

Extend Telehealth Waivers:

The expansion of access to virtual care during the COVID-19 public health emergency (PHE) has had a transformational impact on access to health care across our country. The flexibilities offered during the PHE have allowed providers to expand specialty services and access to communities across the country which have long faced barriers to care. These new opportunities have helped address a crisis-level lack of mental health, primary care and workforce shortages.

The Consolidated Appropriations Act enacted in March of this year, extended telehealth flexibilities for 151 days beyond the end of the PHE. These flexibilities included: extending the list of telehealth practitioners, waiving the originating site requirement for telehealth services, allowing Medicare coverage of audio-only telehealth services, and delayed in person mental health requirements. However, the short-term nature is causing significant uncertainty in our health care system. Providers must weigh the costs of investing in the technological and clinical infrastructure required to maintain telehealth programs against the uncertainty of when these telehealth policies may end. And most importantly, beneficiaries will lose access to care should these waivers end.

DID YOU KNOW?

- More than **28 million** people used telehealth the first year of the COVID-19 pandemic
- OIG Report found no evidence of concerning billing practices among **99.98%** of providers offering telehealth
- Patients utilizing telehealth saw a **61% decrease** in health care expenses

In August the House passed the Advancing Telehealth Beyond COVID-19 Act (HR 4040) with overwhelming bipartisan support (416 in favor to 12 opposed). This legislation would safeguard access to virtual care by extending the telehealth flexibilities during the pandemic for two years.

Please urge your Members of Congress to extend current telehealth waivers for two years to allow Congress to continue to evaluate and work on a permanent expansion of telehealth programs while ensuring continued access to care for rural and underserved communities.

Permanently Extend 12-Month Medicaid Postpartum Coverage

Catholic health care has long championed programs that aid the health and well-being of mothers and babies, including strengthening the Medicaid program, which provides health care for 42% of all births in the country. Currently Medicaid post-partum care is only guaranteed for 60 days, which many public health experts argue is not enough time to address the rising maternal mortality challenges in the country.

While the American Rescue Plan Act of 2021 (ARP) gave states a new temporary option to extend Medicaid to a full year, and more than half the states and the District of Columbia have taken this optional benefit, Congress must work to make one year Medicaid postpartum care permanent in all states. This policy helps ensure that women and babies are supported during the critical months after childbirth and can also help reduce racial disparities in health outcomes, as Black women and American Indian/Alaska Native women are disproportionately impacted by maternal mortality. Furthermore, CBO estimates that approximately 45% of women on Medicaid will become uninsured after the currently required 60 days postpartum coverage and studies have shown that a third of maternal deaths occur between one week to a year after childbirth. CHA has created an [informational video](#) highlighting the need to extend Medicaid one year postpartum for policymakers.

Please urge your Members of Congress to establish 12-month Medicaid postpartum coverage and Medicaid and Children's Health Insurance continuous coverage for children as required federal benefits to address maternal mortality and improve the health and well-being of mothers, babies and children.