

TELEHEALTH POLICY UPDATE

Dylan Wheeler, JD, MPA

Head of Government Affairs - Sanford Health Plan

ATA Policy Council

dylan.wheeler@sanfordhealth.org



AGENDA



Setting the Stage

Pre-Pandemic
Telehealth policy during
and post pandemic
Bipartisan overview



Three buckets of updates

How is telehealth
regulated?
Legislative
Regulatory



Looking ahead

Key dates



How you can help



AMERICAN TELEMEDICINE ASSOCIATION – POLICY COUNCIL



**Health.
Virtually.
Everywhere.**



ACTION



PRE-PANDEMIC – TELEHEALTH POLICY

Who can perform and receive telehealth?

- ✓ Patients and providers who have preexisting relationships
- ✓ Only certain licensed providers

Where can telehealth be done?

- ✓ Only at prespecified sites
- ✓ Physicians must conduct telehealth from their place of practice
- ✓ Telehealth may not cross state lines

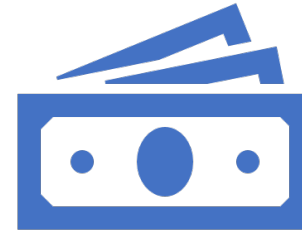


PRE-PANDEMIC – TELEHEALTH POLICY



How Telehealth Can Be Done?

Platform Restrictions
Technological Barriers
Geographic Restrictions



How is telehealth reimbursed?

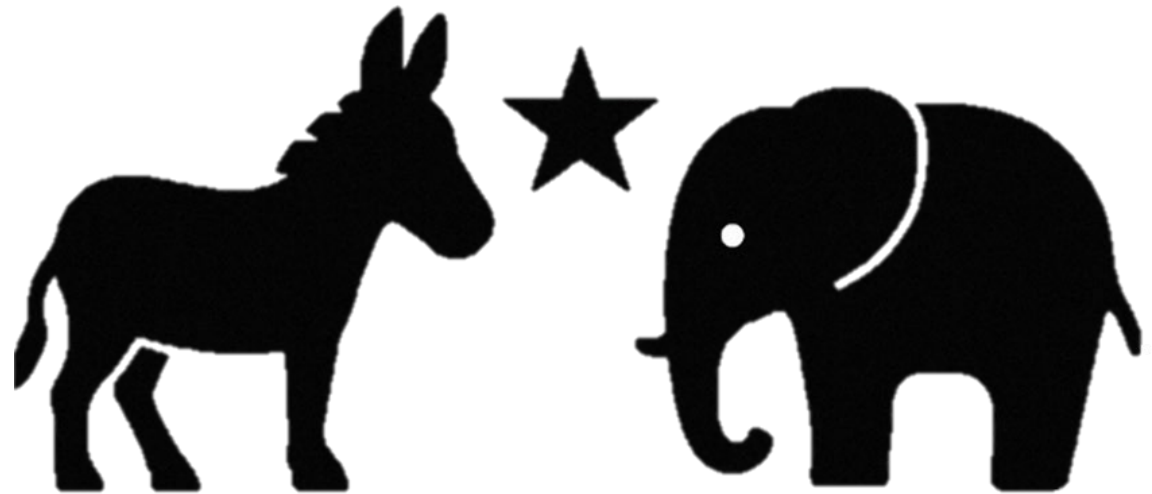
Medicare Reimbursement Policies
Private Health Insurance Reimbursement
Direct to Consumer



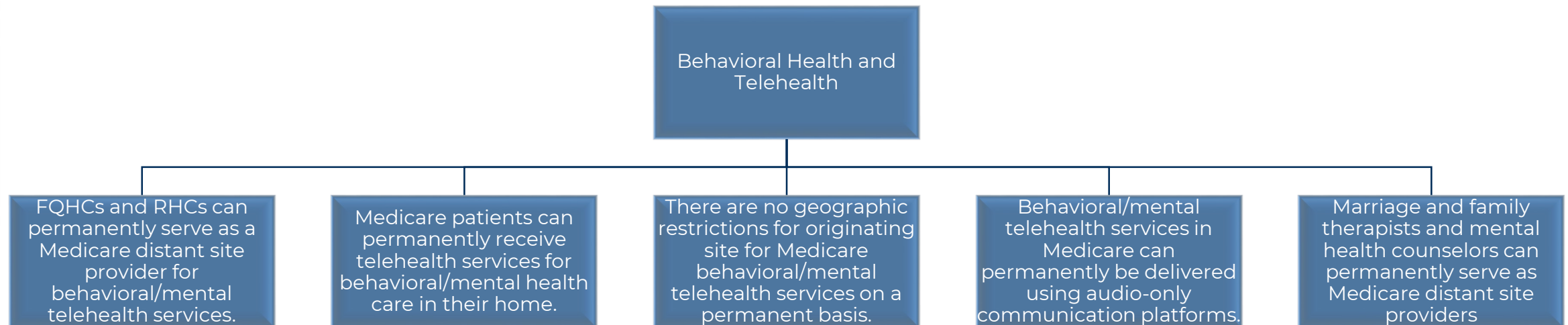
BIPARTISAN SUPPORT FOR TELEHEALTH

95% of Congress supported expanded telehealth during the pandemic

**Source: Bipartisan Policy center, ATA, Congressional records (2020-2022)*



TELEHEALTH WAIVERS THAT HAVE BEEN MADE PERMANENT



THREE BUCKETS OF UPDATES



How is telehealth regulated?

- State vs Federal.
- The payment vs. the practice



Legislative

- Congress Acts
- What's left out?



Regulatory

- Proposed rules
- DEA rule

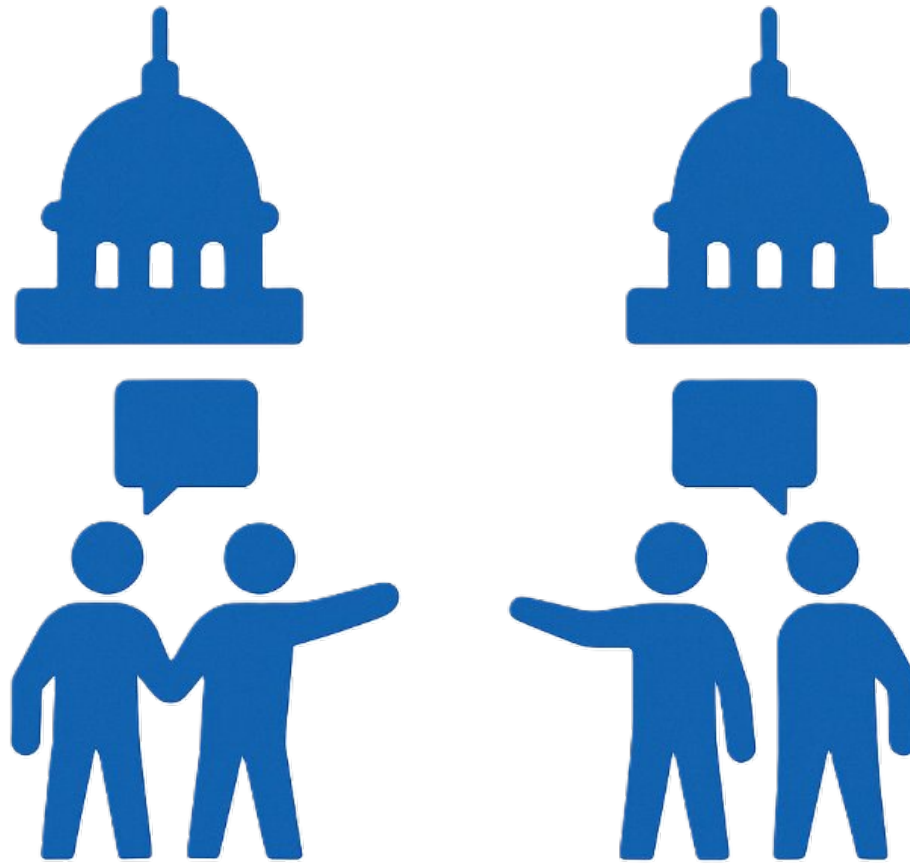


HOW IS TELEHEALTH REGULATED?

	The Practice	The Payment
Federal	<ul style="list-style-type: none">• DEA: Controlled substance prescribing• HIPAA: Privacy and security requirements• FDA: Regulation of telehealth tools• FTC: Marketing, antitrust, and consumer protection	<ul style="list-style-type: none">• Coverage rules for Medicare, Medicaid, VA, IHS, Tricare<ul style="list-style-type: none">» Eligible services, practitioners, and modalities» CMS rules on location and payment rates
State	<ul style="list-style-type: none">• Modality rules: Synchronous, asynchronous, remote monitoring• Provider eligibility and licensure• Patient-provider relationship requirements• Out-of-state practice restrictions• Rules found in state codes, licensing board rules, executive orders	<ul style="list-style-type: none">• Private insurance coverage and reimbursement• Medicaid telehealth payment rules• Provider eligibility for reimbursable services• Rules found in state insurance codes, Medicaid plans, and executive orders



WHAT HAPPENED WITH THE CONTINUING RESOLUTION?



CURRENT STATE OF TELEHEALTH

Congress extended certain Medicare telehealth flexibilities have through September 30, 2025.

Telehealth Provision	Included in CR
Waiving geographic and originating site requirements	✓
Telemental health in-person requirement waiver	✓
Audio-only coverage	✓
Allowing RHCs and FQHCs to be distant site providers	✓
Expansion of Medicare providers list	✓
Acute Hospital Care at Home Program	✓



TELEHEALTH PROVISIONS EXCLUDED FROM CONGRESSIONAL EXTENSION

First dollar coverage of telehealth in High-Deductible Health Plans – Health Savings Accounts

In-home Cardiopulmonary Rehabilitation Services flexibility

Expansion of the Medicare Diabetes Prevention Program Model

Removing the in-person requirement for the remote prescribing of controlled substances

Telehealth as an excepted benefit



THE CONNECT FOR HEALTH ACT WOULD:

- ✓ Eliminate location-based restrictions for telehealth
- ✓ Authorize health centers and rural clinics to offer telehealth services permanently
- ✓ Expand telehealth eligibility to a broader range of qualified health care providers
- ✓ Lift the mandate for in-person visits before accessing telemental health services
- ✓ Maintain flexibility to ease telehealth restrictions during future public health crises
- ✓ Promote the collection and publication of data to better understand telehealth's effectiveness, care quality, and areas for improvement

APRIL 3, 2025

Schatz, Wicker Lead Bipartisan Group Of 60 Senators In Introducing Legislation To Expand Telehealth Access, Make Permanent Telehealth Flexibilities

CONNECT For Health Act Holds Broad Bipartisan Support, Most Comprehensive Legislation On Telehealth In Congress



TELEHEALTH BILLS IN 119TH CONGRESS

Legislation	Issue	Status
CONNECT for Health Act	Would make permanent many of the Medicare telehealth flexibilities	Preparing for introduction
Telehealth Expansion Act	Would make permanent the first dollar coverage of HDHP-HSA flexibility	✓ Introduced in House and Senate
Telehealth Response for E-prescribing Addiction Therapy Services Act (TREATS Act)	Would permanently waive the in-person requirement for the prescribing of controlled substances III-IV, specifically for substance use disorders and opioid use disorders.	✓ Introduced in the House
The PREVENT Act (H.R.1523)	This legislation provides for the inclusion of virtual diabetes prevention program suppliers in the Medicare Diabetes Prevention Program Expanded Model.	✓ Introduced in the House
Sustainable Cardiopulmonary Rehabilitation Services in the Home Act (S.248)	Would permanently extend certain in-home cardiopulmonary rehabilitation flexibilities.	✓ Introduced in the House & Senate



OVERVIEW OF PROPOSED RULE ON A SPECIAL REGISTRATIONS FOR TELEMEDICINE AND LIMITED STATE TELEMEDICINE REGISTRATIONS

This proposed rule would create three types of special registrations:

1. Telemedicine Prescribing Registration

- Authorize the prescribing of Schedules III through V controlled substances by clinician practitioners

2. Advance Telemedicine Prescribing Registration

- Authorize certain specialized clinician practitioners the privilege to prescribe not only Schedule III through V controlled substances; but Schedule II controlled substances

3. Telemedicine Platform Registration

- Authorize covered online telemedicine platforms to dispense Schedules II through V controlled substances through a clinician practitioner possessing either a Telemedicine Prescribing Registration or an Advanced Telemedicine Prescribing Registration.

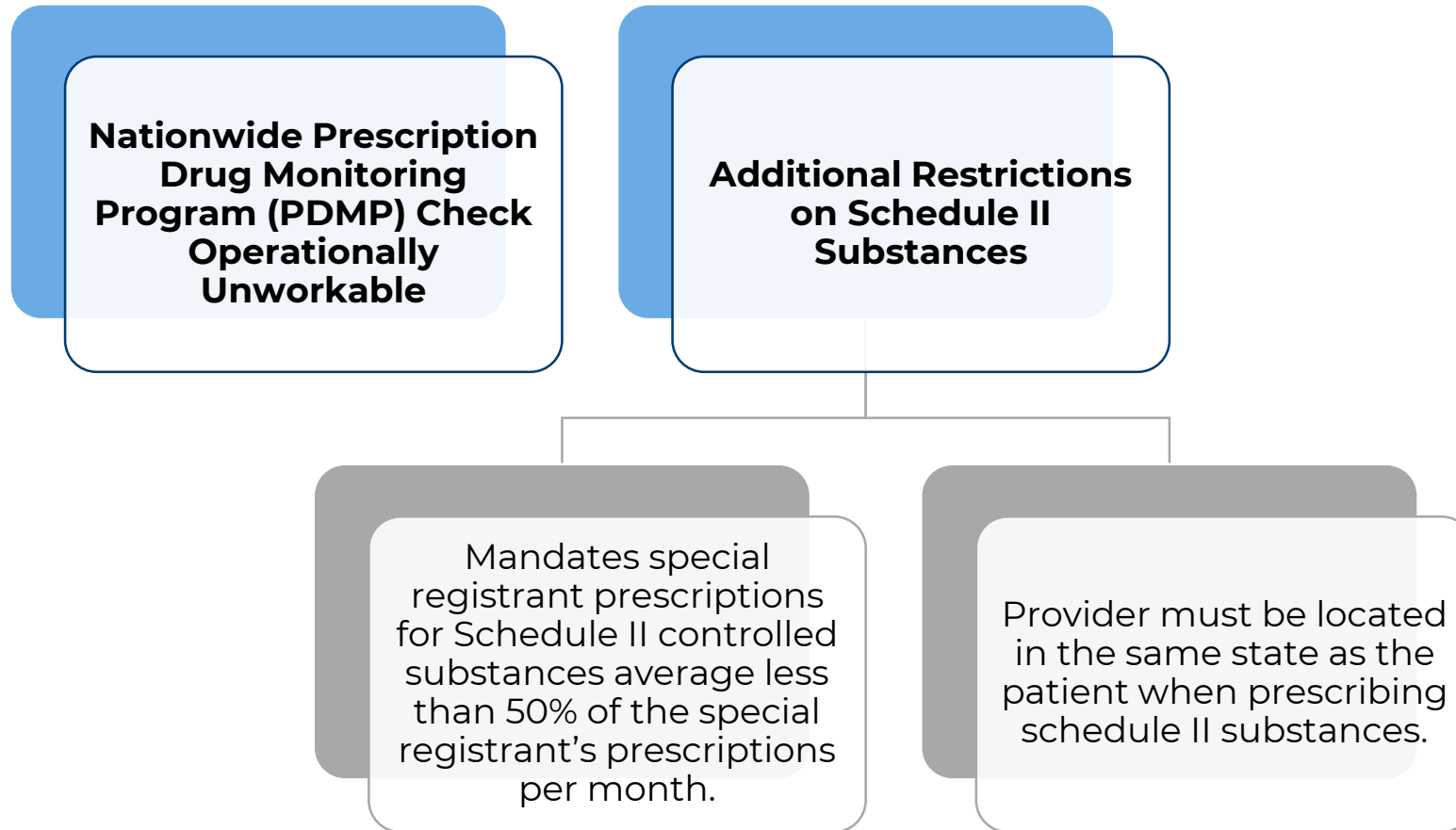
*An applicant for one of these registrations would need to already have a DEA registrations in a state which they are licensed or registered.

*Other Controlled Substances Rules also issued relating to Veterans and Buprenorphine.

- Buprenorphine Rule Has been paused



PROBLEMATIC RESTRICTIONS WITHIN PROPOSED RULE



STATE UPDATES

- Private Sector Investment in Healthcare
- Out-of-State Telehealth Provider Registration Bills
- Other Cross State Licensure Bills
- Telehealth and Insurance Policy
- Other Positive Telehealth Bills
- Corporate Practice of Medicine
- Private Equity Investment in Health Care - Telehealth



LOOKING AHEAD



Is Permanent Telehealth Legislation on the Horizon?



Regulatory Action

Medicare Physician Fee Schedule Rules
Medicare Advantage
Network Adequacy and Telehealth
Cybersecurity
Artificial Intelligence



Non-Policy Market Activity

Direct to Consumer
Wearables
Artificial Intelligence



HOW CAN YOU GET INVOLVED?



Check to see if your organization has a government relations or public policy team.



Engage with your associations.



Make sure to share the "wins"



Data Driven Solutions



WRAPPING UP



The future of telehealth is bright



Bipartisan support of telehealth remains strong



Medicare PHE flexibilities and Congressional Action



Regulatory Landscape



Engage, Advocate, and Educate



Keep up the great work for patients!

