

# Coronavirus – action on telehealth

A breakdown of government and private sector action to expand telehealth access in response to the COVID-19 pandemic

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**Producer**

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# President Trump's executive order declaring the COVID-19 pandemic a national emergency included telehealth provisions

*Key takeaways from the Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak:*



Trump declared the emergency under the 1988 Stafford Act, **freeing up Federal Emergency Management Agency (FEMA) funds** to address COVID-19. White House estimates place the figure at around \$40 billion.



Trump also declared an emergency under the National Emergencies Act, **allowing HHS to modify or waive regulations** for Medicare, Medicaid, and other programs, including provisions to expand telehealth access.



This emergency declaration is **stronger than the “public health” emergency announced in late January**, which was technically issued by HHS and made it easier for states to redirect staff responding to COVID-19.



## Telehealth provisions

- Trump administration plans to waive certain federal rules to increase the number of doctors able to provide remote care in states other than where they are licensed
- For the rules to go into effect, governors must use emergency powers to allow those doctors permission to practice within their state
- Under this order, CMS expanded Medicare's telehealth benefits, allowing beneficiaries to receive previously denied services, including common office visits and preventative health screenings from their homes

# CMS has broadened access to telehealth services under Medicare through a temporary waiver as a response to the COVID-19 pandemic

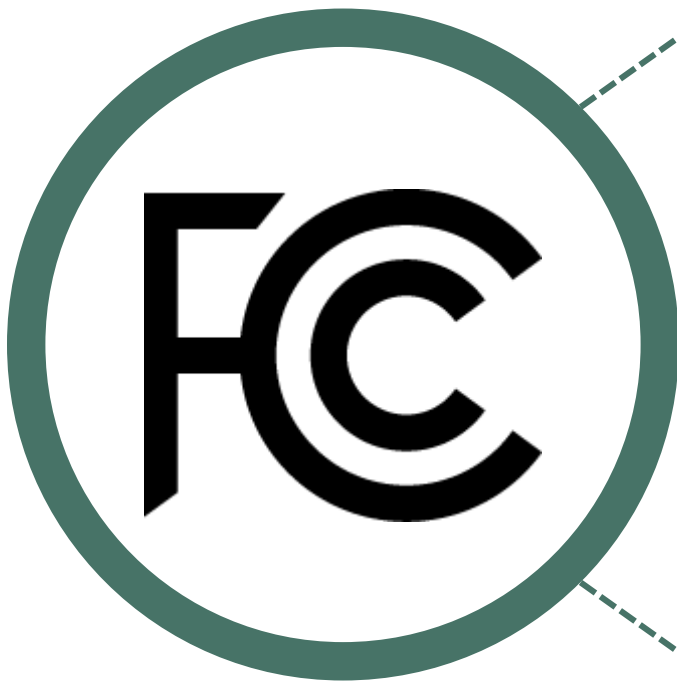


Starting March 6, Medicare beneficiaries can **use telemedicine for services that generally occur in person**, like office and hospital visits. Because of the **COVID-19 public health emergency**, the **1135 waiver** encourages “social distancing” and allows patients to **access routine medical care** from their home to limit both the spread of and exposure to this virus. HHS will be working with medical providers to reduce or waive fees for telemedicine services.

Type of service	Details of service	Patient-to-provider relationship
<b>Telehealth visits with Medicare</b>	An appointment with a medical provider using a telecommunications system.	For both new and existing patients*  <i>*HHS will not be auditing this Medicare service to check if patient is a new patient or established patient under the temporary waiver to mitigate effects of the COVID-19 epidemic.</i>
<b>Virtual check-ins</b>	A brief consultation (5-10 minutes) with a provider via phone call or other telecommunication system to decide if an office visit is necessary for medical concern. The patient will also submit a “remote evaluation” of medical concern, such as photographs or videos to provider for the virtual check-in.	Only for established patients
<b>E-visits</b>	Communication between patient and provider conducted through online patient portal messaging system.	Only for established patients

Source: CMS

# FCC is increasing investments in rural telehealth to accommodate efforts to combat the COVID-19 pandemic



## FCC Action on COVID-19

- FCC adopted an order on March 13 to carry forward \$42.1 million in unused funds to eliminate a shortfall for the Rural Health Care Program
- The order also waives a cap on multi-year commitments and upfront payments, which could have resulted in reduced support for rural health care providers
- On March 18, FCC waived gift rules for the Rural Health Care and E-Rate programs through September 30, 2020, allowing service providers to offer improved connections and/or equipment for telemedicine or remote learning

# DEA is taking steps to increase patients' access to medication-assisted treatment



## DEA Action on COVID-19

- DEA is allowing licensed clinicians to prescribe controlled substances to patients they haven't met in person, so long as they communicate using audio and video
- Under normal circumstances, the Ryan Haight Act generally prohibits doctors from prescribing controlled substances to patients they haven't examined in-person
  - Exceptions include public health emergencies, among others
- The goal of this guidance is to help patients access medication-assisted treatment more easily
- DEA has not issued the special registration process that would allow clinicians to regularly prescribe controlled substances virtually

# HHS issued a limited waiver of HIPAA sanctions in response to COVID-19



On March 17, HHS announced that the agency will waive potential HIPAA violations for “good faith use of telehealth,” opening up the types of platforms that providers can use to remotely treat patients effective immediately, among other changes.



HIPAA protects patients from having their medical information shared by health care providers, which limits what kinds of technology providers can use. Previously, access was limited to HIPAA-compliant specialized services, including Zoom for Healthcare and Skype for Business.



Public facing platforms—including Facebook Live, TikTok, and Twitch—should not be used for telehealth.



The change isn't only for treating COVID-19 and covers other treatments, including dental consultations and psychological evaluations.

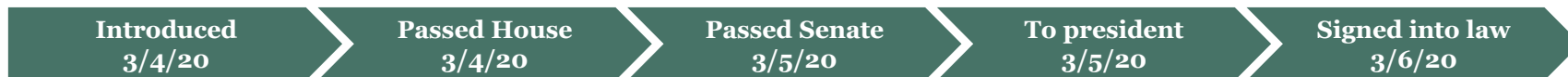


The waiver will likely not impact states that have their own laws and regulations regarding the protection and security of private health information.



# Telehealth provisions in H.R. 6074: Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020

## Bill at a glance



**Rep. Nita Lowey**  
(D-NY-17)  
*Bill sponsor*

### Bill overview

- Provides \$8.3 billion in emergency funding in response to the coronavirus outbreak for:
  - The development and manufacturing of vaccines and other supplies
  - State, local and tribal public health agencies
  - Loans for affected small businesses
  - Evacuations and emergency preparedness activities
  - Humanitarian assistance for affected countries
- The supplemental appropriations will be provided to the FDA, CDC, NIH, Public Health and Social Services Emergency Fund, Small Business Administration, Department of State, and USAID
- Designates the supplemental appropriations as emergency spending, which is exempt from discretionary spending limits

### Telehealth provisions:

- Includes \$500 million to fund waivers allowing Medicare providers to offer telehealth services to beneficiaries regardless of whether or not that beneficiary is in a rural area

### Status in Congress

- **House:** Passed with a vote of 415-2
- **Senate:** Passed with a vote of 96-1

# Private sector health companies are responding the increased demand for digital health services caused by COVID-19



Telehealth is being used to **curb the effects** of public health crises. In the **\$8.3 billion** relief package for the COVID-19 pandemic, HHS **waived** Medicare's restrictions for telehealth services.



Since Dec. 2019, telehealth services have **increased** in patient utilization up to **30%** to **mitigate effects** from the **COVID-19 crisis**. Doctors are conducting virtual appointments, diagnoses, treatments, and prescriptions for patients in need of medical attention nationwide to **lessen the strain** on hospitals and clinics for in-person visits from the current public health crisis.



Companies like Teledoc and Amwell are responding to increased demand of digital health services during public health emergencies and are currently working with the government to provide the option of **remote medical care** services like virtual office visits and health screenings to patients nationwide. Research universities and other large hospital systems like University of Washington, Medicine and New York University, Langone are expanding telehealth services.



Humana, Blue Cross Blue Shield, and other large health insurance providers recently announced initiatives to implement telehealth policies.