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.

Mei Wa Kwong, JD,
Executive Director, CCHP
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 reached 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
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

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.

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
Programs focusing more on collecting data, but gaps remain.

https://www.dhcs.ca.gov/provgovpart/Pages/telehealth-dashboard.aspx
CCHP Website – cchpca.org

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www.cchpca.org

info@cchpca.org