Issue At A Glance:

Telehealth During and Beyond COVID-19

While telehealth played an important role during the COVID-19 pandemic, the federal waivers that promoted telehealth face their expiration with the end of the Public Health Emergency period. This brief provides an overview of the advantages and disadvantages of telehealth and efforts to retain telehealth beyond COVID-19.

Introduction

Prior to the federal COVID-19 Public Health Emergency (PHE), Medicare primarily covered telehealth services for beneficiaries living in rural areas where there are fewer medical providers, and patients were required to travel to facilities to receive telehealth.[1] At the onset of the pandemic, the landscape of healthcare delivery changed, and telehealth has provided access to quality care for millions of patients across the country.[2]

With the declaration of the PHE, the U.S. Department of Health and Human Service (HHS) Secretary issued temporary waivers that expanded the type of services that Medicare could provide through telehealth, who could receive telehealth services, and how these services could be provided. For example, all health providers who were eligible to bill Medicare could deliver their services via telehealth, and patients living in any location could receive telehealth from their homes. Furthermore, HHS waived the requirement that patients had to have a previously established relationship with a provider before receiving telehealth services.[1] In line with the federal waivers for Medicare, states also issued exemptions to expand telehealth for Medicaid, and private insurances also followed suit.

During the pinnacle of the PHE, patients and providers hailed the rapid expansion of telehealth. Now many states are stopping emergency regulations and cutting back on how telehealth is delivered.[3] As the HHS contemplates the end of the PHE, policymakers are faced with making decisions that will dictate the future of telehealth.[1]

This issue brief provides an overview of the advantages and disadvantages of telehealth along with federal and state efforts to retain telehealth beyond the COVID-19 PHE.

Timeline of Major Medicare Coverage Expansions of Telehealth[4]

March 2020	Coronavirus Preparedness and Response Supplemental Appropriations Act passed
March 2020	Coronavirus Aid, Relief, and Economic Security (CARES) Act passed
December 2020	Consolidated Appropriations Act of 2021 Passed
March 2022	Consolidated Appropriations Act of 2022 passed, extending many of the expansions of Medicare's telehealth coverage for 5 months (151 days) after the end of the PHE

Bringing wholeness to individuals and communities, the **Institute for Health Policy and Leadership** (IHPL) strives to integrate health policy research and education with leadership development. Our goal is to improve the health of our communities by building on our strong heritage of health promotion and disease prevention. To learn more, visit us at www.IHPL.llu.edu

LOMA LINDA UNIVERSITY HEALTH

The Advantages and Disadvantages of Telehealth

Advantages and Benefits of Telehealth

There are many advantages and benefits of telehealth. It is useful in situations where patients must practice physical distancing or is unable to visit a healthcare facility in person. The benefits for patients and healthcare providers include the following:[5]

- **Lower costs** – research suggests that patients who opt into telehealth spend less time at healthcare facilities, leading to cost savings, in addition to no transportation costs.
- **Improved access to care** – telehealth makes it easier for patients with disabilities to access care. It can also improve access for older adults, patients residing in rural areas, and those who are incarcerated.
- **Reduced exposure to infectious diseases** – telehealth can eliminate the risk of contracting an infection at healthcare facilities for both providers and patients.
- **Reduced overhead expenses for providers** – providers who offer telehealth services may incur fewer overhead costs.
- **Additional revenue stream** – telehealth may increase revenues for providers as it may allow them to care for more patients.
- **Patient satisfaction** – when a patient does not have to travel to the office or wait for care, they may be happier with their provider and care provided.

Disadvantages and Downsides of Telehealth

Telehealth may not suit every person or situation. There are some notable disadvantages when opting to use telehealth over traditional care methods. The downsides of telehealth for both patients and providers include the following:[5]

- **Insurance coverage** – not all insurers cover telehealth. Currently, only 26 states require insurers to cover or reimburse the costs of telehealth (though these laws are constantly changing).
- **Protecting medical data** – given that telehealth relies on technology, hackers may be able to access patients' medical data, especially if the patient accesses telehealth on a public network or via an unencrypted channel.
- **Licensing issues** – although state laws vary, generally providers cannot practice across state lines. Telehealth poses a challenge to this regulation if a patient initiates a telehealth visit from another state.
- **Technological challenges and equity concerns** – limitations of broadband access and finding the right digital use platform can be challenging and can lead to inequities. For more information, please refer to IHPL's April 2022 Issue Brief titled *The Digital Divide and Telehealth*.
- **Inability to examine patients** – providers must rely on patient self-reports during telehealth sessions. This can compromise treatment if a patient leaves out important symptoms or if the diagnosis requires hands-on physical exam.

Teledentistry and Oral Health Care

Evidence increasingly indicates that oral health is an essential part of overall health. Due to the mostly asymptomatic nature, some oral diseases may go unnoticed in the initial stages; thus, having routine oral examinations are crucial for early diagnoses and interventions. Teledentistry has emerged as a viable option for providing oral health care, allowing for improved access. Given its benefits, dental practices are considering the possibility of routinely incorporating teledentistry in a post-pandemic world. For more information, please refer to IHPL's blog post titled *Teledentistry and Oral Health Care*.[6]

Federal and CA State Efforts to Retain Telehealth

Federal Developments

H.R. 2471 – Consolidated Appropriations Act, 2022[8]

- Became law on March 15, 2022
- This policy extends telehealth flexibilities that were tied to the PHE for an additional 5 months (151 days) after the end of the PHE.[7]

H.R. 4040 – Advancing Telehealth Beyond COVID-19 Act of 2021[9]

- Passed in the House on July 28, 2022
- This bill would extend certain telehealth waivers in Medicare that were implemented during the PHE through December 31, 2024, if the PHE ends before that date.
- This bill would delay the implementation of a requirement for periodic in-person visits for Medicare mental health services delivered via telehealth until January 1, 2025.

H.R. 341 – Ensuring Telehealth Expansion Act of 2021[12]

- Introduced on February 2, 2021
- This bill would make permanent several telehealth flexibilities that were authorized during the PHE. For example, Medicare beneficiaries would be permanently allowed to receive telehealth services at any site, regardless of type or location.

H.R. 8976 – Protecting Reproductive Freedom Act[11]

- Introduced on September 22, 2022
- This bill would prevent states from placing restrictions on the prescription of mifepristone and misoprostol, two abortifacient medications, via telehealth.[7]

S. 4965 – A bill to amend title XCIII of the Social Security Act to remove in-person requirements under Medicare for Mental Health Services furnished through telehealth and telecommunications technology[10]

- Introduced on September 27, 2022
- This bill would permanently remove in-person requirements for mental health services, allowing these services to be delivered via telehealth to Medicare beneficiaries after the end of the PHE.[7]

California State Developments

S.B. 184 – Health[13]

- Became law on June 30, 2022
- This policy continues coverage and payment equity for synchronous video, audio-only, and asynchronous telehealth visits, including for federally qualified health centers and rural health clinics.
- It also authorizes a provider to establish a new patient relationship with a Medi-Cal beneficiary via a video visit.
- It requires the Department of Health Care Services (DHCS) to develop on or before January 1, 2023, a research and evaluation plan that analyzes the relationship between telehealth and access to care, quality of care, Medical-Cal program costs, etc.

A.B. 32 – Telehealth[15]

- Became law on September 25, 2022
- It authorizes DHCS to allow a healthcare provider to establish a new patient relationship using audio-only synchronous interaction. This is permissible when the interaction involves sensitive services and when a patient requests an audio-only visits or attests they do not have access to video.

A.B. 2275 – Mental health: involuntary commitment[16]

- Became law on September 25, 2022
- It allows for the assessment and determination of appropriate involuntary hold and treatment of a person with a mental health disorder to be made by synchronous interaction through a mode of telehealth that utilizes both audio and visual components.

Conclusion

Given its advantages, telehealth rapidly expanded during the COVID-19 pandemic as the country struggled to balance the need for healthcare access with the need to curb the spread of the SARS-CoV-2 virus. From our experience with telehealth during the past three years, we learned that it can be used to treat a range of issues including mental health and chronic diseases. Additionally, providers have noted that telehealth has improved the patient-provider relationship and patient health outcomes. However, telehealth may not be a suitable approach to health care for all. Although telehealth can broaden the scope of patients a provider can service, limitations arise such as broadband access among patients and an inability to examine patients. As the COVID-19 pandemic transitions into an endemic and the PHE eventually comes to an end, what the federal and state legislators do for the telehealth flexibilities allowed during the pandemic will be critical for the future of telehealth. The legislators should carefully examine the data on telehealth and make evidence-based policies that will improve health and promote equity.

References

1. https://bipartisanpolicy.org/report/future-of-telehealth/
2. https://www.fiercehealthcare.com/telehealth/industry-voices-opportunity-telehealth-beyond-covid-expanding-access-quality-care
3. https://www.aamc.org/news-insights/what-happens-telemedicine-after-covid-19
4. https://www.kff.org/medicare/issue-brief/faqs-on-medicare-coverage-of-telehealth/
5. https://www.medicalnewstoday.com/articles/telemedicine-benefits#benefits
6. https://ihpl.llu.edu/blog/teledentistry-and-oral-health-care
7. https://www.manatt.com/insights/newsletters/covid-19-update/executive-summary-tracking-telehealth-changes-stat
8. https://www.congress.gov/bill/117th-congress/house-bill/2471/text
9. https://www.congress.gov/bill/117th-congress/house-bill/4040/text
10. https://www.congress.gov/bill/117th-congress/senate-bill/4965/text
11. https://www.congress.gov/bill/117th-congress/house-bill/8976/text
12. https://www.congress.gov/bill/117th-congress/house-bill/341/text
13. https://legiscan.com/CA/text/SB184/2021
14. https://www.cchpca.org/
15. https://legiscan.com/CA/text/AB32/2021
16. https://legiscan.com/CA/text/AB2275/2021
17. https://www.asha.org/news/2022/federal-public-health-emergency-updates-for-2022

Did you know?

The U.S. Department of Health and Human Services must renew the federal public health emergency related to COVID-19 every 90 days to maintain certain healthcare flexibilities and waivers. The PHE has been effective since January 27, 2020, and was recently renewed for an extension through January 11, 2023.[17]

LOMA LINDA UNIVERSITY HEALTH

Institute for Health Policy and Leadership

11209 Anderson Street
Loma Linda, CA 92354
Phone: 909-558-7022
Fax: 909-558-5638
www.IHPL.llu.edu

Questions?
Please contact Renée Chuang, MS, Doctoral Graduate Assistant at the Institute for Health Policy & Leadership (RChuang@students.llu.edu).