



WAYS AND MEANS

REPUBLICANS | KEVIN BRADY, REPUBLICAN LEADER

DISCUSSION DRAFT:

Keeping Medicare Patients' Improved Access to Care through Telehealth

Amidst the coronavirus pandemic, Congress and the Administration have enacted unprecedented expansions to telehealth in the Medicare program. [According to the Centers for Medicare and Medicaid Services \(CMS\)](#), over the course of the first three months of this crisis, over 9 million beneficiaries utilized telehealth, and the nation went from 13,000 Medicare beneficiaries accessing telehealth services over the course of an average week to an estimated 1.7 million per week.¹ This is a massive increase. Patients and stakeholders now wonder whether these temporary waivers will be a part of the future of telehealth in Medicare. This discussion draft aims to serve as a starting point for that conversation.

Sec. 2- Make Telehealth Convenience Permanent: Patients should be able to continue to use telehealth services at home

Traditionally, in order to receive a telehealth service in Medicare, a beneficiary must be in a rural area and must travel to a health care facility. By removing geographic and originating site restrictions, Medicare beneficiaries across the country will have the permanent option of utilizing telehealth services from the convenience of their home.

Sec. 3- Permanently lift restrictions on Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to improve access for rural and underserved Medicare patients.

Prior to the Public Health Emergency waivers, FQHCs and RHCs were restricted in their ability to provide telehealth services to Medicare beneficiaries. Permanently removing these restrictions is critical to improving access for patients in rural and underserved areas.

Sec. 4- Permanently allow certain clinical practitioners (physical therapists, speech pathologists, occupational therapists) to give care via telehealth, and give the Secretary of Health and Human Services (HHS) the authority to waive limitations on other types of clinical practitioners.

Waiver expansions during the pandemic opened up access to care and broadened the previously narrow list of providers that were eligible to furnish telehealth. Breaking down these limitations to telehealth services in Medicare will help patients access care.

¹ "Early Impact Of CMS Expansion Of Medicare Telehealth During COVID-19," Health Affairs Blog, July 15, 2020. DOI: 10.1377/hblog20200715.454789

Sec. 5- Permanently allow telehealth services through audio-only telephone, when audio-visual isn't an option and if the patient and provider have an established relationship.

Audio-only telehealth has been critical for reaching many patients that otherwise might not be able to receive care during the pandemic. Many patients have limited access to video-conferencing, whether because of poor infrastructure in rural and underserved areas or limited digital literacy. While we study how to best incorporate audio-only telehealth, it is clear this option has helped and should remain a tool for patients and providers.

Sec. 6- Permanently allow Health Saving Account (HSA)-eligible plans to cover telehealth services before meeting the plan's deductible

Making this policy permanent will give the 22 million Americans with HSAs easier access to this effective and convenient type of care, potentially lowering health care costs overall.

Sec. 7- Permanently allow the remote authorization of dialysis care through telehealth technologies instead of requiring an in-person visit.

The Public Health Emergency (PHE) has demonstrated the ability to better integrate telehealth into a variety of home health settings. Moving forward, patients should have the choice to continue to use telehealth to receive care such as home dialysis, **so long as patients receive mandatory in-person training when they start home dialysis.** Additionally, the Secretary of HHS should have the ability to expand similar flexibilities to other cases **by waiving other in-person visit requirements,** where clinically appropriate and safe.

Program Integrity:

Sec. 8- Requires the HHS Office of the Inspector General to conduct a survey of telehealth claims to study potential improper payments 1 year after the end of the PHE.

Sec. 9- Increases funding to the HHS Office of Audit Services and Office of Investigations to ensure oversight of the increase in telehealth claims since the start of the pandemic.

Sec. 10- Requires CMS to offer education and training sessions to practitioners on Medicare telehealth requirements and related resources.

Increasing patients' opportunity to utilize telehealth should not result in increasing waste, fraud, and abuse. Any steps Congress takes to expand telehealth must also include appropriate program integrity safeguards.