The End of the COVID-19 Public Health Emergency: Flexibilities for Virtual Care

UNITED STATES of CARE

Some virtual care flexibilities enacted during the COVID-19 pandemic include:

- The Centers for Medicare & Medicaid Services (CMS) recognized patients' homes as an originating site, expanded eligibility for virtual care services, allowed telehealth visits for new patients, expanded services allowed via telehealth, allowed audio-only, and reimbursed federally qualified health centers (FQHCs) and rural health centers (RHCs) as a distant site
- State Medicaid programs expanded coverage and access to virtual care services
- CMS paused enforcement action against health insurance issuers in the individual/group market making mid-year changes to provide greater coverage for telehealth services or to reduce/eliminate cost-sharing requirements for virtual care
- States temporarily waived licensure requirements

OF PEOPLE HAD SOMETHING POSITIVE TO SAY ABOUT THEIR VIRTUAL CARE EXPERIENCE

Source: *United States of Care Public Opinion Research Findings, 2020*

> **"Geography [should] not [be] a restraint on quality."**
>
> - Sean Duffy,
> *Leadership Council Member*

Impact

- Overall telehealth utilization for office visits and outpatient care was 78 times higher in April 2020 than in February 2020, and has stabilized at 38 times higher than before the pandemic (as of July 2021)
    - Virtual care accounted for 40% of mental health (MH) and substance disorder (SUD) outpatient visits during the pandemic's peak (compared to <1% pre-pandemic), and still comprised 36% of MH and SUD outpatient visits one year later
- During the pandemic, virtual care services were accessed more in urban area than rural areas and white Medicare enrollees were more likely to use virtual care than Black Medicare enrollees, demonstrating that virtual care can exacerbate existing disparities in health care access
- Virtual care can help address barriers in accessing behavioral health care, including stigma, provider shortages, cultural, and linguistic differences
- More than 80% of physicians report that patients have better access to care since using telehealth
- A report by the Office of the Inspector General suggests that telehealth fraud, waste, or abuse was rare during the pandemic when virtual care access was expanded (only 0.2% of Medicare providers posed a high risk for fraud, waste, or abuse)

Implications at the End of the PHE

- People will have to navigate a complicated patchwork of virtual care flexibilities depending on the state they live in, their urban-rural classification, their health care coverage, and the health care services they seek
- Waivers related to Medicare coverage of virtual care services (including waivers related to originating site, eligible practitioners, FQHCs and RHCs, in-person requirements for mental health and audio-only) are set to end 152 days after the PHE expires, an extension created by the Consolidated Appropriations Act of 2022 (signed March 15, 2022) to avoid a "virtual care cliff"
- Medicaid enrollees may lose access to virtual care services in states that have not maintained or expanded virtual care policies, especially since limits on reimbursement had constrained widespread use of telehealth before the pandemic
- Most people prefer a mix of in-person and virtual care, and the removal of virtual care flexibilities make it harder for people to access the health care services they need
- Lack of digital literacy remains a telehealth barrier, especially among older adults, people with less education, and racial/ethnic minority populations

Initiatives

Federal Initiatives

- ★ The Consolidated Appropriations Act of 2022 (signed March 15, 2022) permanently removed geographic and originating site restrictions for MH/SUD services delivered via telehealth
- ★ The House of Representatives passed the bipartisan Advancing Telehealth Beyond COVID-19 Act of 2022, which would have extended the Medicare virtual care flexibilities until December 31, 2024
- ★ The 2022 Medicare Physician Fee Schedule (PFS) Final Rule permanently covers audio-only telehealth for MH/SUD services
- ★ The 2023 Medicare PFS Proposed Rule proposes to postpone the effective date for the in-person visit requirement for telehealth services under certain conditions

State Initiatives

- ★ Many states have aligned their permanent virtual care policies with their COVID-era virtual care policies, which expanded the virtual care services available for people
- ★ At least 40 states have made virtual care reimbursable via private insurance*
- ★ Twenty-nine states and DC Medicaid programs reimburse for audio-only (often with limitations)
- ★ California: The Department of Health Care Services' Telehealth Advisory Group is proposing to expand the telehealth services covered by Medi-Cal permanently and were guided by the principles of equity, access, standard of care, patient choice, confidentiality, stewardship, and payment appropriateness

*As of March 4, 2022

Recommendations

Federal Policy Recommendations

IMMEDIATE OPPORTUNITIES

- ★ CMS should issue guidance to clarify that states can make telehealth flexibilities permanent in their Medicaid program (e.g., state plan amendments, templates, etc.)

LONGER-TERM SOLUTIONS

- ★ Address barriers to accessing virtual care to ensure equitable access, including structuring carrier and provider incentives to allow a mix of in-person and virtual care, allowing access to audio-only and asynchronous care, expanding providers permitted to provide virtual care, and expanding broadband access
- ★ Conduct research and evaluations on the return on investment of virtual care services to inform efforts to make certain flexibilities permanent

State Policy Recommendations

IMMEDIATE OPPORTUNITIES

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LONGER-TERM SOLUTIONS

- ★ Address barriers to accessing virtual care to ensure equitable access, including:
  - Structuring carrier and provider incentives to allow a mix of in-person and virtual care
  - Allowing access to audio-only and asynchronous care
  - Expanding providers permitted to provide virtual care, and expanding broadband access
- ★ Address provider barriers by ensuring adequate reimbursement (especially for safety net systems), permanently remove geographic barriers on distant/originating sites, and make training materials and resources available to improve digital literacy
- ★ Create reimbursement mechanisms for coordination and virtual consultation between providers

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United States of Care (USofCare) is a non-partisan non-profit working to ensure everyone has access to quality, affordable health care regardless of health status, social need, or income. By putting the needs of people at the forefront of our research and policy solutions, we can create a health care system that works for people.

This one-pager is part of USofCare's playbook, "The End of the COVID-19 Public Health Emergency: Lessons Learned from the Pandemic and Implications for People."

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