

ATA Action’s End of Year Telehealth Priorities

ATA Action urges Congress to extend the below listed telehealth policies for at least two more years to provide greater certainty to patients and providers until a permanent pathway to telehealth reform is established. Additionally, each of the below listed flexibilities has different expiration dates making it increasingly imperative that Congress aligns each to the same deadline to reduce confusion.

End of Year Priority	Description of Priority	Date of Expiration
First Dollar Coverage of Telehealth Under HDHP-HSAs	At the onset of the Public Health Emergency (PHE), Congress took swift action and has allowed employees with HDHP-HSAs to receive covered telehealth services prior to meeting their deductible by allowing employers or insurers to provide pre-deductible coverage for such services. Nearly all (96 percent) employers adopted pre-deductible coverage for telehealth services under the CARES Act and three-quarters (76 percent) prefer to make the provision permanent ⁱ .	December 31, 2022
Acute Hospital Care at Home Program	Under the 1135 waiver, the Acute Hospital Care at Home program was created which allows hospitals to render at-home care and services to patients with acute conditions that would typically be treated in an inpatient setting by waiving CMS’s 24-hour on-site nursing requirement for hospitals that participate in Medicare. This care delivery model has proven to lower costs and increase patient health outcomes and satisfaction. Accountable care organizations and commercial plans have noticed the benefits and have started to cover certain services offered through hospital at home programs.	End of COVID-19 PHE
Waive In-Person Requirement in the Ryan Haight Act	During the PHE, the Drug Enforcement Agency (DEA) waived the in-person requirement for the remote prescribing of controlled substances. As a result, established and new patients were able to receive treatment and prescriptions within the comfort of their homes, helping to increase access and reduce the stigma associated with visiting a provider. The loosening of this requirement also improved retention in care and support for permanent adoption. ⁱⁱ	End of COVID-19 PHE
Telehealth as an Excepted Benefit	During the PHE, due to a regulatory flexibility extended by the Departments of Labor, Health and Human Services (HHS) and Treasury, employers have been able to offer basic virtual care services to part-time and seasonal jobs or workers otherwise not participating in their employer’s full medical plan. Telehealth services are not normally included as excepted benefits under the Employee Retirement Income Security Act (ERISA). If employers provide telehealth services to employees, it is considered a group health plan and requires employers to meet several ERISA mandates.	End of COVID-19 PHE
Extending the Medicare Telehealth Flexibilities	<p>More than 28 million Medicare beneficiaries—about 2 in 5—used telehealth services in 2020 as a result of the telehealth Medicare flexibilities granted under the CARES Act.ⁱⁱⁱ Since, patients and providers have grown accustomed to the benefits of telehealth and want to continue using these tools in the future.^{iv}</p> <p>ATA Action recommends the Medicare telehealth flexibilities included in HR4040 be extended, including:</p> <ul style="list-style-type: none"> • Geographic and originating sites flexibilities • Expanded eligible practitioners • FQHC and RHC telehealth coverage and reimbursement • Eliminate or delay the in-person telemental health requirement • Furnish audio-only telehealth 	151 Days Post End of PHE

ⁱ [ebri_ib_542_hsaemployersur-14oct21.pdf](#)

ⁱⁱ [Receipt of Telehealth Services, Receipt and Retention of Medications for Opioid Use Disorder, and Medically Treated Overdose Among Medicare Beneficiaries Before and During the COVID-19 Pandemic | Substance Use and Addiction Medicine | JAMA Psychiatry | JAMA Network](#)

ⁱⁱⁱ [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 \(hhs.gov\)](#)

^{iv} [Patients-Providers-and-Plans-Increase-Utilization-of-Telehealth-Recent-Stats-2.18-2.pdf \(americantelemed.org\)](#)