

Telehealth has always provided increased access and convenience for patients, but waivers implemented during the pandemic allowed broader portions of the population to experience the benefits of virtual care. The expansion of telehealth services has transformed care delivery, expanded access for millions of Americans and increased convenience in caring for patients, especially those with transportation or mobility limitations.

Given current health care challenges, including major clinician shortages, telehealth holds tremendous potential to leverage geographically dispersed provider capacity to support patient demand.

The AHA continues to work with Congress and the Administration to enact telehealth reform to help providers and beneficiaries be able to utilize these services on a permanent basis.

2024 will be a critical year for telehealth advocacy given the pending expiration of several COVID-related waivers. Without action, we risk a telehealth “cliff” that will negatively impact patient access in all communities.

Below are the AHA’s telehealth advocacy priorities for 2024.

Permanently Adopting Telehealth Waivers

- Permanently adopt the waiver to eliminate originating and geographic site restrictions allowing telehealth visits to occur at any site which the patient is located, including urban areas and the patient’s home.
- Permanently adopt the waiver to eliminate in-person visit requirements for tele-behavioral health, which would ensure that patients do not need an in-person visit before initiating virtual treatment.
- Permanently adopt the waiver to remove distant site restrictions on federally-qualified health centers and rural health clinics, which would ensure that they can continue to provide telehealth services.
- Permanently adopt the waiver to continue payment and coverage for audio-only telehealth services.
- Permanently adopt the waiver expanding eligible telehealth provider types to include Physical Therapists, Occupational Therapists, Speech-Language Pathologists and Audiologists.

Expanding Telehealth Workforce

- Permanently allow for virtual supervision by modifying the definition of direct supervision to include virtual presence of the supervising clinician.
- Permanently allow for virtual supervision of residents across geographies to include both Metropolitan Service Areas and Non-Metropolitan Service Areas.
- Permanently allow for virtual supervision for certain hospital outpatient services to include cardiac rehabilitation, intensive cardiac rehabilitation and pulmonary rehabilitation services.

- Permanently remove the requirement for telehealth providers to report their home address on enrollment and claims forms when administering services from their home.
- Remove unnecessary barriers to cross-state licensure.

Ensuring Fair and Adequate Telehealth Reimbursement

- Permanently cover virtual outpatient therapy services, diabetes self-management training, and medical nutrition therapy services to patients' homes.
- Expand eligible virtual services beyond professional services.

Supporting Telehealth for Underserved areas

- Permanently remove the in-person visit requirements for prescribing of controlled substances through the creation of a DEA Special Registration Process for Telemedicine.
- Expand cross-agency collaboration on digital infrastructure (to include broadband) and digital literacy initiatives.