Weekly Checkup

# Telehealth Policy After the Pandemic

CHRISTOPHER HOLT | FEBRUARY 11, 2022

This week Senators Catherine Cortez Masto and Todd Young introduced bipartisan legislation, the Telehealth Extension and Evaluation Act, aimed at continuing COVID-19-related changes to Medicare's coverage of telehealth services beyond the public health emergency (PHE). **Expanded access to telehealth has been one of the silver linings of the pandemic, and lawmakers are eager to build on these temporary policies, but caution is warranted.** Not all pre-pandemic telehealth regulations were without merit, not all telehealth visits are created equal, and it's not clear that telehealth and in-person care should be treated as entirely interchangeable.

**Back in March 2020, the Trump Administration made a number of changes to Medicare's telehealth policies under the PHE.** For the duration of the PHE, Medicare will reimburse providers for telehealth visits at the same rates as corresponding office or hospital visits, allow patients to participate from their homes—without traveling to a designated facility—and drop requirements that patients must have a preexisting relationship with the provider from whom they receive telehealth. The Department of Health and Human Services (HHS) also waived penalties for good-faith violations of patient confidentiality under the Health Insurance Portability and Accountability Act (HIPAA). As a result, providers and patients can use free video conferencing services. These policy changes will end along with the PHE, however.

There is no reason to expect the Biden Administration is close to ending the PHE, but lawmakers are moving to ensure these policies remain in place thereafter. **The Cortez Masto/Young bill would extend the PHE-related policy changes for a full two years beyond the end of the PHE**, while making a few additional changes. Their legislation would require at least one in-person visit in the previous 12 months before a provider could prescribe certain high-cost durable medical equipment or lab tests, and mandate that providers submit details to Medicare on the types of clinicians delivering services via telehealth. Both these provisions are based on MedPAC recommendations. The legislation also mandates HHS to study the effects of changes to Medicare's telehealth coverage policies during the pandemic, which would inform future policymaking.

Telehealth visits have skyrocketed during the COVID-19 pandemic, as recent analysis shows. According to the Kaiser Family Foundation, virtual visits accounted for 13 percent of all outpatient visits from March-August of 2020, 11 percent from September 2020-February 2021, and 8 percent from March-August of 2021. While the prevalence of telehealth visits is declining, they made up less than half a percent of all outpatient visits prior to March 2020. **Patients and providers have embraced telehealth, and virtually no one wants to revert to the policies that existed before the pandemic. That said, simply extending HHS's pandemic-related deregulatory actions is probably not the best way to proceed**. For example, HIPAA's privacy protections exist for good reason and waiving them permanently would be unwise. Further, it's not at all clear that payment parity between telehealth and in-person visits is the correct payment policy. It's also not clear that audio-only telehealth visits are equivalent to video visits in terms of patient outcomes or cost to providers. Audio visits are popular with seniors, who are less likely to use video conferencing, but do they provide the same benefit in every instance? And should they be reimbursed at the same rate as video visits?

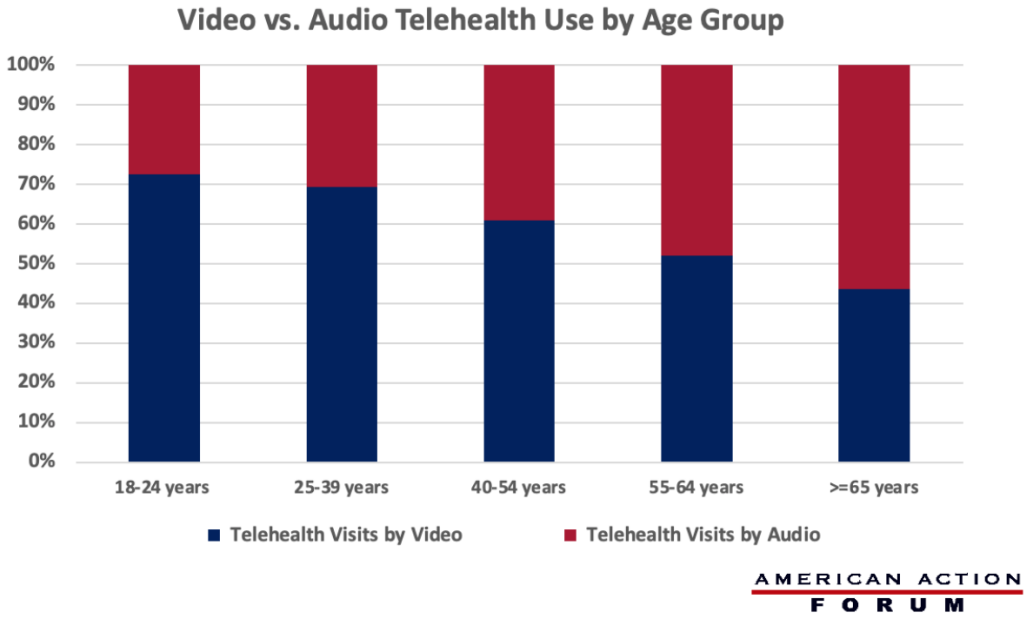
This disruption of the pandemic has opened the door to revisiting telehealth, but simply extending the current waivers seems unhelpful. Lawmakers, of course, are seeking to give themselves more runway to fully evaluate

telehealth policies before making any changes permanent, while also preventing a reversion to pre-pandemic regulation. But **two years after the end of the PHE is a long time, and the longer these provisions remain in place, the harder it will be to modify them down the road.**

## CHART REVIEW: VIDEO VS. AUDIO TELEHEALTH USE IN 2021

Yashashree Marne, Health Care Policy Intern

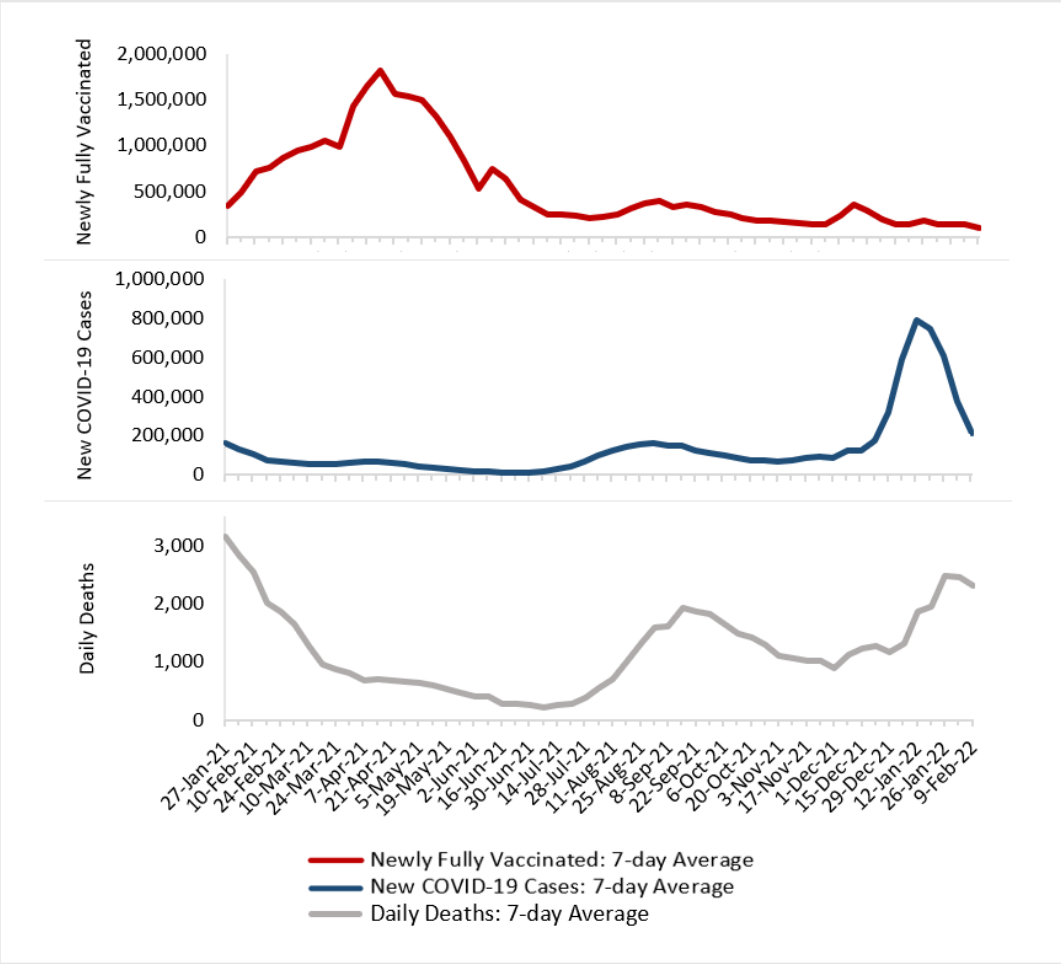
The Department of Health and Human Services Assistant Secretary for Planning and Evaluation (ASPE) recently published an issue brief on the usage of audio and video telehealth services, based on data from the U.S. Census Bureau's Household Pulse Survey from April-October 2021. Telehealth services have become increasingly popular during the COVID-19 pandemic. In general, adults ages 65 and older are more likely to use telehealth compared to those ages 18-24 (22 percent vs. 16 percent, respectively), but as the chart below shows, there are differences in video-enabled and audio-only telehealth use by age. Young adults ages 18-24 were most likely to use video services for telehealth visits (72.5 percent of visits), while adults ages 65 and older were least likely to use video services (43.5 percent). Audio-only telehealth has been proposed as a way to expand health care access for those who are unlikely to use video services or with limited ability to access them. The ASPE report, however, points to preliminary evidence that video visits may offer better clinical care compared to audio-only visits. Further research into the value of audio-only versus video telehealth visits would assist policymakers as they consider long-term changes to Medicare's coverage of telehealth services.




## TRACKING COVID-19 CASES AND VACCINATIONS

Margaret Barnhorst, Health Care Policy Fellow

To track the progress in vaccinations, the Weekly Checkup will compile the most relevant statistics for the week, with the seven-day period ending on the Wednesday of each week.




Sources: Centers for Disease Control and Prevention Trends in COVID-19 Cases and Deaths in the US, and Trends in COVID-19 Vaccinations in the US
Note: The U.S. population is 332,493,652.