



## 2023 Issue Brief Telehealth Expansion

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### Issue

AMGA member multispecialty medical groups and integrated systems of care took unprecedented steps to ensure they could properly respond to their patients during the COVID-19 public health crisis. AMGA members expanded their telehealth services to patients, often increasing from 10 telehealth visits per month to an average of 2,000 per week. At the onset of the pandemic, policymakers waived certain Medicare requirements for telehealth for the duration of the public health emergency (PHE). After more than three years of the pandemic, our members' patients have come to expect telehealth services as a standard option for care delivered by their provider. Congress needs to ensure that this service permanently remains available to all patients and that AMGA members can use the technology as part of their innovative delivery models, promoting patient convenience and safety.

AMGA recommends that policymakers address the following policies to improve patient access to telehealth services:

#### **Permanently waive geographic limitations and originating site regulations**

Through the Consolidated Appropriations Act of 2023, Congress waived Medicare's telehealth originating site and geographic limitations regulations for an additional two years through December 31, 2024. The waiving of the geographic limitations and originating site regulations starting in 2020 opened a new avenue for AMGA members to connect with their patients throughout the pandemic. AMGA recommends that Congress permanently waive these restrictions, as the pandemic has created a new normal for the delivery of care. Medicare beneficiaries expect telehealth services to remain an option for receiving care beyond this pandemic. Providers should maintain their ability to leverage their investments in incorporating telehealth into their delivery model.

#### **Payment parity for in-office and telehealth services**

Throughout the pandemic, AMGA members have invested significantly in telehealth modalities and platforms to ensure that their patients have access to care. In a survey of AMGA members, 92% said that a reduction in payments for telehealth visits would result in a decline in access to telehealth.<sup>1</sup> Also, 76% of survey participants cited limited to no difference in expense to provide telehealth visits than in-person visits. Congress must recognize the need for reimbursement policies that support the abilities of medical groups and integrated delivery systems to reach their patients via telehealth. Without payment parity between telehealth services and in-person care, telehealth will be disincentivized, even if the geographic and originating site restrictions are eliminated.

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<sup>1</sup> Siemsen, Elizabeth. "AMGA Pulse Survey- Telehealth Payments." AMGA, 27 Jan. 2023.

### **Audio-only services**

To ensure equitable access to care, Medicare should continue separate payments for audio-only (telephone) services. Though we appreciate Congress' inclusion of a two-year extension of continued coverage of audio-only payments in the Consolidated Appropriations Act of 2023, AMGA supports a permanent extension. Reimbursement for these services should be equivalent to video telehealth and in-person care, as the resources needed to deliver this care are the same. Audio-only is crucial in addressing the current gaps in access to digital health and is key to addressing health equity. A report by the Department of Health and Human Services Office of the Inspector General found that using audio-only programs was extremely popular among older Medicare beneficiaries, who "have greater difficulty accessing audio-video technology than their younger counterparts. In addition, dually eligible beneficiaries and Hispanic beneficiaries were more likely to use these audio-only services than other beneficiaries."<sup>2</sup> Ensuring that audio-only care remains an option will guarantee more Medicare beneficiaries will have increased access to care and management of their health, no matter the modality.

In addition, it is important that audio-only visits satisfy the face-to-face requirement for collecting diagnoses for risk-adjustment and care coordination purposes. Risk adjustment gives providers a clear picture of a patient based on accurate diagnoses, leading to a more patient-centered approach to care. Telehealth and audio-only visits also should be valid for risk adjustment during and beyond the PHE for the entire Medicare program. Ensuring that audio-only care remains an option will ensure more Medicare beneficiaries will have increased access to care and the ability to manage their health.

### **Remove state licensing restrictions for telehealth services**

AMGA members collaboratively provide care and need a standardized federal licensing and credentialing system for telehealth. This would ensure that the most suitable care team member can provide or suggest the most appropriate therapy to a patient, regardless of the state in which a provider or patient resides. Policymakers should establish a nationally standardized licensing and credentialing system for telehealth so patients can have access to care where quality, value, and cost are the main drivers.

### **AMGA asks Congress to:**

- **Waive geographic and originating site of service limits permanently in order to ensure all patients have access to the best care**
  - **Approve the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act, which would permanently remove all geographic restrictions on telehealth services and expand originating sites to include the home and other sites**
- **Ensure Medicare payment parity between in-office and telehealth visits permanently**
- **Promote policies that enable the use of audio-only services permanently**
- **Establish standardized federal licensing and credentialing standards for telehealth services**

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<sup>2</sup> "Certain Medicare Beneficiaries, Such as Urban and Hispanic Beneficiaries, Were More Likely Than Others To Use Telehealth During the First Year of the COVID-19 Pandemic." OEI-02-20-00522 09-02-2022, U.S. Department of Health and Human Services, 2 Sept. 2022, <https://oig.hhs.gov/oei/reports/OEI-02-20-00522.asp>