

2024 Issue Brief Telehealth Expansion

Issue

AMGA member multispecialty medical groups and integrated systems of care have entered a new era of telehealth patient access. During the COVID-19 pandemic, AMGA members rapidly expanded their telehealth services to patients to ensure patient safety and continuity of care. This expansion is due to policymakers waiving certain Medicare requirements for telehealth during the public health emergency (PHE). In the four years since the onset 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 so that AMGA members can continue to 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 and maintain 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 regulations since Medicare beneficiaries expect telehealth services to remain an option for care. Providers should maintain their ability to leverage their investments in incorporating telehealth into their delivery model.

Payment parity for in-office and telehealth services

Over the past four years, 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.¹ Also, 76% of survey participants reported that the cost to provide telehealth services was either the same as or more than the cost to provide a face-to-face visit. Congress must recognize the continued need for reimbursement policies that support the abilities of multispecialty medical groups and integrated systems of care 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.

Audio-only services

To ensure equitable access to care, Medicare should continue separate payments for audio-only (telephone) services. While 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 critical to addressing health equity. A

¹ Siemsen, Elizabeth. AMGA Pulse Survey- Telehealth Payments. AMGA, 27 Jan. 2023.

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.”² 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.

Remove physician home address reporting requirements

During the pandemic, the Centers for Medicare & Medicaid Services (CMS) established waivers allowing healthcare practitioners to offer telehealth services from their residences without disclosing their home addresses on Medicare enrollment or claims forms. AMGA members appreciate that CMS recently extended this waiver as a part of the CY2024 Physician Fee Schedule rule until December 30, 2024. However, beginning Jan. 1, 2025, these providers must include their home addresses on enrollment and claims forms. Requiring providers to provide such information raises significant privacy and safety concerns. Congress must act to safeguard providers from these potential risks.

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 recommend 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 access 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 or the Telehealth Modernization Act, which both 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**
- **Approve legislation that would permanently remove telehealth provider home address reporting requirements**
- **Establish standardized federal licensing and credentialing standards for telehealth services**

² “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>