



*A Passionate Voice for Compassionate Care*

## **TELEHEALTH**

### **THE ISSUE**

The COVID-19 pandemic has highlighted the changing nature of providing care and support to patients and families across the country. At a time when hospitals were forced to limit outside visitors or halt elective procedures, telehealth became a critical means for allowing patients to receive health care services while staying safe. In the first week of the COVID-19 pandemic telehealth saw a more than 154% increase in usage with telehealth continuing to increase by more than 2000% percent during the early months of the crisis.<sup>1 2</sup>

Telehealth is not only critical during the COVID-19 pandemic, but it is also an important resource for connecting patients to vital health care service with its provisions to provide virtual consultations and remote monitoring. Additionally, telehealth connects patients to a range of health care services through videoconferencing, remote monitoring, electronic consults, and wireless communications. Through telehealth, health care providers can help ensure patients receive the care they need, when they need it, while providing greater access to health care consultations with specialists for those living in rural and low-income communities. Telehealth is therefore a critical tool in promoting greater health accesses and equity, particularly for low-income and vulnerable communities.

The temporary flexibilities provided by federal and state policy makers during COVID-19 have played a critical role in meeting health care needs during the pandemic. These flexibilities allowed health care workers and patients to stay safe while still having access to real-time health care and support. The lessons learned from the pandemic provided an opportunity for policy makers to build on the successes of these policies and an opportunity to make telehealth a central tool in our nations efforts to provide accessible and affordable health care to all.

### **MINISTRY TRADITION**

For decades CHA and our members have carried the message that health care is a basic human right, essential to human flourishing, and we have advocated policies to ensure that everyone has access to affordable health care. We are inspired by the wisdom of the social doctrine of the Church, which teaches that each person is created in the image of God; that each human life is sacred and possesses inalienable worth; and that health care is essential to promoting and protecting the inherent dignity of every individual. CHA therefore supports innovative policy approaches for delivering care to improve access and outcomes while reducing costs through greater integration, coordination, prevention and use of emerging technologies such as telehealth. Telehealth plays a

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<sup>1</sup> Koonin LM, Hoots B, Tsang CA, et al. Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic – United States, January-March 2020. *MMWR Morb Mortal Wkly Rep* 2020; 69: 1595-1599 DOI: <http://dx.doi.org/10.15585/mmwr.mm6943a3>

<sup>2</sup> Patel SY, Mehrotra A, Huskamp HA, Uscher-Pines L, Ganguli I, Barnett ML. Trends in Outpatient Care Delivery and Telemedicine During the COVID-19 Pandemic in the US. *JAMA Intern Med.* 2021;181(3):388–391. doi:10.1001/jamainternmed.2020.5928 <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2773059>

critical role in supporting efforts to responsibly steward new provide more affordable and accessible health care coverage, particularly to low-income and vulnerable communities.

### **CHA'S POSITION AND ACTIVITIES**

Catholic hospital and long-term care providers have long been at the forefront of providing innovative services for meeting community health needs. Telehealth provides an increasingly important means of ensuring more people have affordable and quality health care, regardless of geography or social and economic barriers. CHA therefore advocates for telehealth policies which support local health care providers' efforts to expand telehealth services to more people across the country. CHA also supports several short and long-term policy changes to ensure greater access to quality and affordable telehealth services. These policy changes include:

- **Telehealth COVID-19 Flexibilities** – CMS has provided flexibility which allow providers to provide telehealth services through remove care, even across state lines, deliver telehealth to established and new patients and to bill for telehealth services as though they were provided in person. CHA continues to urge congress and the administration to extend these public health emergency telehealth flexibilities for two years, at a minimum, to ensure greater outreach and care to vulnerable groups, especially minority and rural communities. CMS
- **Eliminate geographic and originating site restrictions** – CHA urges congress to revise the geographic and originating site restrictions to allow patients to receive telehealth services regardless of geographic location or originating site restrictions. Under section 1834(M) of the Social Security Act, telehealth services are restricted to designated rural areas of the country and specific physical locations, such as hospitals and physician offices. The COVID-19 flexibilities allowed providers to deliver telehealth services to patients in their homes and across greater locations. By addressing the geographic and originating site restrictions, providers will be able to reach individuals more effectively in rural communities or who are cut off from the health care system, such as homeless individuals in shelters
- **Expand access to broadband telecommunications services** – Telehealth plays a critical role in providing a means for accessing health care services, however, lack of broadband access and end-user technology continues to create barriers for low-income and rural communities. CHA supports continued investment in affordable broadband access programs to reach low-income, rural, and underserved populations.
- **Permanently extend payment for audio-only evaluation and management services** - Prior to the COVID-19 public health emergency, CMS defined telehealth as “the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.” During the public health emergency CMS provided a waiver to establish a separate payment audio-only evaluation and management services. Through this waiver, over 3 million individuals who lack adequate broadband services or are uncomfortable with using audio-video telecommunications devices were able to access telehealth services. Continuing to provide audio-only reimbursement will ensure millions of Americans continue to have access to the benefits of telehealth services regardless of location.

- **Provide adequate reimbursement for telehealth and other virtual services** - adequate reimbursement for telehealth services is critical for providing front line health care providers the resources they need to continue to expand telehealth services to all communities. Adequate reimbursement helps cover the substantial upfront costs of establishing and maintain telehealth virtual services. It also helps address the necessary privacy protections, patient education and ongoing training of the telehealth platform.
- **Expand types of providers eligible to deliver telehealth services and provide parity in coverage for mental health and substance abuse services** – Ensuring all medical professionals have the ability to be reimbursed for telehealth services is critical for ensuring an adequate access for those in need of non-physician health specialists, such as physical therapists, occupational therapists or speech pathologists. Similarly providing parity for reimbursement for mental health and substance abuse services in public and private reimbursements provide a critical resource for ensuring individuals have access to treatment – particularly in areas where these specializations are unaffordable or in accessible to many in need. CHA therefore supports expanding the medical professionals eligible for providing telehealth services and ensuring parity in coverage for mental health and substance abuse telehealth services.

**Catholic Health Association Supported Telehealth Legislation**

Legislation We Support	Telehealth Impact	Status
<a href="#"><u>Permanent extension of telehealth COVID-19 flexibilities letter.</u></a>	<ul style="list-style-type: none"><li>- Permanently remove the current section 1834(m) geographic and originating site restrictions to ensure that all patients can access care at home, and other appropriate locations</li> <li>-Maintain and Enhance HHS Authority to Determine Appropriate Providers, Services, and Modalities for Telehealth provide the Secretary with the flexibility to expand the list of eligible practitioners who may furnish clinically appropriate telehealth services.</li> <li>-Ensure Federally Qualified Health Centers, Critical Access Hospitals, and Rural Health Clinics Can Furnish Telehealth Services After the PHE.</li> <li>-Remove Restrictions on Medicare Beneficiary Access to Mental and Behavioral Health Services Offered Through Telehealth.</li></ul>	Under discussion as part of reconciliation or year-end legislation