

A Pivotal Moment for Telehealth & RPM Policy: A Look Ahead to 2021

April 22, 2021



ALLIANCE *for*
CONNECTED CARE



HOUSEKEEPING

- Please keep yourselves muted and leave videos off until we get to the breakout sessions.
- Please put questions in the chat.
- Zoom link is the same for all of the breakout sessions.
- This morning is open to press and on the record, but all breakout sessions are off the record.
- We aim to produce a white paper based on the take-aways from the breakout sessions.
- We will be recording the event for purposes of the white paper, but recordings of this event will not be publicly shared.
- If you wish to speak during the discussion portions of the breakout sessions, we welcome you to then unmute and share video. You can also raise your hand (next to your name) to participate.



Our Twitter handle is @ConnectWCare

AGENDA - TODAY

Biden Administration:

*Remarks from Christen Linke Young, Deputy Director
White House Domestic Policy Council for Health and Veterans Affairs*

U.S. Senate:

*Presentation of the Digital Health Congressional Leadership Award to Senator Roger Wicker
Remarks from Senator Roger Wicker (R-MS), Ranking Member, Committee on Commerce, Science, and Transportation
and Co-Chair of Senate Telehealth Working Group*

U.S. House:

*Presentation of the Digital Health Congressional Leadership Award to Chairman Mike Thompson (D-CA), Chairman,
House Ways and Means Subcommittee on Select Revenue Measures*

Breakout Session 1: Improving Access Across the Digital and Social Divide

*Bill Beninati, MD, FCCM, Critical Care Physician
Senior Medical Director, Intermountain TeleHealth Services*

AGENDA -- TOMORROW

Breakout Session 2: Consumer Engagement in Virtual Care

Baligh Yehia, MD, MPP, FACP, President

Ascension Medical Group and Senior Vice President, Ascension

Breakout Session 3: Hardwiring Virtual Care Transformation

Christopher (Topher) Sharp, MD, Chief Medical Information Officer

Stanford Health Care and Clinical Professor of Medicine, Stanford University School of Medicine

Breakout Session 4: Post-Pandemic Licensure Portability: Framing the Value, Describing Models, Addressing Barriers

Ethan A. Booker, MD, FACEP, Medical Director

MedStar Telehealth Innovation Center and MedStar eVisit, MedStar Health

STATE OF PLAY PRESENTATION



Introduction to the
Alliance for
Connected Care



Developments in
Telehealth Policy
During Pandemic



Federal State of Play



State Policy Landscape

WHO IS THE ALLIANCE FOR CONNECTED CARE?

Members



ALLIANCE ADVISORY BOARD

- Alliance for Aging Research
- Alzheimer's Foundation of America
- American Academy of Family Physicians
- American Academy of Neurology
- American Academy of Nurse Practitioners
- American Association of Suicidology
- American Nurses Association
- American Academy of Physician Assistants
- American Heart Association
- American Osteopathic Association
- American Psychological Association
- American Urological Association
- Association for Behavioral Health and Wellness
- Coalition for Headache and Migraine Patients
- Digestive Disease National Coalition
- The Evangelical Lutheran Good Samaritan Society
- Family Voices
- Headache and Migraine Policy Forum
- HealthCare Chaplaincy Network
- Infectious Disease Society of America
- Michael J. Fox Foundation
- Mental Health America
- National Alliance for Caregiving
- National Association for Support of Long Term Care
- National Association of ACOs
- National Association of Chain Drug Stores
- National Association of Homecare & Hospice
- National Alliance on Mental Illness
- National Council for Behavioral Health
- National Council of State Boards of Nursing
- National Health IT Collaborative for the Underserved
- National Multiple Sclerosis Society
- National Organization for Rare Disorders
- Population Health Alliance
- The ALS Association
- United Spinal Association

Federal Telehealth Legislation Tracker

Please find recent COVID-related legislation below that the Alliance for Connected Care is tracking due to significant telehealth or remote patient monitoring provisions.

Telehealth Data Collection Page

Building on our important work as part of the Taskforce on Telehealth (Full report of the multisector effort coming soon), the Alliance for Connected Care continues to collect data necessary to make the case for permanent telehealth policies. We are seeking to understand what we have learned about telehealth utilization and its [...]

Studies & Polling

The Alliance for Connected Care has compiled polls on patient and provider adoption, acceptance, and satisfaction with telehealth during the COVID-19 public health emergency. The Alliance is also adding COVID-19 research and reports to this page. Finally, also included below is a list of pre-COVID-19 research and reports on telehealth utilization/adoption, [...]

Telehealth for COVID-19

Federal and state leaders have dramatically expanded access to telehealth during the COVID-19 public health emergency. Please find below an index of top resources offered by the Alliance for Connected Care followed by some additional background information. Federal Policy Changes and Guidance During the COVID-19 Public Health Emergency: COVID-19 Telehealth Legislation [...]



**STATUTORY & REGULATORY BARRIERS &
POLICY DEVELOPMENTS DURING PANDEMIC**

STATUTORY & REGULATORY BARRIERS



Medicare Site & Geographic Restrictions



Medicare Limitations on Telehealth Codes



Medicare Restrictions, FQHCs, RHCs & CAHs



Medicare Restrictions on Modality



Restrictions on Practitioner Type, SOP



Health Savings Accounts & Excepted Benefits



Medicaid & Definitions Variation



Cross State Licensure



Broadband Availability



Prescribing Restrictions

PERCEPTION BARRIERS



Lifting restrictions will lead to unnecessary utilization



Telehealth is only for urgent care & BH



Telehealth is uniquely subject to fraud



Patients aren't seeing their own doctors, and continuity of care is compromised



Congress won't let the flexibilities end



OVERVIEW, FEDERAL TELEHEALTH POLICY CHANGES

- Medicare will pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's home.
- Wide array of health care providers getting paid for telemedicine, including **PAs, PTs, OTs, SPs**.
- Interactive audio-visual telecommunications system that *permits* real-time communication.
- Adds some payment codes for prolonged audio-only evaluation and management services.
- 80 new Part B codes added to telehealth list.
- Risk adjustment by telehealth for MA temporarily allowed.
- Physician supervision provided virtually, using real-time audio/video technology.
- Waiver of enforcement of HIPAA for provision of services in good faith via FaceTime and Skype.
- The HHS Office of Inspector General grants flexibility to providers on waiver of co-pays.
- Removal of established relationship requirement for "virtual check-ins."
- FQHC and Rural Health Clinic payment
- DEA prescribing regs are waived

NEW MEDICARE CODES FOR TELEHEALTH

Effective April 6, 2020



Services	HCPCS/CPT code
Emergency Department Visits, Levels 1-5	CPT codes 99281-99285
Initial and Subsequent Observation and Observation Discharge Day Management	CPT codes 99217- 99220; CPT codes 99224- 99226; CPT codes 99234-99236
Initial hospital care and hospital discharge day management	CPT codes 99221-99223; CPT codes 99238- 99239
Initial nursing facility visits, All levels (Low, Moderate, and High Complexity) and nursing facility discharge day management	(CPT codes 99304-99306; CPT codes 99315-99316)
Critical Care Services	(CPT codes 99291-99292)
Domiciliary, Rest Home, or Custodial Care services, New and Established patients	CPT codes 99327- 99328; CPT codes 99334-99337)
Home Visits, New and Established Patient, All levels	(CPT codes 99341- 99345; CPT codes 99347- 99350)
Inpatient Neonatal and Pediatric Critical Care, Initial and Subsequent	(CPT codes 99468- 99473; CPT codes 99475- 99476)
Initial and Continuing Intensive Care Services	(CPT code 99477- 994780)
Care Planning for Patients with Cognitive Impairment	(CPT code 99483)
Psychological and Neuropsychological Testing	(CPT codes 96130- 96133; CPT codes 96136- 96139)
Therapy Services, Physical and Occupational Therapy, All levels	(CPT codes 97161- 97168; CPT codes 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521- 92524, 92507)
Radiation Treatment Management Services	(CPT codes 77427)

MEDICARE FFS CODES



- Approximately 1/3 of FFS payments eligible for telehealth reimbursement
- For some specialties, 90% or more are eligible for telehealth
- Established patient requirements are currently waived in most circumstances

Table 4: Percent of Estimated Medicare FFS Payments Eligible for Telehealth Reimbursement

Specialty	Existing Codes Jan 2020	Existing Codes % of Payments	COVID Codes Mar 2020	COVID Codes % of Payments	Total
Primary Care	21	77%	15	19%	96%
Endocrinology	19	88%	5	5%	93%
Pediatrics	17	73%	9	18%	91%
Neurology	11	51%	6	12%	63%
Pulmonology	15	49%	7	14%	63%
Urology	12	51%	3	3%	54%
OB/GYN	13	50%	0	0%	50%
Cardiology	11	38%	5	7%	45%
Orthopedic Surgery	8	40%	5	3%	43%
Dermatology	7	30%	0	0%	30%
Gastroenterology	11	24%	3	5%	29%

Source: Avalere Analysis of 5% Standard Analytical File, CY2018 Claims

In response to the coronavirus pandemic, CMS outlined flexibility that Medicare Advantage plans have to help prevent the spread of COVID-19. One emphasis was expanding access to certain telehealth services. CMS clarified the ability to add telehealth benefits to existing plans as well as flexibility to waive cost-sharing or reduce costs for specific services.

- May waive or reduce enrollee cost-sharing for COVID-19 laboratory tests, telehealth benefits or other services to address the outbreak provided that it's uniformly waived for all enrollees.
- May provide enrollees access to Medicare Part B services via telehealth in any geographic area and from a variety of places, including beneficiaries' homes.
- Medicare Advantage Organizations may also choose to waive plan prior authorization requirements that otherwise would apply to tests or services related to COVID-19 at any time.

HEALTH SAVINGS ACCOUNTS

- Health Savings Accounts (HSAs) have experienced significant growth in the commercial insurance market since they were created in 2003.
- More Americans with HSAs – 35 million in 2020 than in Medicare Advantage – 24 million in 2020
- Minimum HDHP deductible for 2020 is \$1,400 for single and \$2,800 for family.
- Challenges with the IRS code for Telemedicine
- Congress allowed first-dollar coverage for telehealth until December 31, 2021



PRESCRIBING CONTROLLED SUBSTANCES

DEA Policy: [Use of Telephone Evaluations to Initiate Buprenorphine Prescribing](#) (Effective March 31, 2020)

While a prescription for a controlled substance issued by means of the Internet (including telemedicine) must generally be predicated on an in-person medical evaluation ([21 U.S.C. 829\(e\)](#)), the Controlled Substances Act contains certain exceptions to this requirement. One such exception occurs when the Secretary of Health and Human Services has declared a public health emergency under 42 U.S.C. 247d (section 319 of the Public Health Service Act), as set forth in 21 U.S.C. 802(54)(D). Secretary Azar declared such a public health emergency with regard to COVID-19 on January 31, 2020 (<https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.html>). On March 16, 2020, the Secretary, with the concurrence of the Acting DEA Administrator, designated that the telemedicine allowance under section 802(54)(D) applies to all schedule II-V controlled substances in all areas of the United States. Accordingly, as of March 16, 2020, and continuing for as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners in all areas of the United States may issue prescriptions for all schedule II-V controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; and
- The practitioner is acting in accordance with applicable Federal and State laws.



STATE OF PLAY AT FEDERAL LEVEL

CONGRESS – TELEHEALTH MODERNIZATION ACT

Senators Tim Scott (R-SC) and Brian Schatz (D-HI) have introduced the [Telehealth Modernization Act](#). This bill is bipartisan and bicameral.

- a. Removes geographic and originating site requirements
- b. Expands practitioners who can bill telehealth
- c. Encourages CMS to retain additional services and subregulatory processes enacted during the public health emergency
- d. Adds Federally Qualified Health Centers and Rural Health Clinics (NO CAHs)
- e. Allows telehealth for face-to-face encounter for hospice care
- f. Allows telehealth for face-to-face assessment for home dialysis



CONGRESS – PROTECTING ACCESS TO POST-COVID TELEHEALTH ACT

Chairman Mike Thompson (and the House telehealth caucus) [reintroduced Protecting Access to Post-COVID-19 Telehealth Act](#). Bipartisan, not bicameral.

This legislation -

- a) Authorizes HHS to waive Medicare telehealth requirements in any future emergency & Report on this PHE
- b) Allow Rural Health Clinics and FQHCs to deliver telehealth (NO CAHs)
- c) Elimination of geographic restrictions on telehealth
- d) Addition of the patient home as an originating site (*note – this is narrower than the Telehealth Modernization Act which removes originating sites*)
- e) Inclusion of additional originating sites as determined by the secretary



CONGRESS – CONNECT FOR HEALTH ACT

Senators Brian Schatz (D-HI) and Roger Wicker (R-MS) will soon re-introduce a revised CONNECT for HEALTH Act.

This legislation -

- Provides HHS Secretarial waiver authority
- Removes geographic restrictions for telehealth services
- Allows the home to be an originating site for telehealth services and to allow other locations to be originating sites
- Gives the Secretary flexibility to waive telehealth rules during future public health emergencies

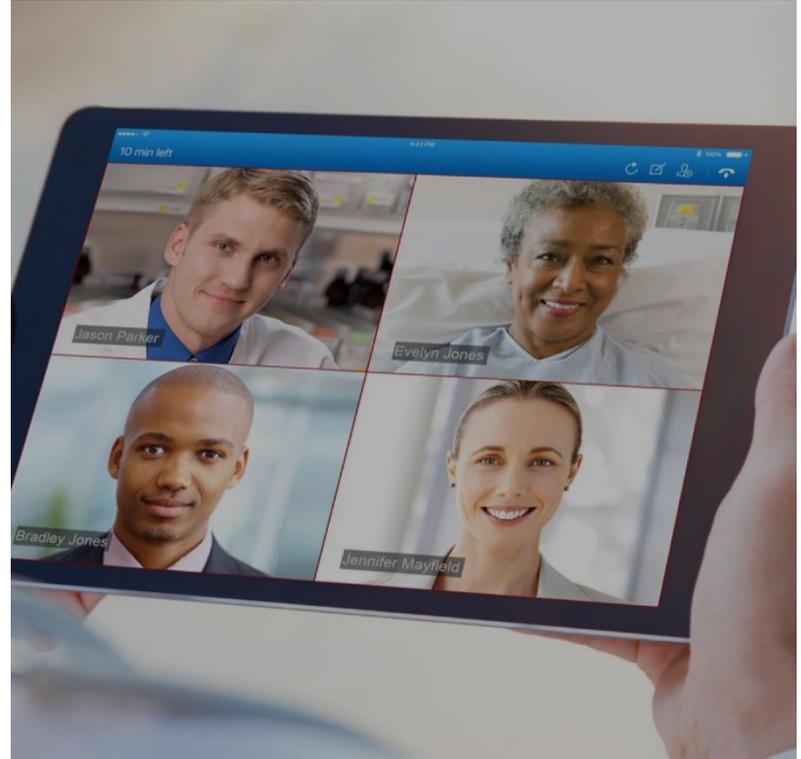


CONGRESS: EXCEPTED BENEFITS

Under current law, standalone telehealth benefits are not considered excepted benefits, and could be interpreted as a “health plan.” Current law effectively bans employers from extending telehealth to all populations, including:

- Full time employees who are not enrolled in the medical plan, or employees’ family members, if the employee is on a self-only plan;
- Part-time employees ineligible for the medical benefit; and
- Seasonal or other temporary workers.

Other limited benefits like vision, dental, long-term care, cancer-only plans are health-related, but do not constitute a full medical plan, are considered a standalone excepted benefit. Congress can do the same for telehealth. Congress can do the same for telehealth by deeming telehealth as “limited scope health coverage” in the Excepted Benefit category .

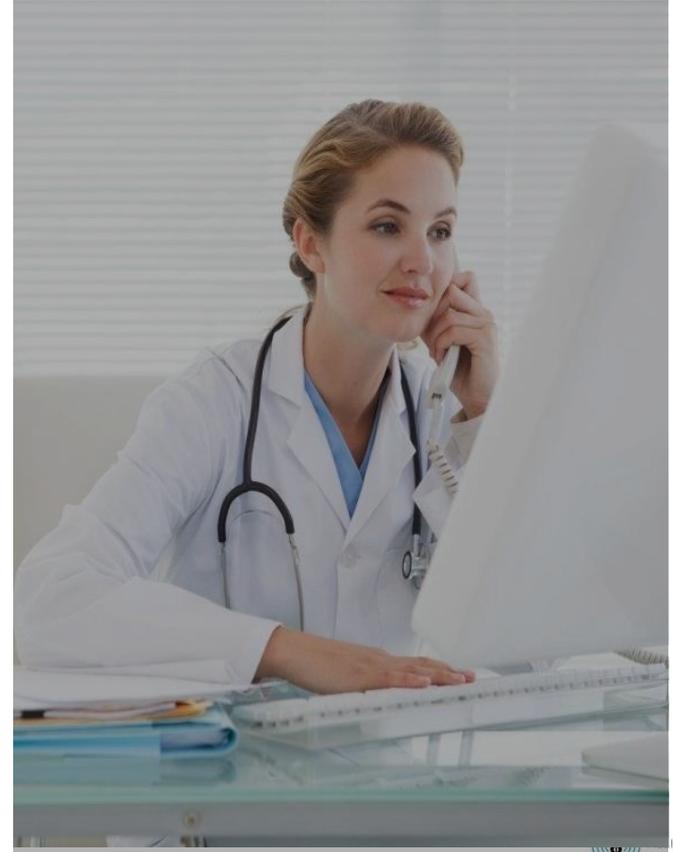


CONGRESS: HSAs

Must extend 2021 Flexibilities so employers can offer first-dollar coverage of telehealth.

No bill introduced...yet

Section 3701 of the CARES Act created a temporary safe harbor that allows high-deductible health plans (HDHP) with a health savings account (HSA) to cover telehealth services prior to a patient reaching their deductible. This safe harbor allows HDHPs to offer cost-free telehealth services to plan members before the annual deductible is met, ensuring that plans can better support patients that are leveraging virtual care to access a range of critical health care services during the pandemic.



CONGRESS: BROADBAND

Community Broadband Act (H.R. 1631), Chairwoman Anna Eshoo (D-CA)

- Removes roadblocks for public-private partnerships and locally-owned broadband systems. The Community Broadband Act nullifies state laws that inhibit local governments from building their own broadband, preserving the local right to self-determination in connecting communities.
- Nineteen states have passed laws that either restrict or outright prohibit local communities from investing local dollars in building their own broadband networks. These laws shield incumbent internet service providers from competition and tie the hands of communities that want to improve broadband options or build-out to unserved areas which private providers refuse to connect.

Accessible, Affordable Internet for All Act (H.R. 1783), House Majority Whip Rep. James Clyburn (D-SC)

- Authorizes over \$94 billion to ensure unserved and underserved communities have affordable high-speed internet access and includes provisions:
 - Provides \$80 billion to deploy secure and resilient broadband infrastructure for communities nationwide, connecting unserved and underserved rural, suburban, and urban areas across the country with high-speed internet service while prioritizing unserved and persistent poverty communities.
 - Affordable Option – Requires internet service providers whose networks are built with the new \$80 billion support appropriated in the bill to offer an affordable service plan to every consumer.
 - Protects Local Options – Guarantees the right of local governments, public-private partnerships, and cooperatives to deliver broadband service, which has lowered prices in many communities by providing competition to traditional broadband providers.

FEDERAL COMMUNICATIONS COMMISSION

- Ongoing support of broadband deployment - \$450 million for the COVID-19 Telehealth Program
 - \$200 million from the CARES Act to launch the COVID-19 Telehealth Program
 - \$249.95 million from the Consolidated Appropriations Act in additional funding for the Program



MUST BREAK PERCEPTION BARRIERS TO BE SUCCESSFUL



Lifting restrictions will lead to unnecessary utilization



Telehealth is only for urgent care & BH



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Congress won't let the flexibilities end



■ DISPELLING OVERUTILIZATION PERCEPTION

Utilization data: to what extent is telehealth serving as a replacement for in-person care?

No-show Rates: Were no-show rates reduced, and if so, by how much?

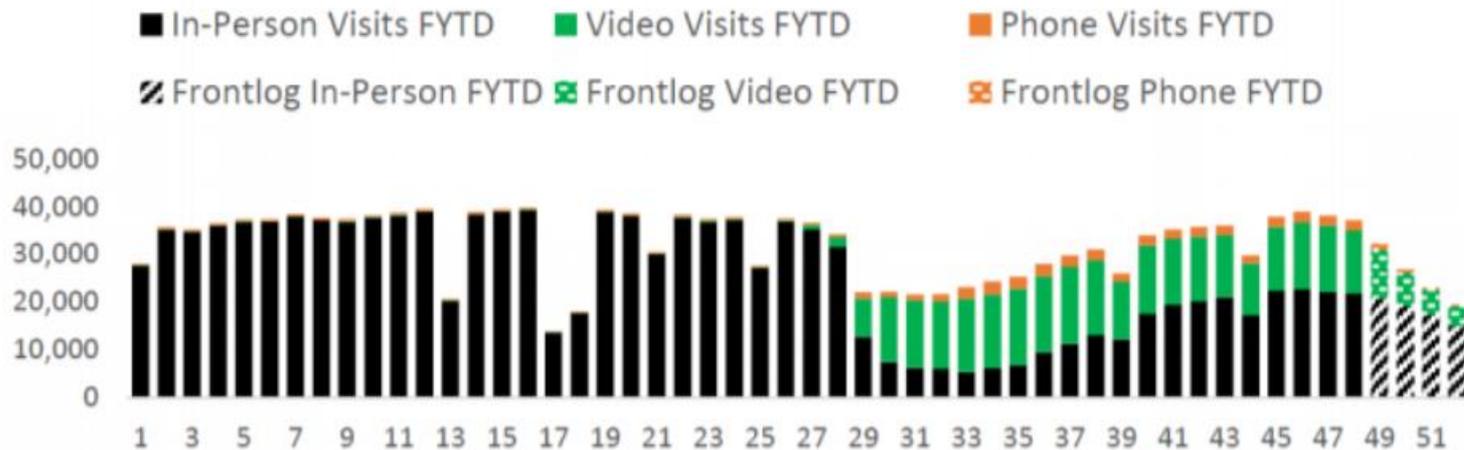
Post-discharge: Were post-discharge transition codes (99495 and 99496) billed at a higher rate?

SNF Transfers: Did telehealth resolve skilled nursing facility - resident issues without transfer, i.e. were transfers to hospitals lower without compromising patient care?

Telehealth Visits Substitute for In-person Care

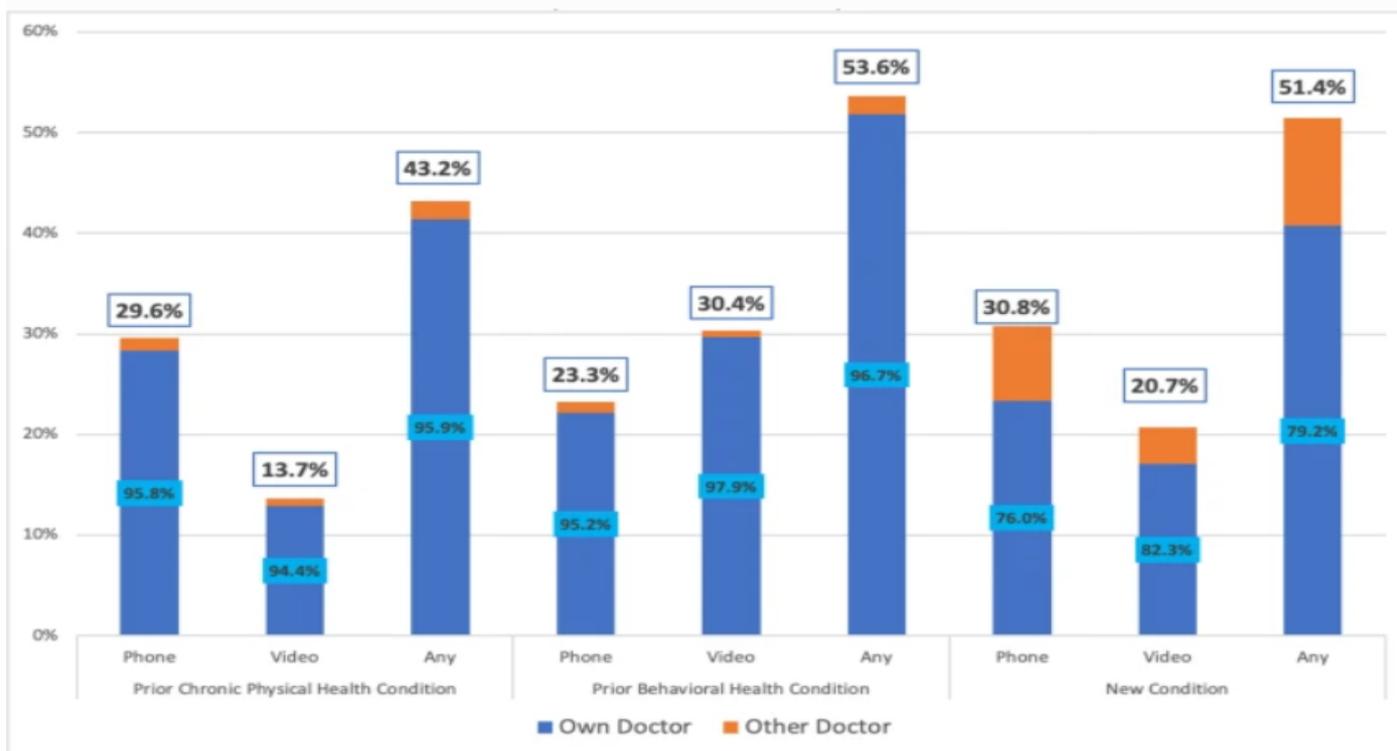
As clinics have reopened to in-person care, total utilization has remained flat, indicating that telehealth visits have been substitutive.

Total Visits Weekly Trend FYTD



↑
Clinics reopen to in-person care broadly across the health system

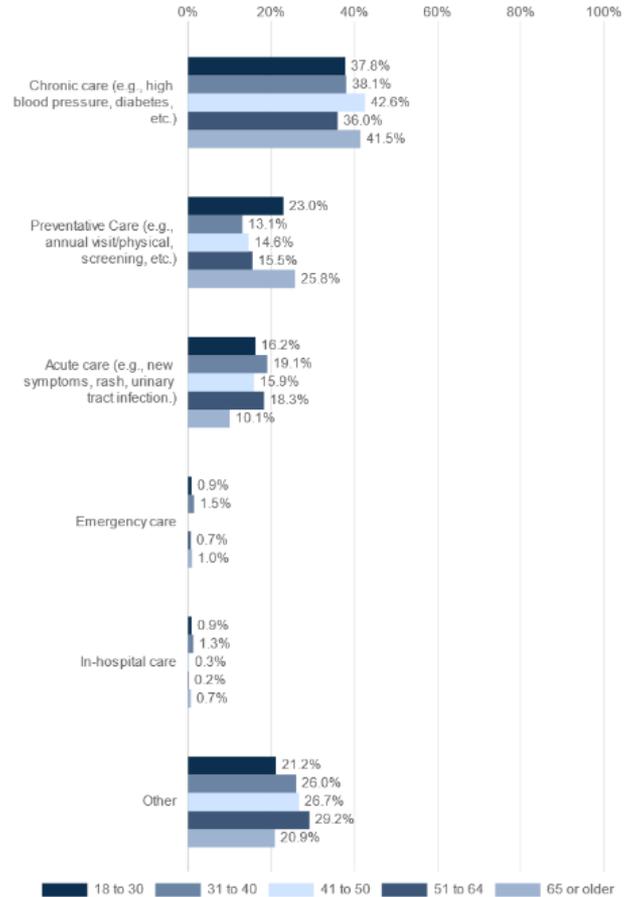
DISPELLING NOT OWN DOCTOR PERCEPTION



Prevalence of telehealth use by condition, modality, and own doctor. Data are from the American Life Panel Survey on Impacts of COVID-19.³ Proportions of patients who used telehealth are shown above bars. Proportions of telehealth users who saw their own doctor are shown within bars.

DISPELLING TELEHEALTH IS ONLY URGENT CARE AND BEHAVIORAL HEALTH

“ For your most recent telehealth visit, what type of care did you receive? ”

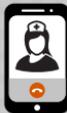


DISPELLING FRAUD MISPERCEPTIONS

U.S. Department of Health and Human Services
Office of Inspector General



NATIONAL TELEFRAUD TAKEDOWN



Scammers are targeting Medicare and Medicaid beneficiaries in schemes which involve the use of illegal kickbacks and bribes by durable medical equipment companies, laboratories, and pharmacies to telemedicine corporate executives in exchange for orthotic braces, diagnostic testing, and prescription drugs that are medically unnecessary.

The **ALLEGED SCHEME** and **KEY PLAYERS**



Telemedicine Executives

They own telemedicine companies and call centers. They use international marketing networks to lure unsuspecting individuals into a criminal scheme through telemarketing calls, direct mail, television ads, and internet pop-up ads. A call center confirms that an individual is on Medicare or Medicaid and transfers the individual to a telemedicine company for a medical practitioner's consultation. **Telemedicine executives are the masterminds of this scheme. They pay practitioners for prescriptions.**



Medical Practitioner & Telemedicine Company

The telemedicine company obtains prescriptions from medical practitioners and sells them to pharmacies, laboratories, or medical equipment companies. **Medical practitioners are being paid by telemedicine executives to order unnecessary prescriptions, either without any patient interaction or with only a brief telephonic conversation with patients they have never met or seen.**



U.S. Department of Health and Human Services **Office of Inspector General**

[COVID-19 Portal](#) | [Reports](#) | [LEIE](#) | [Compliance](#)

Principal Deputy Inspector General Grimm on Telehealth

We are aware of concerns raised regarding enforcement actions related to “telefraud” schemes, and it is important to distinguish those schemes from telehealth fraud. In the last few years, OIG has conducted several large investigations of fraud schemes that inappropriately leveraged the reach of telemarketing schemes in combination with unscrupulous doctors conducting sham remote visits to increase the size and scale of the perpetrator’s criminal operations. In many cases, the criminals did not bill for the sham telehealth visit. Instead, the perpetrators billed fraudulently for other items or services, like durable medical equipment or genetic tests. We will continue to vigilantly pursue these “telefraud” schemes and monitor the evolution of scams that may relate to telehealth.

A person is seen from the back, typing on a laptop. The laptop screen displays a smiling male doctor in a white lab coat and glasses, sitting at a desk with a computer monitor and a stethoscope. The text 'STATE DEVELOPMENTS' is overlaid on the screen in a white box.

STATE DEVELOPMENTS

STATE DECLARATION OF EMERGENCY

Each state, based on the scope of the authority granted and specific state laws, have various authorities. For example:

- States have waived licensure laws, permitting out-of-state providers to provide care and assist those impacted during COVID-19.
- States have waived the patient-physician relationship requirements.
- States have also waived co-pays, prior authorization requirements for medically necessary treatment delivered via telehealth, and limitations on audio-visual.



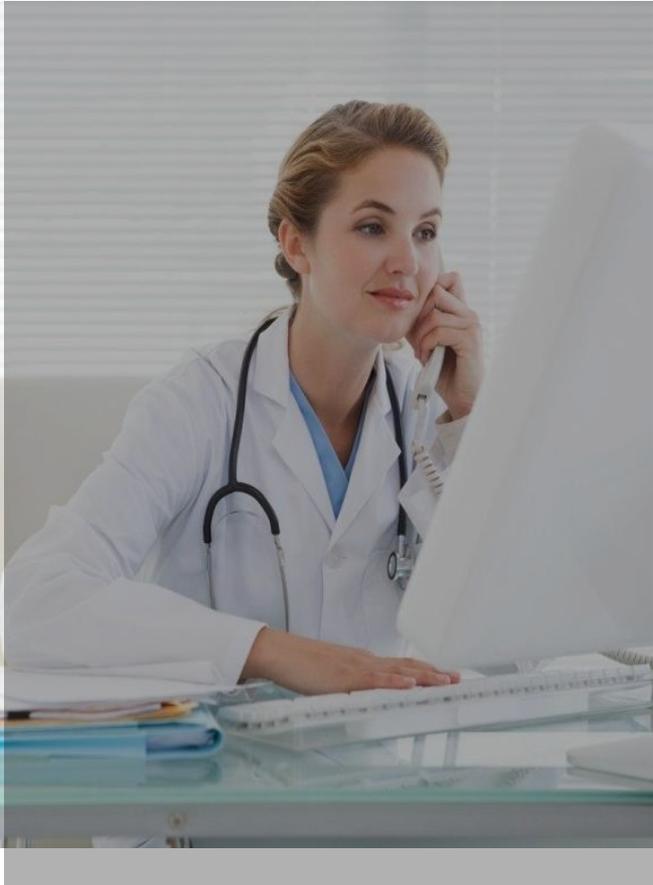
MEDICAID: STATE EXAMPLES



CMS issued guidance for states seeking to expand telehealth for Medicaid, reminding states about the flexibility that exists in the Medicaid program. **March 17, 2020**

- Several states have requested flexibility to incent greater use of telehealth through Medicaid Section 1135 Waivers including CA, IL, LA, MD, NC, SD, and WA.
.....
- IL, LA, NC, and WA requested CMS to allow providers to use non-HIPAA compliant telehealth modes from platforms like Facetime, WhatsApp, and Skype to facilitate visits
.....
- CA requested flexibility to make it easier for providers to care for people in their own homes. They requested:
 - To allow telehealth and virtual/telephonic communications for covered State plan benefits
 - Waiver of face-to-face encounters for FQHCs and Rural Health Clinics
 - Reimbursement of virtual communication and e-consults for certain providers
.....
- MD requested flexibility so that Medicaid and Managed care enrollees could use telephones to receive care if they did not have an appropriate device.
.....
- SD requested flexibility to allow Medicaid to pay for the same telehealth services that Medicare has been granted authority to pay for, including services furnished while a patient is at home.
.....

STATES WAIVING LICENSURE



To date, fifty states, including D.C. have waived – to varying extents – state licensure laws in order to facilitate cross-border care, sometimes explicitly including telehealth

→ **DC** waived licensure laws for health care practitioners appointed as temporary agents. The waiver is limited only to providing services to a licensed facility, via telehealth, or through an existing relationship.

→ **South Carolina** issued emergency nursing and medical licenses for out-of-state physicians, physician assistants and respiratory care practitioners within 24 hours.

→ **Florida** waived licensure requirements for out-of-state health care professionals who render services in Florida related to COVID-19 as long as they do so for the American Red Cross or the Department of Health.

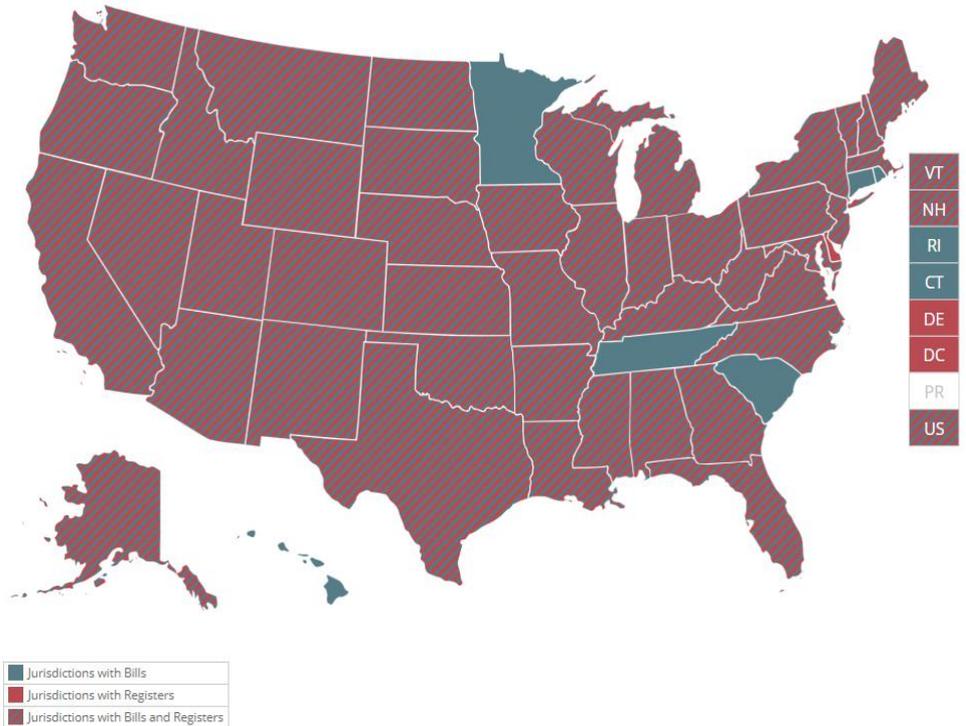
STATE TELEHEALTH ACTIVITY

Telehealth Legislation

There are currently **706 bills** introduced across 49 states. States without telehealth bills are D.C. and Delaware.

Telehealth Regulation

There are **543 regulatory actions** across 44 states and D.C. States without telehealth regulation are Connecticut, Hawaii, Minnesota, Rhode Island, South Carolina, and Tennessee.



VARIATION IN APPROACHES

Arizona

Major telehealth bill (HB 2454) included a provision around recognition of out-of-state licenses to provide telehealth in the state so long as a practitioner was licensed and in good standing in another state. The bill has since been modified to a registration process.

Idaho

HB 179 would allow a provider who is not licensed in Idaho to provide telehealth services to an Idaho resident if they are in good standing and hold a current, valid, unrestricted licensure from an applicable health care licensing authority in a state with similar requirements for licensure.

Maryland

Governor Hogan introduced a bill (HB 732/SB 568) that would authorize an out-of-state health care practitioner to provide telehealth to a patient located in Maryland, so long as the respective health occupations board register the practitioner to provide such services in the state, under certain circumstances.

Uniform Law Commission

The ULC formed the Telehealth Drafting Committee to draft a uniform or model law addressing state telehealth law, to include topics ranging from professional licensure for telehealth providers to insurance parity.

Open Letter to U.S. State and Federal Policymakers

The Alliance for Connected Care seeks your endorsement of the below joint statement on telehealth across state lines. Further details below.

To sign on to this letter, please click [here](#).

Consensus Principles on Telehealth Across State Lines

December XX, 2020

Patients have long traveled across state lines for specialty care, but the COVID-19 pandemic has demonstrated that this care, particularly delivered through telehealth, can also help alleviate access issues in many other areas of health care. Looking beyond the public health emergency, one important way policymakers and health care regulators can permanently facilitate access to care is by allowing providers and patients to connect with each other regardless of their physical location. The following organizations, representing consumers, healthcare professionals, health systems, large employers, and others urge you to give your citizens access to, and choice of, health care wherever they reside through the facilitation of telehealth across state lines. Below are consensus principles that can guide policymaking:

Supporting Patients

- We recognize that patients and their families must sometimes travel across state lines to seek care not available where they reside;
- We further recognize that the national experience during COVID-19 has clearly demonstrated an opportunity for telehealth and technology-enabled health care to meet many health needs remotely, including over significant distance;
- We acknowledge that the health care demands of the COVID-19 pandemic have exposed many barriers to patient access posed by the significant fragmentation of state practice laws and regulations;
- We further acknowledge that patients who lack access to broadband or high-speed internet may not be able to take full advantage of certain telehealth services, and those patients underscore the need for both continued flexibility and infrastructure investment;
- We believe that, while care across state lines to secure health care may be necessary in any number of circumstances, it can be critically important for

■ WHAT WILL IT TAKE TO SUCCEED OVERALL?

Vision
Stakeholders
Fraud Protections
Congressional Champions
Advocacy
Provider
Patients
Media
Data
CBO
Score
