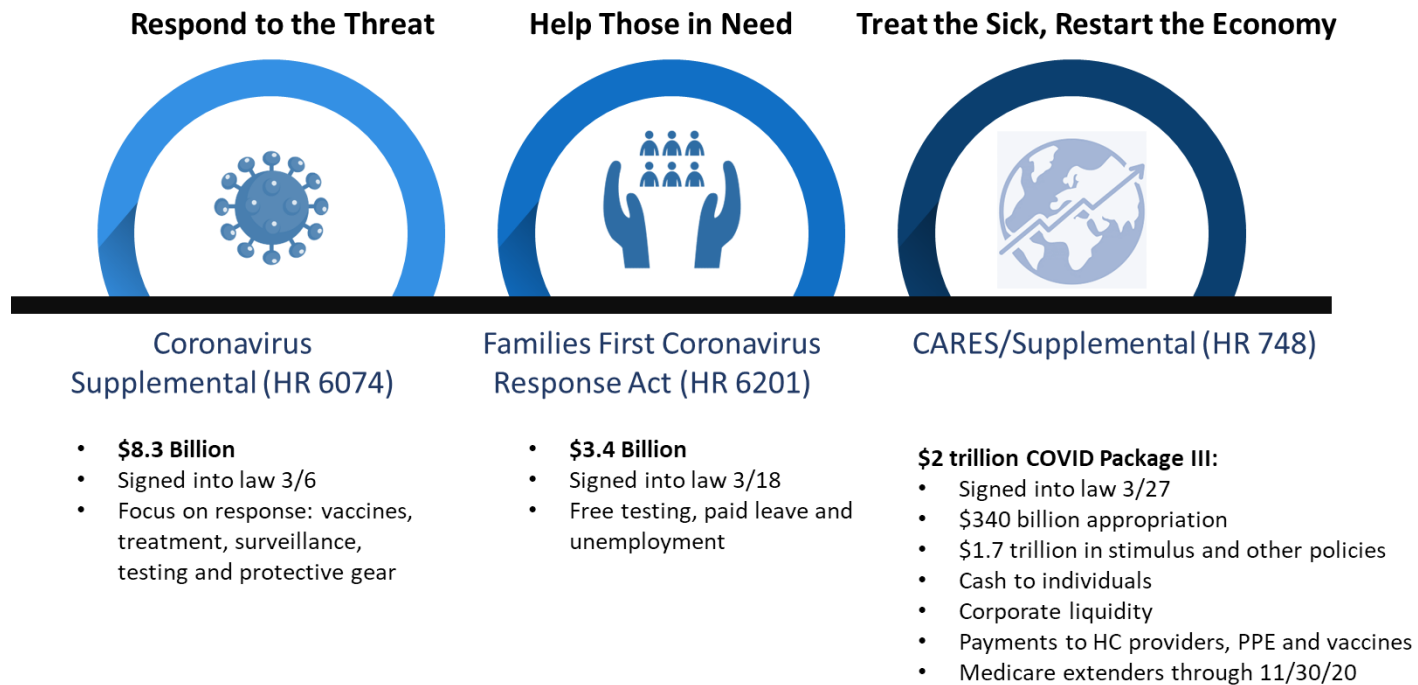


Overview: Telehealth Provisions in Coronavirus Packages

During the COVID-19 pandemic, telehealth is a valuable tool in expanding access to testing and care in the home. It will help limit new infections while ensuring sick people receive the care they need. Telehealth will also help capacity issued by triaging patients who may have symptoms of the virus, but who do not require hospitalization. Finally, telehealth can help protect the health and safety of health workers by limiting needless exposure to infected patients.

Congress has enacted three laws to address the Coronavirus threat, and all three laws include provisions to expand the use and availability of telehealth services.



The table below outlines the changes to telehealth policy in all three laws.

The Coronavirus Preparedness and Response Supplemental Appropriations Act ([H.R. 6074](#))

Section	Summary
DIVISION B—TELEHEALTH SERVICES DURING CERTAIN EMERGENCY PERIODS	<ul style="list-style-type: none">• Allows the Secretary to waive certain Medicare restrictions on telehealth during the public emergency related to COVID-19 outbreak in a declared emergency area, to create flexibility including:<ul style="list-style-type: none">○ Originating site and geographic restrictions: a patient may receive telehealth services at home○ Urban and rural restrictions: telehealth may be delivered across the U.S.• Includes modality restrictions allowing for telephone that “has audio and video capabilities that are used for two-way, real-time interactive communication”• Includes provider restrictions – the term ‘qualified provider’ means a health care provider who delivered care to that patient within the previous 3 years or is in the same practice (as determined by tax identification number) of a physician or practitioner who furnished such an item or service to such individual during such period.• Previous payer relationships don’t count.

Families First Coronavirus Response Act ([H.R. 6201](#))

Section	Summary
SEC. 6001. COVERAGE OF TESTING FOR COVID-19	<ul style="list-style-type: none">• Requires group health plans and health insurance issuers offering group or individual health insurance coverage to provide coverage – without any cost sharing (including deductibles, copayments, and coinsurance) requirements or prior authorization or other medical management requirements – for:<ul style="list-style-type: none">○ (1) in vitro diagnostic products used to detect the virus that causes COVID-19 and○ (2) items and services furnished to an individual during health care provider office visits (which includes in-person visits and telehealth visits), urgent care center visits, and emergency room visits that result in an order for or administration of an in vitro diagnostic product
SEC. 6010. CLARIFICATION RELATING TO SECRETARIAL AUTHORITY REGARDING MEDICARE TELEHEALTH SERVICES FURNISHED DURING COVID-19 EMERGENCY PERIOD.	<p>Paragraph (3)(A) of section 1135(g) of the Social Security Act (42 U.S.C. 1320b-5(g)) is amended to read as follows:</p> <p>“(A) furnished to such individual, during the 3-year period ending on the date such telehealth service was furnished, an item or service that would be considered covered under title XVIII if furnished to an individual entitled to benefits or enrolled under such title; or”.¹</p>

¹ This clarification relates back to the telehealth waiver authority and expanded coverage included in the Coronavirus Preparedness and Response Supplemental Appropriations Act ([H.R. 6074](#)).

Coronavirus Aid, Relief, and Economic Security Act ([HR 748](#))

SEC. 3212. TELEHEALTH NETWORK AND TELEHEALTH RESOURCE CENTERS GRANT PROGRAMS.	<ul style="list-style-type: none">• Creates more flexibility in telehealth network and telehealth resource centers grant programs. In particular, including additional flexibilities for programs that address substance use disorders and for rural areas that may not otherwise meet the definition of “medically underserved” for the purposes of this section.
SEC. 3701. EXEMPTION FOR TELEHEALTH SERVICES.	<ul style="list-style-type: none">• Allows first dollar coverage for telehealth under HSAs
SEC. 3703. INCREASING MEDICARE TELEHEALTH FLEXIBILITIES DURING EMERGENCY PERIOD.	<ul style="list-style-type: none">• Deletes the modality restrictions (requiring use of a telephone that “has audio and video capabilities that are used for two-way, real-time interactive communication”) that were included in the <i>Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020</i> (the first supplemental bill related to coronavirus), among other things, and generally allows for greater flexibility in the use of telehealth during emergency periods.
SEC. 3704. ENHANCING MEDICARE TELEHEALTH SERVICES FOR FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS DURING EMERGENCY PERIOD.	<ul style="list-style-type: none">• Expands availability of telehealth by reimbursing FQHCs and Rural health clinics for telehealth services.
SEC. 3705. TEMPORARY WAIVER OF REQUIREMENT FOR FACE-TO-FACE VISITS BETWEEN HOME DIALYSIS PATIENTS AND PHYSICIANS.	<ul style="list-style-type: none">• Allows telehealth to be used in place of face-to-face physician visit to authorize dialysis. Will likely apply to private plans that provide coverage.
SEC. 3706. USE OF TELEHEALTH TO CONDUCT FACE-TO-FACE ENCOUNTER PRIOR TO	<ul style="list-style-type: none">• Allows telehealth to be used in place of face-to-face for hospice care. Will likely apply to private plans that cover hospice.

RECERTIFICATION OF ELIGIBILITY
FOR HOSPICE CARE DURING
EMERGENCY PERIOD.

SEC. 3707. ENCOURAGING USE OF
TELECOMMUNICATIONS SYSTEMS
FOR HOME HEALTH SERVICES
FURNISHED DURING EMERGENCY
PERIOD.

- Directs the Secretary of HHS to consider ways to encourage use of telecommunications for home health services, including remote patient monitoring, for services offered during emergency periods.

Note: This chart captures sections explicitly related to HIA priorities, namely telehealth, but other funding provided in this Act could also be used for telehealth or other HIA priorities if it relates to other Appropriations (see e.g., funding allocated to “CDC–Wide Activities and Program Support”)

SPECIFIC APPROPRIATIONS FOR TELEHEALTH - Coronavirus Aid, Relief, and Economic Security Act (HR 748)

USDA DISTANCE LEARNING, TELEMEDICINE (DLT), AND BROADBAND PROGRAM – \$25 million The bill provides additional funding for the FCC’s DLT grant program, which supports rural communities’ access to telecommunications-enabled information, audio, and video equipment, as well as related advanced technologies for students, teachers, and medical professionals.

FCC TELEHEALTH INITIATIVES – \$200 million. The bill provides \$200,000,000 for the Federal Communications Commission to support the efforts of health care providers to address coronavirus by providing telecommunications services, information services, and devices necessary to enable the provision of telehealth services.

INDIAN HEALTH SERVICE – \$1.032 billion to address critical response needs in Indian Country, along with the ability to transfer \$125 million for facility needs. Funding provides for medical and equipment supplies; mobile triage units; surveillance; medicines; purchased and referred care; transportation; backfilling for public health service corps; and increased capacity for telehealth and other teleworking capacity.

HEALTH RESOURCES AND SERVICES ADMINISTRATION - \$275 million to expand services and capacity for rural hospitals, telehealth, poison control centers, and the Ryan White HIV/AIDS program. Language is also included to allow Community Health Centers to use FY2020 funding to maintain or increase staffing and capacity to address the coronavirus.

VA MEDICAL SERVICES – \$14.4 BILLION. Supports increased demand for healthcare services at VA facilities and through telehealth, including the purchase of medical equipment and supplies, testing kits, and personal protective equipment. Also enables VA to provide additional support for vulnerable veterans, including through programs to assist homeless or at-risk of becoming homeless veterans, as well as within VA-run nursing homes and community living centers.

VA INFORMATION TECHNOLOGY – \$2.15 BILLION. Supports increased telework, telehealth, and call center capabilities to deliver healthcare services directly related to coronavirus and mitigate the risk of virus transmission. This includes the purchasing of devices, as well as enhanced system bandwidth and support.

VA TELEMENTAL HEALTH SERVICES FOR ISOLATED VETERANS – Authorizes VA to expand mental health services delivered via telehealth and enter into short-term agreements with telecommunication companies to provide veterans with temporary broadband services.

VA MODIFICATIONS TO VETERAN DIRECTED CARE PROGRAM – Temporarily waives the in-person home visit requirement to enroll and permits telephone and telehealth visits as an alternative. Prohibits suspension or disenrollment from the program during a public health emergency.

VA TELEHEALTH FOR CASE MANAGERS AND HOMELESS VETERANS – Ensures telehealth capabilities are available for case managers and homeless veterans participating in the HUD–VASH program.