SOCIETY OF BEHAVIORAL MEDICINE

POSITION STATEMENT:

SBM Recommends Telehealth Payment Parity for Patients with Chronic Conditions during and beyond the COVID-19 Pandemic

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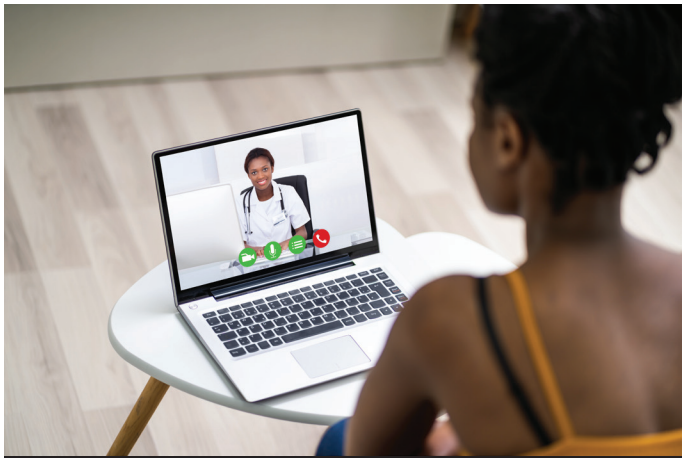
SUMMARY STATEMENT:

The Society of Behavioral Medicine supports extension of reimbursement payment parity for telehealth and telebehavioral health services to ensure patients receive high-quality, equitable care during the COVID-19 pandemic and beyond.

THE PROBLEM

Prior to the COVID-19 pandemic, Medicare coverage for telehealth was almost exclusively for rural areas with strict limitations on eligible facilities where patients could receive telehealth services and was reimbursed at lower rate than in-person services.[1] During the COVID-19 pandemic, the option of telehealth was rapidly expanded across the US, although many patients with cancer or other chronic conditions lack technology and broadband access to participate in video telehealth visits. Due to significant variability among states' requirements for telehealth payment parity for Medicaid and private insurer reimbursement, in most states telehealth was paid at a fraction of in-person services and audio-only visits.[2] With severe eligibility restrictions and lack of financial incentive, telehealth has had a minimal presence in cancer care prior to the pandemic.

Patients with chronic medical conditions such as cancer, diabetes, and hypertension are particularly vulnerable to contracting COVID-19 due to their older age, immunocompromised status, and frequent need to interact with the healthcare system.[3] There have also been higher amounts of psychological distress in these patients regarding interruption to their care and fear of contracting COVID-19 because they need medical care.[4] Telehealth services are essential to minimize risk without compromising care, especially in the setting of an unclear timeline of COVID vaccine administrations. Many factors need to be addressed to allow for equitable access to telehealth services. Requiring a video connection is a substantial barrier for lower income patients, older patients, minorities, and non-English speaking patients, who also have less access to a stable broadband connection.[5,6,7]



In response to the pandemic, the US Centers for Medicare and Medicaid Services (CMS) announced an interim rule in March 2020 that expanded eligibility for telehealth services and increased reimbursement for telehealth visits to the same rate as in-person services.[1] Most ambulatory medical practices rapidly adopted telehealth as a tool to deliver effective care while reducing COVID-19 infection risks and mitigating the financial impact of a severe decrease of in-person services.

CURRENT POLICY

In March 2020, CMS released interim rules that reduced barriers to telehealth access as COVID-19 cases grew in the US.[8] These changes included:

- Lifted geographic restrictions so telehealth could be delivered directly to a patient's home.
- A prior relationship with a healthcare provider was no longer required so new patient consultations via telehealth could be conducted.
- HIPPA regulatory requirements on telehealth technologies were loosened so widely available commercial audiovisual platforms such as Zoom or Skype could be used.
- Telehealth reimbursement was matched to in-person services, otherwise known as payment parity, so clinics could continue to operate during the pandemic.

Private insurers generally followed CMS' lead in expanding coverage and eligibility of telehealth services, however many of these changes are limited to the COVID-19 emergency period.[9] Prior to the pandemic, only 6 states had telehealth payment parity laws for private insurers, and as of November 2020 the number of states has grown to 23.[10] Without telehealth payment parity, medical practices will be financially disincentivized to offer telehealth services, limiting access to care to many patients who benefit from virtual encounters. Patients who do not have access to telehealth services and who are fearful of the COVID-19 risk of in-person services may delay care resulting in undue adverse outcomes.[11] Additionally, requiring in-person visits because of reimbursement is an unreasonable burden for those who cannot drive or who cannot take time off of work, especially after the success of telemedicine this past year.

These policy changes represent the first significant step towards broad implementation of telehealth. However, as the COVID-19 pandemic continues to be endemic in the US, patients with chronic medical conditions will require further policy action to ensure consistent and equitable access to high-quality medical care.

RECOMMENDATIONS

Recommendation #1:

CMS should make the interim March 2020 rules that reduced barriers to telehealth access permanent so that patients with chronic medical conditions and clinicians can continue to use telehealth via audio-only or video when appropriate.

Recommendation #2:

To ensure medical practices can continue to deliver care, federal and state governments should pass legislation enforcing payment parity of telehealth services for private insurers.

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ENDORSEMENTS