

Telehealth Expansion: Covid-19 and Beyond



Treating Patients in a Pandemic and in Hard to Reach Areas

Almost all (99%) of Community Health Centers are utilizing telehealth to meet their patients' needs. **Telehealth services help address pandemic, geographic, economic, transportation and linguistic barriers** to health care access. Because Community Health Centers are required to **offer comprehensive services in areas of high need, including sparsely populated rural areas**, health centers are pioneering the use of telehealth, to expand access to quality health care services, especially behavioral health services.

The Facts

- Telehealth has proven to result in **better outcomes for patients**, including homeless, veteran, and urban populations, making it a crucial tool to deliver comprehensive primary and preventive health care for all patients.
- Telehealth has emerged as a vital force connecting health centers to their patients during the COVID-19 pandemic. In 2020, **99% of health centers nationwide have offered telehealth services**, compared to just 43% in 2019. **Virtual visits increased by nearly 6,000% to more than 28 million more virtual visits** than in 2019.
- **Forty-two percent (42%) of health centers are located in rural communities.** Telehealth programs are especially critical in rural areas, where many residents can face long distances between home and health provider, particularly specialized providers.
- Telehealth will remain an **integral part** of health centers operations **after the Public Health Emergency ends.**

The Impact

- In 2020, Congressional and CMS actions to loosen pre-pandemic Medicare and Medicaid telehealth restrictions enabled health centers to continue serving patients effectively; **many of these critical policies expire with the end of the Public Health Emergency (PHE) and should be made permanent.**
- After the federal PHE ends, America's seniors on Medicare will no longer be able to access most telehealth services if **"distant sites" (location of the provider) restrictions and "originating site" (location of the patient) restrictions are reinstated. Health centers must also be able to be reimbursed for all telehealth services, including audio-only services, at a rate equal to in-person care.**
- Telehealth has been a safe harbor for health center patients, 91% of whom are low-income. This includes individuals covered by Medicaid, seniors, veterans, those experiencing homelessness, rural communities, and other hard to reach populations. Ending patient and clinician geographic flexibilities and audio-only protections will severely impact many of our patients **who do not have easy access to broadband and smartphones.** Preserving adequate payment is essential for health centers to continue to meet their mission.

How you can help:

- Support legislative and regulatory efforts to **ensure an extension of the Public Health Emergency telehealth flexibilities, ideally through a permanent policy change or at least two years** to provide certainty for health centers.
- Support for the **CONNECT for Health Act (H.R. 2903/S. 1512) and Protecting Access to Post-COVID-19 Telehealth Act (H.R. 366).** These bills modernize Medicare policy by recognizing health centers as "distant sites", and removing "originating site" restrictions, allowing telehealth coverage wherever the patient or provider is located. These bills also allow telehealth services to be reimbursed equal to an in-person visit.