Issue Brief

Using Telehealth to Reduce Healthcare Worker and Patient Exposures – Considerations for State and Territorial Health Leaders

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OVERVIEW

With increased efforts to advance community mitigation of COVID-19, public health and healthcare sectors should consider utilizing or leveraging telehealth services. Given the trends in strained healthcare capacity observed in Italy, and healthcare worker transmission of COVID-19 observed in China, telehealth could be a viable option to enhance social distancing measures and reduce healthcare worker and patient exposure of COVID-19 in healthcare settings. The use of telehealth during the COVID-19 public health emergency can be used for screening, testing, and treatment of COVID-19, as well as the provision of other clinical services in order to reduce the risk of transmission in healthcare settings.

STATE AND FEDERAL POLICY ACTIONS

To make healthcare more accessible to those seeking testing or treatment, several state and federal-level actions have been implemented to reduce financial barriers associated with COVID-19 medical care, and to make telehealth services more accessible and attainable during the COVID-19 public health emergency.

Examples of state and federal actions to expand telehealth services include:

- **CMS** is expanding Medicare's telehealth benefits under the 1135 waiver authority and the Coronavirus Preparedness and Response Supplemental Appropriations Act, allowing Medicare to cover telehealth services to beneficiaries regardless of location (including the home). The waiver removes geographic restrictions which previously allowed only rural areas and certain facilities to be reimbursed for telehealth. The waiver does not expand the provider types eligible for reimbursement.
- Information compiled by the Commonwealth Fund shows that some states are requiring insurance companies waive costs associated with telehealth services, while several other states are recommending and encouraging the use of telehealth during the public health emergency.
- The governor of **Arizona** issued an Executive Order, requiring "insurance companies and health plans to cover out of network providers, including out of plan laboratories and telemedicine providers and waiving all copays, coinsurance, and deductibles for consumers related to COVID-19 diagnostic testing and decreases co-pays for telemedicine visits."
- An Emergency Declaration from the **Colorado** Department of Regulatory Agencies, Division of Insurance, notes that "[insurance] carriers shall provide coverage for COVID-19-related in-network telehealth services with no cost share for the covered person."
- A directive by the **New York** Department of Financial Services (DFS) issued an emergency regulation directing insurers to "develop robust telehealth programs with their participating providers where appropriate."

- The governor of **Massachusetts** issued an [order](#) requiring all health insurers to cover medically necessary telehealth services in the same manner as in-person services (known as [coverage parity](#)).
- **New Jersey** introduced a legislation that "requires [health insurance and Medicaid coverage](#) for testing of coronavirus disease 2019 and for telemedicine and telehealth during coronavirus disease 2019 state of emergency", and another legislation which "establishes certain [requirements to use telemedicine and telehealth](#) to respond to coronavirus disease 2019 (COVID-19)." These bills are still pending.
- With the recent expansion and promotion of the use of telehealth during the COVID-19 public health emergency, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) [announced](#) that it will "exercise its enforcement discretion" against healthcare providers, related to the provision of telehealth services.

CONSIDERATIONS
- Where applicable, states should work with their departments of insurance, Medicaid agencies, or the appropriate state agency to recommend thar Medicaid and state-regulated private insurance carriers reduce or waive the costs associated with COVID-19 telehealth services to make them as affordable and accessible as possible.
- In collaboration with the office of the governor, states should consider issuing a telehealth-specific order requiring insurance carriers to cover telehealth services (like Massachusetts and New Jersey above).
- States should consider developing and introducing legislation aimed at removing geographic, technological, and financial barriers to telehealth during the COVID-19 public health emergency.
- States should work with participating providers to ensure the implementation of the CMS waiver and develop information and options for telehealth services.
- States should explore [partnerships with telehealth providers](#) and United Way/2-1-1 (in a pre-screen, resource connection, or information only capacity) lines to determine the best approach to make telehealth accessible, available and affordable.
- States should consider utilizing United Way/2-1-1 lines and telehealth to triage individuals seeking testing.
- Eligible states should engage their primary care associations and federally qualified health centers to leverage eligible funds for telehealth equipment through HRSA FY 2020 [Capital Assistance for Disaster Response and Recovery Efforts](#) funding.

RESOURCES
- ASTHO: [Telehealth Webpage](#).
- National Consortium of Telehealth Resource Centers:
  - [Regional Telehealth Resource Centers (TRCs)](#): The 12 regional HRSA-funded TRCs are available to support states and organizations with telehealth technical assistance needs.
  - [National Telehealth Policy Resource Center (Center for Connected Health Policy)](#): Provides technical assistance to states/organizations on telehealth policy.
    - [Telehealth Coverage Policies in the Time of COVID-19](#) (updated frequently)
    - [State Telehealth Laws and Reimbursement Policies Report](#) (Fall 2019)
  - [National Telehealth Technology Assessment Resource Center](#): Provides technical assistance to states/organizations related to telehealth technology.

For questions, feedback, or follow-up questions, please email [preparedness@astho.org](#)