ALLIANCE for CONNECTED CARE

2024 Priorities

While we have made huge progress, nearly every major pandemic telehealth policy risks ending in December 2024.

For the past decade the Alliance for Connected Care ("the Alliance") has driven progress in expanding patient access to telehealth and remote patient monitoring through advocacy with policymakers in Washington. We have helped energize Congress and the Executive Branch to break down barriers to increased telehealth and remote monitoring adoption. Building off of the dramatic transformation of telehealth access since 2020, the Alliance has continued to push forward to maintain policies that expand patient access and reduce regulatory burdens on providers offering telehealth.

Regulatory Advocacy in 2024

- **Continue Virtual Direct Supervision and Virtual Training of Residents**
  In the Calendar Year (CY) 2024 Medicare Physician Fee Schedule (PFS), CMS finalized as proposed extending supervision through real-time audio and visual interactive telecommunications, including for the training of residents, through December 31, 2024. However, CMS did not extend its proposed policy on supervision of residents in teaching settings to include in-person services furnished by residents. The Alliance will continue to push to make these provisions permanent.

- **Drug Enforcement Administration (DEA) Restrictions on the Prescribing of Controlled Substances via Telemedicine**
  On October 6, 2023, the Drug Enforcement Administration extended temporary flexibility for telehealth prescribing through December 31, 2024. Special registration to prescribe controlled substances through telemedicine was originally called for in the Ryan Haight Act of 2008. After 15 years of several congressional mandates to promulgate regulations related to a Special Registration for Telemedicine, the DEA has still not issued permanent policy. Its proposed rule, offered in the spring of 2023, was extremely problematic and must not be finalized as written.

- **Reporting of Home Addresses/Provider Location**
  Due to successful Alliance advocacy, CMS allowance for practitioners to render telehealth services from their home without reporting their home address on their Medicare enrollment or billing paperwork was extended and will now end on December 31, 2024. While CMS updated its CMS-855i form to include a checkbox to denote when a reported address is a home address, privacy and safety concerns still remain. The Alliance has advocated for a permanent solution to this problem to ensure that providers have personal privacy and safety as well as operational burden concerns addressed and continues this work in 2024.

- **Maintain Adequate Reimbursement of Telehealth in 2025**
  In 2023, the Alliance for Connected Care was successful in advocating for telehealth to continue to be reimbursed at the higher non-facility rate in Medicare. In 2024, the Alliance will work to maintain and make permanent this reimbursement approach.

- **Remote Physiologic Monitoring / Remote Therapeutic Monitoring (RPM/RTM)**
  The Alliance will continue to advocate to ensure coverage and reimbursement for RPM and RTM services following changes in the physician fee schedule. Earlier this year, several Medicare Administrative Contractors joined to reevaluate RPM/RTM coverage, and we do not expect this to be the last threat to coverage. Additionally, Medicare coverage of RPM is expanding in the fee-schedule, and we expect a number of additional developments in the RPM space in 2024 – including advocacy around changes to regulatory requirements around codes. Most recently, the AMA has considered major changes to remote monitoring codes.

- **American Medical Association Proposed Telehealth Codes**
  The AMA RUC proposed 17-20 new telehealth codes, which could present three problems: (1) payment differential clears a pathway for a separate fee schedule, but that is unnecessary because telehealth is a modality; (2) there could be operational impacts as the new codes could provide a massive operational lift for payers in the revenue cycle; and (3) the 17 new codes would leave out 200 services and outpatient codes which telehealth is used as a modality for. The Alliance will advocate to ensure that CMS does not adopt these codes in CY2025.

Legislative Advocacy in 2024

- **Medicare Telehealth Provisions Expiring December 31, 2024**
  The Fiscal Year (FY) 2023 Consolidated Appropriations Act (CAA) included a two-year extension of certain Medicare telehealth flexibilities – all ending December 31, 2024. The Alliance will fight to expand upon these policies, ensure they do not lapse, and to make them permanent.
  - Removal of Geographic Requirements and Expanding Originating Sites for Telehealth Services
    Amend originating site definition and expanded it to mean any site in the United States at which the eligible telehealth individual is located at the time the service is furnished via a telecommunications system (without geographic restriction).
  - Expansion of Practitioners Eligible to Furnish Telehealth Services –Expand the distant site provider list to ensure any Medicare enrolled practitioner can provide same services virtually that they can in-person (such as therapists, speech-language pathologists, and audiologists).
  - Ensure Federally Qualified Health Centers and Rural Health Clinics can furnish telehealth in Medicare and be reimbursed fairly for those services, despite unique payment characteristics and challenges for each. Current payment structures often do not capture the unique billing characteristics of telehealth and need to be updated to better align with the broader CMS payment environment.
  - Removal of In-Person Requirements Under Medicare for Mental Health Services Furnished Through Telehealth - Remove statutory requirements for in-person mental health services prior to a telehealth visit in Medicare. Requirements for in-person visits prevent telehealth from helping those who often need it most – patients with transportation, mobility, frailty, or stigma barriers that prevent them from receiving in-person care.
  - Continuation of audio-only telehealth services – particularly where necessary to bridge gaps in access to care. Audio-only telehealth visits should continue to be an option for patients. Patients across a wide range of demographic groups do not have sufficient internet access, device access, or digital skills to connect with their clinicians over a stable video connection.

Patients and providers should have the flexibility to choose when an audio-only telehealth visit is both clinically appropriate and preferred by the patient. We anticipate that CMS would continue to maintain a list of services that are appropriate for audio-only care.

- **Protecting Commercial Market Telehealth Innovation**
  Access to first-dollar coverage of telehealth for patients with a High-Deductible Health Plan Coupled with a Health Savings Account (HDHP-HSA) will expire in December 2024. Congress must make permanent the two-year extension of the temporary safe harbor that allowed employers and health plans to provide pre-deductible coverage of telehealth services for individuals with a high deductible health plan coupled with a health savings account (HDHP-HSA). On June 7, 2023, the House Ways & Means Committee held a markup to consider the *Telehealth Expansion Act of 2023* (H.R. 1843), which would make this policy permanent. The Alliance was pleased to lead advocacy to shore up bipartisan support of this bill in advance of the markup. The Committee voted favorably to report the bill out of Committee by a vote of 30-12. Unfortunately, we believe it is unlikely that this legislation passes in 2023, making it as 2024 priority item. Additionally, significant progress was made on legislation to continue pandemic allowances for telehealth benefits to be offered to seasonal and part-time workers ineligible for medical benefits that we expect to continue in 2024.

- **Interstate Licensure**
  While progress on interstate licensure has slowed in 2023, we believe there will be opportunities for select advancement in 2024. These include opportunities for thought leadership on resolving barriers to interstate care, legislation around increasing access to mental health services across state lines, and other forthcoming developments.

- **RPM Reimbursement in Rural Areas**
  Geographic variation results in lower Medicare payments for remote patient monitoring in rural areas, despite many costs being higher in these areas where connectivity is more difficult. A payment floor should be set for RPM, given that there are generally fixed costs in providing major components of these services. Similarly, reimbursement for RPM at rural health clinics and FQHCs should not be less than reimbursement in other locations.

Telehealth Evidence and Dissemination in 2024

- Bring the Data to Policymakers – In addition to specific legislative and regulatory priorities, the shift to a conversation around permanent telehealth policy in 2024 will bring renewed focus on guardrails, such as in-person visit requirements on telehealth. The Alliance has been a thought leader in developing and offering reasonable and workable telehealth "guardrails" to policymakers and will have an important role to play with respect to these policies in 2024.

- Engagement with Thought Leaders – The Alliance continues to educate and correct misconceptions around how the telehealth and remote patient monitoring markets work, and the benefits and opportunities created by these services for patients. In 2024 we anticipate a number of opportunities to elevate and support the policy and intellectual leadership of Alliance members through our work.