and opportunities specific to their state.

Other Key Considerations for State Telehealth Expansion:

As policymakers and other state leaders consider the evolution of telehealth policies, the following should be taken into account to guide conversations and decisions:

- **Availability of adequate connectivity (e.g. broadband), devices, and data necessary to access telehealth services**. The COVID-19 pandemic further exacerbated disparities in broadband internet access at a time when Americans depend on fast and stable internet connections to work from home, get groceries delivered, and access their healthcare. There is now a heightened focus on expanding broadband access to communities with significant funding and other resources committed by state and federal agencies, including the [Federal Communications Commission](#) (FCC), the [United States Department of Agriculture](#), and others. Many states are implementing in-depth assessments (e.g. speed tests) and resource distribution efforts to address gaps in rural and underserved areas through state-wide coalitions and consortiums.

- **Equity in access**. The digital divide has become much more prominent during COVID-19; for example, live video conferencing between patients and providers was not accessible to many due to lack of internet, devices, data, and/or funds. Federal and state policy quickly pivoted to accommodate, allowing telephonic (audio-only) visits under the definition of telehealth for Medicare, and under many state Medicaid programs and commercial payers. The lingering question, around which there is considerable debate, is whether telephone services will remain allowable telehealth services beyond the pandemic. (For more, see: [Evaluating Disparities and Outcomes of Telehealth During the COVID-19 Emergency Act of 2020](#), a bill focused on gathering data to support post-pandemic continuation of expanded CMS rules around telemedicine.) Fortunately, in concert with entities focused on building broadband infrastructure, there are several organizations dedicated to promoting digital equity, improving digital literacy, and providing access to low- or no-cost devices and training, such as the [National Digital Equity Center](#) and [Telehealth for Seniors](#).

- **The ability of telehealth to mitigate or exacerbate challenges with access to care**. As indicated in the table below ("Potential Benefits and Challenges"), for decades, telehealth has been shown to address key barriers to healthcare access. This includes leveraging telehealth to address social determinants of health (e.g. by removing travel barriers), filling gaps in critical medical and behavioral health services where there are ongoing workforce shortages, significantly decreasing wait times for specialty services, and more. However, access challenges can also be exacerbated when adequate technology and resources are not available. For example, while health centers providing services to rural and underserved populations can benefit significantly from telehealth, they may not have the IT and training resources needed to successfully launch a program. And as mentioned earlier, the lack of access to adequate internet and/or devices among millions of Americans surfaced as a prominent issue throughout the COVID-19 pandemic, and will likely be a key priority for those working to address health equity moving forward.

- **Investment in personnel**. While technology is clearly a core component of successful telehealth implementation, people are the most vital asset. Leadership support, IT development and support services, front-end and billing team resources, provider buy-in and utilization, and patient use and satisfaction are all keys to a successful program. And while their specific needs may be different with respect to learning how to provide or access telehealth services, it is essential to commit time and

resources to quality training to ensure teams are both competent and confident in their ability to use technology to provide care. There are many quality telehealth training resources available for health professions students and the existing healthcare workforce, including the basics that all telehealth teams need to know (policy/reimbursement, workflows, technology assessment, etc.), and for specific use cases, such as telegenetics, telehealth for substance use disorder treatment and recovery services, and many others. Reach out to your Regional Telehealth Resource Center for information on how to access many free and low-cost telehealth training resources.

- **Ensuring quality of care**. In addition to investing in effective training and education to strengthen provider competencies and promote high-quality telehealth visits, it's important to develop a quality improvement plan, which measures reach and impact, quickly identifies issues to be addressed (e.g. technology, workflow), and captures opportunities for ongoing enhancements. With the need for rapid implementation of telehealth to ensure ongoing access to care during the pandemic, there has been significant concern and ongoing discussion around the appropriateness of telehealth for certain use cases, such as annual well visits for adults and children, which include physical exam components. While telehealth is not appropriate for all services (e.g. vaccinations, surgery, lab services) or all patients, effective training and implementation of protocols, workflows, and "web-side manner" can help ensure that the quality of care delivered via telehealth is equal to or better than in-person care. For example, see resources developed by *Caravan Health*, including detailed guidance on the Telehealth Physical Exam as well as detailed guidance on Adapting the Annual Wellness Visit to Telehealth. And C-TIER, the Center for Telehealth Innovation, Education and Research at Old Dominion University, has developed a series of training videos to assist with effective use of telehealth for physical exams, including skin, neurological, cardiopulmonary, and ear/nose/throat.

- **Understanding opportunities for cost savings and cost barriers**. While some may expect the implementation of telehealth solutions to result in immediate cost savings, this is not typically the case. While significantly less expensive than a decade ago, startup costs for telehealth devices, software, and infrastructure can be extensive, particularly if organizations are looking to set up a large group of providers or implement an enterprise solution. Ongoing maintenance costs and periodic upgrades to technology and infrastructure also need to be factored in. Further, provider salaries, costs for contracted providers, and expenses for maintaining physical locations and various medical equipment needed for providers to perform care often remain the same, despite some patients now receiving telehealth services at home. Like other public health and healthcare interventions focused on improved care and cost effectiveness, it often takes several years to realize the return on investment and cost savings associated with prevention and delay of disease exacerbation. With that said, more short-term cost savings have been achieved through telehealth solutions that promote increased access to care via reduced hospitalizations, decreased ED utilization, and decreased travel costs for providers. Patients/consumers also have seen cost savings associated with decreased travel and improved control of acute and chronic health issues that result in less lost work time and lower healthcare spending. This recent publication by Tsou et al. is one of many examples: Effectiveness and cost-effectiveness of telehealth in rural and remote emergency departments: a systematic review protocol. Search the Northeast Telehealth Resource Center's Telehealth Library to find hundreds of peer reviewed articles and resources focused on benefits and lessons learned, including increased access, improved clinical outcomes, cost effectiveness, etc.

Potential Benefits and Challenges of Widespread Telehealth Expansion
While the table below is not intended to be an exhaustive list, it details some of the most common benefits and challenges associated with telehealth expansion.

Benefits/Opportunities	Challenges
Increased access to services prior to, during, and after the COVID-19 pandemic and other period of heightened illness, such as the annual flu season	Potential for state fiscal challenges associated with widespread use of billable telehealth services, as increased convenience and new avenues for accessing care may increase the amount of care patients seek (problematic if additional visits are unnecessary)
No-show rates tend to decrease; potential positive impact on providers' budgets	Need for more IT support can be a challenge for patients and providers; telehealth visits may require more time for tech troubleshooting
Increase in patient satisfaction and telehealth preferred by some patients for its greater convenience, including less travel time, less missed work time, no expenses for child care, etc.	Some services simply can't be delivered via telehealth, and some patients/use cases can't be served as well as through in-person care (e.g., video visits sometimes present problems with language translation services, and patients unfamiliar with technology may be confused or intimidated)
Decrease in inappropriate utilization of Emergency Department services and associated costs	Lack of appropriate technology and/or connectivity (patient or provider side)
Increase in provider satisfaction through better flexibility and work/life balance	Telehealth training for providers is necessary but is not always available/accessible
Increased access to SUD/OUD treatment and recovery services – more rapid progress, decreased stigma, patients more comfortable at home	Concerns (real or perceived) about data privacy and/or security of virtual visits or asynchronous communication
Cost savings for health systems, organizations, and patients – leveraging quality dollars	Potential for confusion around policy – it is difficult to track changes in levels of policy (federal, state, etc.) and across payers when all are slightly different
Increase in access to specialty care and a variety of preventive services, such as dental screenings	Providers can experience burnout with constant video conferencing calls – tech exhaustion is a concern if break time is not built in
New opportunities to address social determinants of health through greater equity and access (e.g. Medicaid enrollment, WIC consultations, family reunification, etc.)	

Synopsis: Key Considerations for Implementing State Telehealth Policy Beyond the Pandemic
1. The timing has never been better for expanding telehealth policy at both state and federal levels. If there were silver linings to the COVID-19 pandemic, the temporary policy flexibilities that enabled a massive expansion in telehealth utilization to meet the healthcare needs of patients and communities were among them. Policymakers have seen the importance of access to care and the positive impact that telehealth can have during a public health emergency and beyond, and they are eager to better leverage this technology in the future while balancing the advantages of telehealth deployment and ease of access with efforts to mitigate unintended consequences or barriers.
2. Advocacy and education are key to adoption of effective telehealth policy, and getting the small details right is vital to broad utilization among patients and providers. Before COVID-19, one the most significant challenges to widespread telehealth utilization was the complex and sometimes

restrictive telehealth policy landscape in some states. One word or phrase can be a deal breaker or create unintended roadblocks to implementation. For example, "may" vs. "shall" is an important distinction with respect to coverage of telehealth services, and similarly, there is a big difference between "coverage" vs. "payment" parity. Definitions are also important, as those that are too specific or prescriptive can inadvertently restrict specific telehealth modalities or use cases. It's also important to ensure that policy evolves with stakeholder needs and technology by removing outdated restrictions on geographic locations, originating sites, and limited coverage of services and provider types while also taking into account security concerns and fiscal limitations. There are many opportunities, such as public hearings, for patients and providers who are directly impacted by state policy, to educate and advocate for laws which enable effective use of technology to improve health access and outcomes.

3. Policies that include dedication of resources which are integral to telehealth implementation will promote more widespread telehealth adoption. This includes internet access, devices, and training/education/IT support for both providers and patients. Many of these resources will not be effective as one-time funds, but rather require ongoing financial and other support.

Select Resources Related to Telehealth Policy

Regional Telehealth Resource Centers (TRCs) – funded under HRSA's Office for the Advancement of Telehealth, the TRCs provide telehealth technical assistance and training to all fifty states, D.C. and a number of U.S. territories. The TRCs have in-depth expertise in state specific policy and regulation, and provide regional stakeholders with free technical assistance and resources pertaining to telehealth policy, reimbursement, technology, workflow, evaluation, and much more.

Center for Connected Health Policy (CCHP) – funded under HRSA's Office for the Advancement of Telehealth, CCHP's mission is to advance state and national telehealth policies that promote better systems of care, improved health outcomes, and provide greater health equity of access to quality, affordable care and services. CCHP maintains a comprehensive repository of state and federal policy resources, including existing law and emerging legislation.

Centers for Medicare and Medicaid Services (CMS) - COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers

TELEHEALTH.HHS.GOV – links to various resources focused on policy changes during COVID-19

MedPac Reports - Published in March and June of each year; mandated by the Congress and contain analysis of the Medicare program and recommendations as warranted.

American Telemedicine Association (ATA) - represents a broad and inclusive member network of technology solution providers and payers, as well as partner organizations and alliances, with focuses on advancing adoption of virtual care and promoting responsible policy.

Center for Telehealth and eHealth Law (CTeL) – organization committed to overcoming legal and regulatory barriers to the utilization of telehealth and related e-health services. Specializes in compiling, analyzing and disseminating information on legal and regulatory issues associated with telehealth.

Federation of State Medical Boards (FSMB) – Board by Board Review – compilation of all state telemedicine policies (updated July 2020).