



Telehealth in Rural America

Recommended action

It is imperative that Congress permanently extend the telehealth flexibilities enacted at the beginning of the COVID-19 public health emergency. Coupling the continuation of flexibilities with investments in rural broadband is crucial to expanding access to care for rural patients. Congress should permanently extend the ability of RHCs and FQHCs to serve as distant site providers and update the reimbursement methodology so it is comparable to reimbursement for an in-person visit. NRHA recommends Congress advance the following legislation in the 117th Congress:

- [*S.1512 and H.R. 2903: CONNECT for Health Act of 2021*](#)
- [*S. 1988 and H.R. 4918: Protecting Rural Telehealth Access Act*](#)
- [*S. 368 and H.R. 1332: Telehealth Modernization Act*](#)

Policy recommendations

- Congress should continue to advance legislation to extend minimum, reliable broadband coverage to all rural communities.
- Congress should advance legislation to permanently extend telehealth flexibilities enacted at the beginning of the COVID-19 public health emergency, including allowance of audio-only telehealth for certain services.
- The Centers for Medicare and Medicaid Services should evaluate clinical care outcomes and risk assessments associated with telehealth visits compared to in-person visits.
- CMS should allow for flexibility and standardization within telehealth to ensure consistency and performance post-public health emergency. Telehealth waivers enacted during the public health emergency should be extended until the flexibilities are made permanent.
- CMS should authorize a broad range of providers as distant site providers, including rural health clinics and federally qualified health centers, to offer continuity of care for patients and financial stability for providers.
- CMS should ensure telehealth reimbursement completely covers the costs of providing care and adjust as needed. Reimbursement rates should account for time, maintenance costs, and scope of visit, such as a virtual visit or a remote patient monitoring encounter. CMS should reimburse RHCs and FQHCs for telehealth services at their respective all-inclusive rates.
- Telemedicine capabilities must not be substituted for network adequacy for insurance coverage for rural counties. CMS should require a demonstrated relationship with a primary care provider and/or referral to a specialist to reimburse for virtual visits and remote patient monitoring encounters.

Overview

Telehealth is a promising, cost-effective strategy to increase access to physicians, specialists, and other health care providers for patients in rural, frontier, and underserved areas. Telehealth is the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health.ⁱ

Approximately 77 percent of U.S. rural counties are experiencing a shortage of primary health professionals,ⁱⁱ impacting the 60 million Americans who reside in rural areas.ⁱⁱⁱ Rural America is especially deficient in specialists: Rural areas have a third as many specialists per capita compared to urban areas.^{iv} Telehealth can considerably expand patient access to health care services in rural, frontier, and underserved areas.^v Moreover, telehealth enables remote primary care providers to have timely access to



specialists at larger facilities, which also enables specialists to serve a larger geographic area. Patients benefit from being able to access care close to home. The implementation of telehealth programs in rural areas holds tremendous potential for addressing rural health disparities.

Barriers to adopting telehealth exist in rural areas. Limited broadband access in rural settings hinders the reach and effectiveness of telehealth, so overcoming these issues is a priority. Further, the identification of impediments to telehealth implementation and evaluation of clinical care outcomes are essential to improving the utility of telehealth going forward.

Overcoming telehealth barriers

Barriers to achieving widespread access to telehealth in rural America include inadequate broadband coverage, inadequate health care reimbursement, and legal and regulatory obstacles to implementing telehealth in health care practice.

Broadband infrastructure

Arguably, the largest barrier to the adoption of telehealth is broadband infrastructure. Many rural, frontier, and underserved areas do not have sufficient broadband access. According to the Federal Communications Commission, 25 million Americans lack access to reliable broadband. In rural areas, 26.4 percent of residents did not have access to minimum broadband speeds (25 Mbps), compared to 1.7 percent in urban areas.^{vi} Given broadband's growing role as a "super-determinant" of health, digitally isolated communities may risk worse health outcomes resulting from a dearth of digital educational and economic opportunities, as well as access to high-quality health care services.^{vii} Laws and policies at the federal, state, and local levels can be used to facilitate the expansion of broadband in these communities.

Reimbursement and infrastructure for telehealth services

Reimbursement for telehealth services requires examination to ensure it accounts for associated costs. Current reimbursement is not adequately provided to all sites. Telehealth site compensation needs to reflect technology costs and clinician services incurred by each telehealth session.^{viii} Further, studies have shown that telehealth equipment costs for remote sites range from \$20,000 to \$95,000, as well as costs associated with setting up connectivity between hub and remote sites and ongoing costs related to maintenance and/or service fees.^{ix} While some initial and ongoing investments may be required, stakeholders have speculated that telehealth could ultimately decrease the cost of health care by providing access to specialists and mitigating the cost of inpatient care associated with a lack of access to specialists.^{x,xi}

Medical licensing in multiple states

Licensure requirements for telehealth vary by state, creating a burdensome process for providers to be licensed in multiple states. Only six percent of physicians have more than three active medical licenses.^{xii} In 2000, the Nurse Licensure Compact has enabled reciprocal cross-border practice, increasing access to services and remedying the burden of having to obtain licenses in multiple states.^{xiii} Similarly in 2014, Federation of State Medical Boards finalized an interstate compact that would help expedite the licensing process for physicians seeking to obtain medical licenses in several states.^{xiv} These compacts will improve access to health services for underserved areas, including rural America. Ideally, there will be a streamlined process to obtain several medical licenses that will facilitate the ability of physicians and other clinicians to provide telemedicine services across state lines while allowing states to retain individual licensing and regulatory authority.



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