

US TELEHEALTH POLICY LANDSCAPE

NIHCM
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**Center for Connected
Health Policy**

THE NATIONAL
TELEHEALTH POLICY
RESOURCE CENTER



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CENTER FOR CONNECTED HEALTH POLICY (CCHP)

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.

DISCLAIMERS

- **Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.**
- **Always consult with legal counsel.**
- **CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.**



ABOUT CCHP

- Established in 2009 as a program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA
- Work with a variety of funders and partners on the state and federal levels
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition

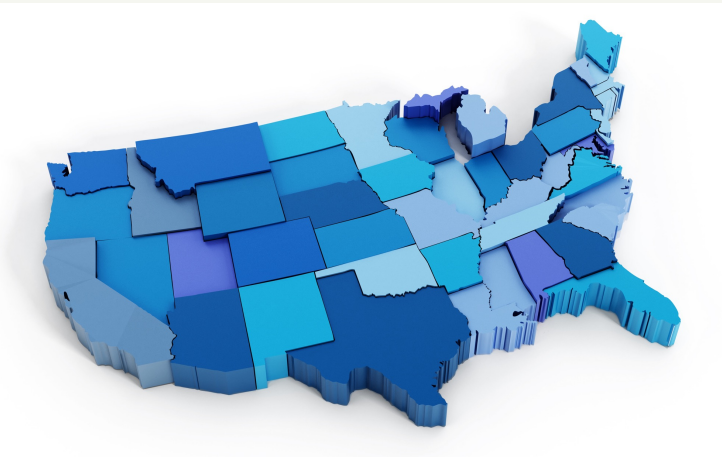


LEVELS OF TELEHEALTH POLICY: FEDERAL & STATE



FEDERAL

- Most significant policies have been temporarily extended to the end of 2024
- Outstanding questions include coverage/reimbursement in Medicare & prescribing of controlled substances via telehealth
- While generating bipartisan support, policymakers have not reach a final decision on the path forward. Sticking points include concerns over utilization, parity and fraud



STATES

- Most states have already decided permanent post-COVID-19 policies
- Seen expansions in Medicaid, definition of telehealth, progress in addressing licensure issues, addition of audio-only in telehealth policies
- States still continue to struggle with the licensure issue, but also have begun to create specific carve-outs, particularly around licensure and prescribing



POLICYMAKERS' CONCERNS



FRAUD



**OVER-
UTILIZATION**



EFFICACY



ACCESS



PARITY

Specific policy issues come under these concerns (for example, connectivity/broadband under access, audio-only under efficacy/over-utilization/parity, but common threads among these issues:

- **Cost/Money**
- **Importance of Data**
- **Impacts on patients/disparities**



POLICYMAKERS' CONCERNS

Medicare Telehealth Trends Report

Medicare FFS Part B Claims Data: January 1, 2020 to September 30, 2023, Received by February 15, 2024

Annual Summary of Part B Medicare Fee-for-Service Telehealth Utilization

Year	Telehealth Eligible Users	Telehealth Users	Percentage of Medicare Users with a Telehealth Service
2020	30,946,785	14,826,919	48%
2021	29,967,346	10,249,756	34%
2022	28,885,208	8,503,157	29%

Disclaimer: All data presented in this report are preliminary and will continue to change as CMS processes additional claims for the reporting period.



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Notes Comments

[Medicare Telehealth Trends Report \(Mar. 2024\)](#)

Less than 1% of the total Medicare telehealth claims raised flags for potential fraud in an OIG 2022 study.

[Medicare Telehealth Services During the First Year of the Pandemic: Program Integrity Risks](#)

Increase use of telehealth for OUD lowers likelihood of fatal drug overdose in Medicare beneficiaries.

[JAMA, "Association of Receipt of Opioid Use Disorder-Related Telehealth Services and Medications for Opioid Use Disorder With Fatal Drug Overdoses Among Medicare Beneficiaries Before and During the COVID-19 Pandemic \(Mar. 2023\).](#)



POLICYMAKERS' CONCERNS

Against Parity

- Overhead costs are not the same for telehealth providers as in-person
- The service provided is different than what it is in-person so it should be paid less
- Parity may encourage providers to pivot only to telehealth, decreasing availability of in-person services

For Parity

- Overhead costs can remain the same for providers if they have both an in-person/telehealth practice
- Costs differ for providers for example, a rural provider may not have the resources to utilize telehealth the same way an urban provider might
- Lack of parity may discourage adoption of telehealth which could lead to reduction in access to care



DATA

All telehealth visits per 100,000 member months

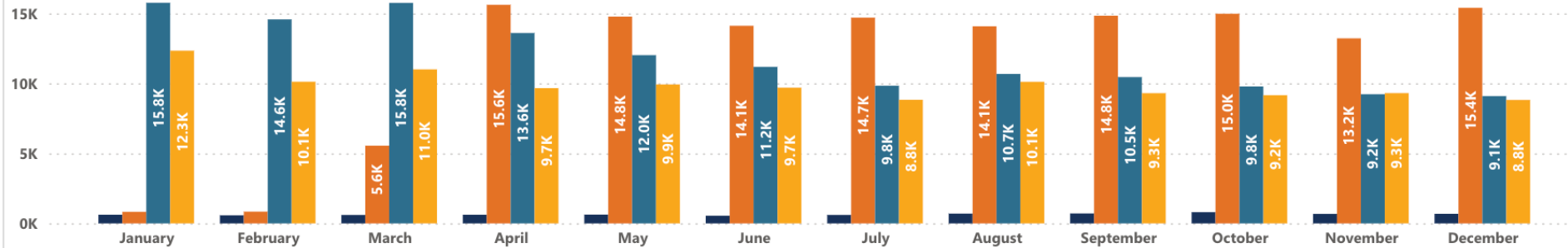
Reporting year

All

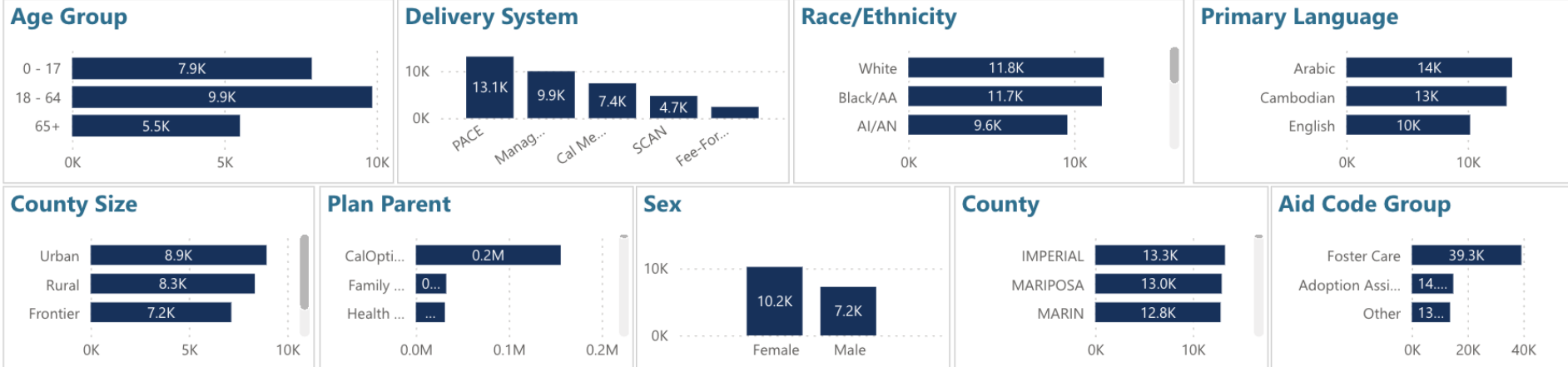
Reporting month

All

Year ● 2019 ● 2020 ● 2021 ● 2022



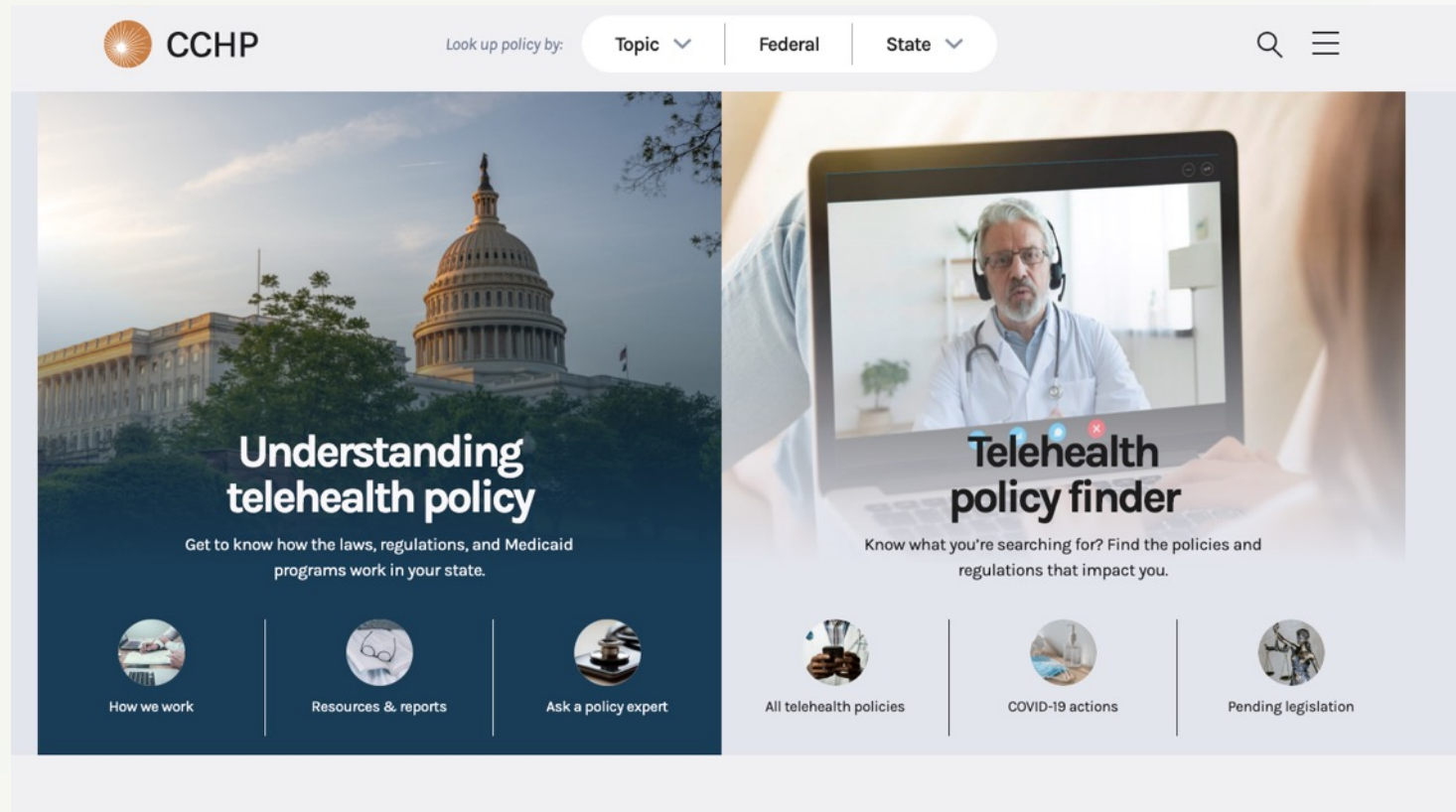
Programs focusing more on collecting data, but gaps remain.



<https://www.dhcs.ca.gov/pr ovgovpart/Pages/telehealth -dashboard.aspx>



➤ CCHP Website – cchpca.org



➤ Subscribe to the CCHP newsletter at cchpca.org/contact/subscribe





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Thank You!

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