

After the Public Health Emergency (PHE)

(July 2022)



Center for Connected
Health Policy

THE NATIONAL
TELEHEALTH POLICY
RESOURCE CENTER



CENTER FOR CONNECTED HEALTH POLICY (CCHP)

Mei Wa Kwong, JD,
Executive Director, 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.

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TELEHEALTH POLICY CHANGES IN COVID-19

FEDERAL

MEDICARE ISSUE	CHANGE
Geographic Limit	Waived
Site limitation	Waived
Provider List	Expanded
Services Eligible	Added additional 80 codes
Visit limits	Waived certain limits
Modality	Live Video, Phone, some srvs
Supervision requirements	Relaxed some
Licensing	Relaxed requirements
Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)	More codes eligible for phone & allowed PTs/OTs/SLPs & other use

- DEA – PHE prescribing exception/allowed phone for suboxone for OUD
- HIPAA – OCR will not fine during this time

STATE (Most Common Changes)

MEDICAID ISSUE	CHANGE
Modality	Allowing phone
Location	Allowing home
Consent	Relaxed consent requirements
Services	Expanded types of services eligible
Providers	Allowed other providers such as allied health pros
Licensing	Waived some requirements

- Private payer orders range from encouragement to cover telehealth to more explicit mandates
- Relaxed some health information protections



PUBLIC HEALTH EMERGENCY (Federal)

- **Still in effect until July**
- **Believe at least one more renewal**
- **Possible PHE remains until end of the year**



TEMPORARY FEDERAL TELEHEALTH POLICIES

SUBJECT AREA	POLICY DURING COVID-19
Medicare	<ul style="list-style-type: none">• Expanded list of services that can be provided via telehealth• Removed geographic and site limitations (allow home)• Allow all Medicare providers to be eligible providers• Specifically allowed FQHC/RHC• Allowed audio-only to be used
HIPAA	<ul style="list-style-type: none">• OCR will exercise discretion on HIPAA• Relaxations allowed for expanded use of platforms such as texting
Prescribing	<ul style="list-style-type: none">• PHE exception under the Ryan Haight Act allowed for prescribing of a controlled substance via telehealth without an in-person visit or falling into one of the other existing narrow exceptions

SOME TEMPORARY CHANGES MADE PERMANENT

- **Consolidated Appropriations Act (CAA) passed in Dec 2020 implementation related to provision of mental health visits via telehealth. Certain conditions applied**
- **Administrative Actions through Physician Fee Schedule Process:**
 - **Allowing use of audio-only to provide mental health visits if certain conditions met**
 - **FQHC/RHC redefinition of mental health visit, not considered telehealth**
 - **Temporary extension of some services eligible for reimbursement to end of 2023**



FY2022 Budget

- **Extension of Some of the PHE Waivers**
 - Allow some of the providers to continue to provide services via telehealth in Medicare: Example: FQHC, RHC, OT, PT
 - Only for 151 days after the PHE
- **Delayed some of the recent permanent changes**
 - Delayed the mental health in-person visit requirement
 - Also delayed for that 151 day period



WHAT WAS NOT EXTENDED IN THAT 151 DAY PERIOD

- **Not all eligible providers were included in that extended period**
- **Prescribing of controlled substances relaxation was not extended**
- **No word on HIPAA extensions**



PUBLIC HEALTH EMERGENCY (States)

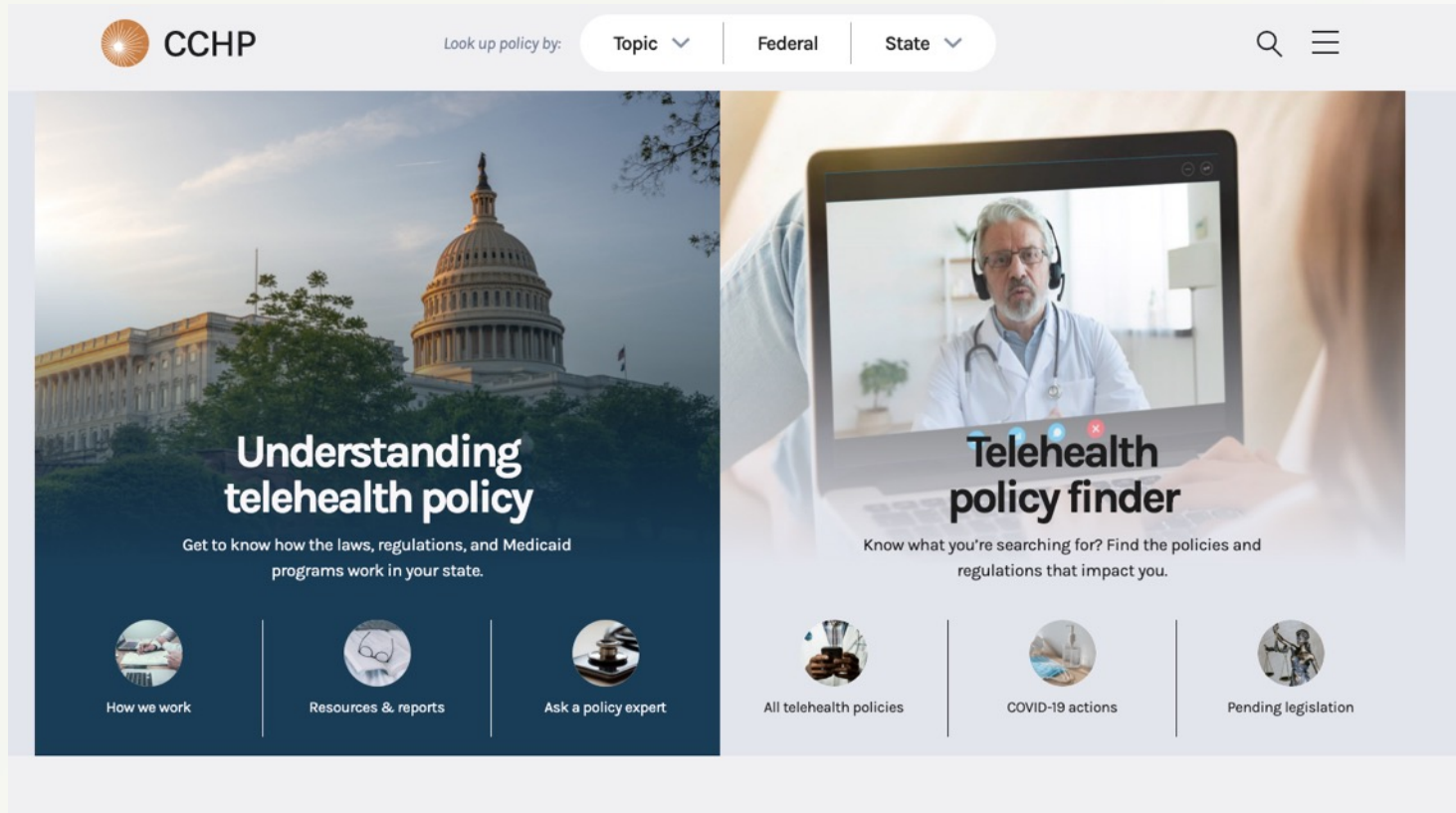
- Many states have already declared their state PHE's over
- Some states tied telehealth temporary provisions to federal PHE
- Telehealth temporary policies expired
 - Example: Licensing relaxations
- Many states have already made some type of decision
 - “Permanent” decision
 - Deciding to delay until a future date (ex: CA will keep temporary policies until Dec 31, 2022)



STATE TELEHEALTH LEGISLATION TRENDS 2022

- **What to do after the PHE?**
- **Medicaid and private payer changes**
- **Explicit direction of the type of documentation/recordkeeping**
- **Telehealth standards for various professions**

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Thank You!

www.cchpca.org

info@cchpca.org

