Telehealth

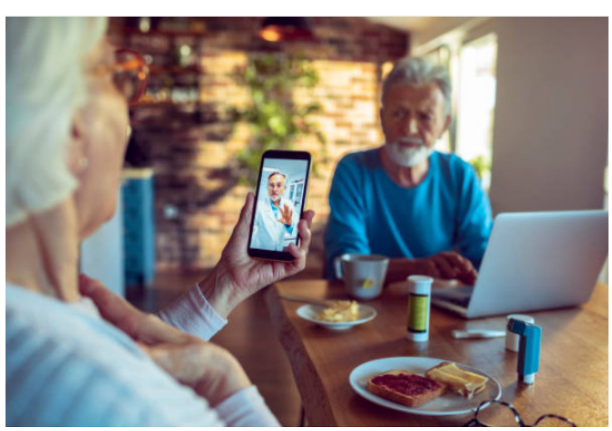
The COVID-19 pandemic accelerated advancements and pushed patients, physicians and payers to realize the value of offering care via telehealth. More than two-thirds of states have taken some action to expand access to telehealth services during the COVID-19 pandemic. Telehealth has allowed patients to continue to access care safely and continuously during the pandemic; it allowed many healthcare providers to maintain their practice operations and retain staff when providing in-person care was not safe or feasible; and it proved to be an important tool in addressing longstanding health inequities in marginalized communities that have been impacted disproportionally by the COVID-19 pandemic, although more work needs to be done for patients who lack broadband and access to technology.

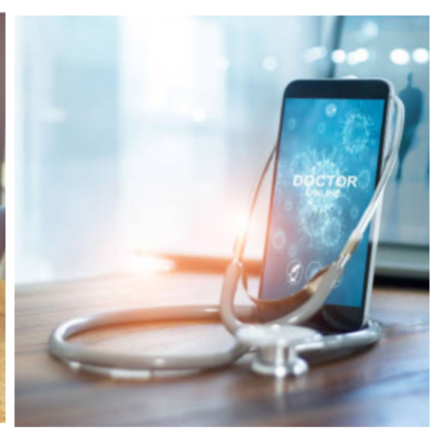
In Wisconsin, prior to the COVID-19 pandemic, legislation was signed into law (2019 WI Act 56) to provide reimbursement under the Medicaid program for any benefit that is covered by Medicaid, delivered by a certified Medicaid provider, and provided through interactive telehealth. The Group Insurance Board also has policies in place to provide telehealth service benefits to state employees. While the commercial market was and in many cases likely still is covering telehealth services due to the COVID-19 pandemic, there is no requirement that telehealth coverage continue to be a covered benefit in the commercial market.

The COVID-19 pandemic has shown us that telehealth is working and should be made permanent across *all* payers so *all* patients have access to the same high-quality care.

Patients, particularly those with disabilities, chronic conditions and mental health care needs, should have assurances that care will continue to be available to them in a safe and convenient manner. Significant investment (both time and money) in telehealth was made and continues to be made by many healthcare provider practices and health systems to ensure access to care during the pandemic. **Providers and patients should have certainty going forward that telehealth services remain accessible and such investments are sustainable so services can continue to be deployed optimally for high quality patient care.**

We ask that you codify specific coverage, access, and payment policies to support many of the telehealth advancements that were made during the pandemic.





POLICY CONSIDERATIONS	
Coverage of services provided via telehealth should be on the same basis as comparable services (Coverage Parity).	Telehealth can and should be integrated seamlessly into the delivery of health care – when clinically appropriate, telehealth is just one of the ways physicians can provide care to their patients, therefore, coverage of services provided via telehealth should be on the same basis as comparable services provided in-person.
Fair payments support advancement and investments in telehealth (Payment Parity).	There are many benefits and potential cost-savings opportunities associated with telehealth, but those costs-savings should not come from payment reductions to physicians who are simultaneously investing in telehealth expansion. As stakeholders promote and expect access to care via telehealth and services provided via two-way audio-video telehealth are commensurate with in-person visits, payment should be the same.
Insurers should allow all contracted physicians to provide care via telehealth.	Many insurers established a separate network for telehealth or select telehealth providers prior to the pandemic, which did not always include contracted physicians who provide in-person services. As a result of the pandemic, adoption of telehealth has increased dramatically and is more likely to be available from an individual's physician. The pre-pandemic separation of telehealth and in-person visits can no longer be justified based on low levels of adoption that no longer exist. Perpetuation of separate networks is confusing for patients and threatens continuity of care and the patient-physician relationship.
Cost-Sharing should not be used to invent care from certain providers.	Cost-sharing for services provided via telehealth should not vary based on the telehealth provider. Reducing cost sharing for select telehealth providers who do not also provide in-person care inappropriately steers patients away from their current physicians, fragmenting the health care system and threatening patients' continuity of care.
Telehealth should be a supplement to, not a replacement for, in-person provider networks.	Patients should always have the opportunity, to access care in-person if they choose. Moreover, it is often impossible for a physician to know whether a telehealth visit may necessitate in-person care. As such, telehealth networks should not be used to meet network adequacy requirements (i.e. regulators must evaluate network adequacy based on access to in-person care).
Transparency of coverage.	Health insurers should ensure transparency in coverage and patient cost-sharing of services provided via telehealth, and health care professionals should effectively communicate information about the scope of telehealth visits to patients.
Patient-physician relationship.	A patient-physician relationship should ideally be established before the provision of services via telehealth. However, for new patients, a relationship can be established via telehealth if it meets the standard of care, including via real-time audio/video.
State licensure requirements remain important patient protections	To protect patients, physicians and other health care professionals providing care via telehealth must be licensed or otherwise authorized to practice in the state where the patient is receiving care. This ensures the state practice acts, informed consent and scope of practice laws apply, and the state has oversight of the health care professional. Alternatives raise serious enforcement issues as states do not have interstate policing authority and cannot investigate crimes that happen in another state.