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FAST BREAK: **TELEHEALTH UPDATE**

Jake Harper and Aileen Berquist
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TODAY'S HOST & PRESENTER



Jake Harper

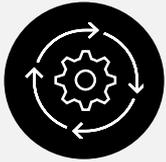


Aileen Berquist



Telehealth Update

Topics to be discussed today include



State Approach to Telehealth



Current Public Perception of Telehealth



CMS Telehealth Policies



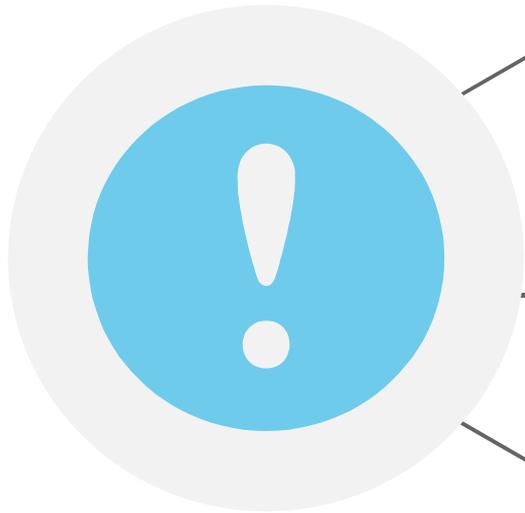
Special Considerations

- **Audio-only Services**
- **Cross-state Licensing**

STATE TELEHEALTH POLICIES:

50 SHADES OF GREY

State Telehealth Issues



Issues emanate from two main sources:

- **Medical/professional practice acts – acceptable practice modalities, etc.**
- **Insurance laws – requirements for insurance coverage**

Additionally, Medicaid programs may have coverage criteria

COVID-19 waivers exceptionally important for rapid national response to pandemic

State Telehealth Issues (cont'd)

Waivers include:

- Easing of licensure renewals
- Permitting individuals who have not yet obtained licensure to practice
- Allowing individuals licensed in other states to practice
- Increased flexibilities for practice modalities (asynch and audio-only)
- Requirements related to telehealth coverage

Some states have made permanent changes or funding appropriations:

- Tennessee HB 8002 requires payment parity for several years and refines definition of “originating site”
- Florida recently appropriated \$2 million in federal relief funding to schools for telemental health expansion

CMS AND TELEHEALTH:

WHERE WILL WE LAND?

CMS Telehealth Issues

After frenetic activity in March and April, CMS rulemaking regarding telehealth has started to quiet

- Medicare expansion for telehealth services arose quickly
- Removal of originating site and geographic area restrictions
- Expansion to include both new and established patients
- Expansion of practice modalities, including audio-only communications
- Expansion of telehealth code list

More recently, expansive proposed rule on remote patient monitoring services

- While CMS can only work within boundaries of existing law, push for expansion of RPM in significant way highlights continued emphasis of telehealth in the Medicare program

Statutory restriction on telehealth remains; likely won't be acted upon in this Congress and only as public health emergency period appears ready to expire

- CMS has emphasized that it wants telehealth to stay

PUBLIC PERCEPTION OF TELEHEALTH:

PULSE OF THE PEOPLE

Telehealth Public Perception

Initially, telehealth usage as a percentage of all visits was virtually 100%

As states have worked on reopening and health systems have been able to perform more elective procedures, this percentage has steadily decreased

- However, continues to be far above pre-COVID levels

Mixed messages about whether the public generally trusts and can rely on telehealth

While worries of increased medical malpractice and patient confusion issues remain, an August study* found that nearly half of Medicare-eligible patients began using telehealth as a result of COVID-19 (up from approximately 10%). Of those, nearly all said they intend on using telehealth after COVID-19 passes.

*[HealthInsurance.com](https://www.healthinsurance.com)

SPECIAL CONSIDERATIONS:

MD, PHONE HOME?

Special Considerations: Audio-only Visits



Audio-only visits have remained a complex and contentious issue for telehealth policy makers

- State medical boards regulate whether audio-only encounters meet the standard of care
 - Payers, like Medicare and Medicaid, have generally prohibited payment for audio-only encounters
 - Still, many patients, either due to lack of infrastructure or lack of technology/know-how, have trouble utilizing video conferencing
 - CMS recognized this in its April rulemaking and permitted, temporarily, Medicare to cover certain audio-only encounters
- Where do we go from here?

Special Considerations: Cross-state Licensure



Both the federal and virtually all state governments waived the requirement that a practitioner be licensed in the state he or she sees a patient, if the practitioner is licensed in another state

- However, this takes on many different iterations:
 - Need to apply for a special or temporary permit?
 - Need to be working at a medical facility?
 - Need to be working specifically on COVID-related treatments?
- Broader efforts to coalesce and streamline the licensure process
- Where does this leave us?

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QUESTIONS?



CTeL Virtual Summit: December 1-4, 2020

Summit participants have access to:

- *All Summit sessions, live and recorded*
- *Capitol Hill Day*
- *Virtual meetings with Administrative agencies*
- *6 months of membership benefits*
 - *Workgroups*
 - *Webinars*
 - *Technical Assistance*
 - *Research*

www.CtelSummit.org

Online Learning

Name: Digital Health Policy Professional (DHPP) program

Subject Matter: Laws and regulations affecting the provision of healthcare virtually

Audience: Health systems, practitioners, administrators, healthcare attorneys

Format: 8 1-hour recorded video lectures + supplemental materials and quizzes.
Online, 24/7

CE's: This activity is approved for nursing continuing education contact hours.

Thanks and Be Well!



Aileen Berquist
External Affairs Coordinator, CTeL

Aileen Berquist coordinates CTeL's stakeholder engagement and government relations efforts. In this role, she leads the development and implementation of CTeL's advocacy priorities and engages and educates the telehealth stakeholder community about policy issues pertaining to telehealth and virtual care. Ms. Berquist has extensive experience at the intersection of policy, advocacy, and nonprofits. Aileen is a Returned Peace Corps Volunteer (Botswana '12-'14), an alumna of the University of Kansas, and holds a master's degree in Legislative Affairs from George Washington University.

Thanks and Be Well!



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Jake Harper advises stakeholders across the healthcare industry, including hospitals, health systems, large physician group practices, practice management companies, hospices, chain pharmacies, manufacturers, and private equity clients, on an array of healthcare regulatory, transactional, and litigation matters. His practice focuses on compliance, fraud and abuse, and reimbursement matters, self-disclosures to and negotiations with OIG and CMS, internal investigations, provider mergers and acquisitions, and appeals before the PRRB, OMHA, and the Medicare Appeals Council.