

Rural Telehealth



Telehealth increases access to health care for rural patients by removing travel burdens and addressing provider shortages.

Telehealth use in rural settings, mainly in FQHCs and RHCs, had a nearly 100-fold increase from a total of 9,000 telehealth visits in 2019 to more than 830,000 telehealth visits in 2020.

Rural hospitals are more likely to use telehealth to assist with providing radiology, emergency, and trauma healthcare services.

Nearly 80% of these Medicare beneficiary telehealth visits were for behavioral health.

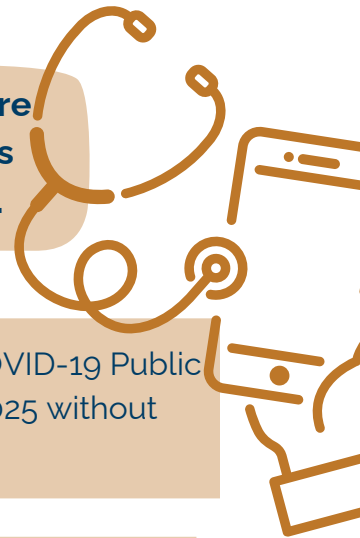
Challenges

Medicare flexibilities put in place during the COVID-19 Public Health Emergency will expire on March 31, 2025 without congressional action.

Medicare reimbursement is commonly cited as a major challenge for telehealth programs, particularly for Rural Health Clinics which are paid outside of their All-Inclusive Rate for Medicare telehealth services.

The physician licensure system creates barriers for physicians to practice across state lines. Physicians must be licensed by the professional licensing board in each state where they are delivering care to patients.

The broadband gap between rural and urban areas leads to health inequities. Many rural communities do not currently have access to affordable internet connection speeds to support the use of telehealth.



NRHA Supported Legislation

Telehealth Modernization Act of 2024

(S. 3967/H.R. 7623 in the 118th Congress)

Senator Scott (R-SC), Reps. Carter (R-KS) and Blunt Rochester (D-DE)

Ensures access to telehealth services for Medicare beneficiaries and extends these flexibilities to Rural Health Clinic (RHC) and Federal Quality Health Center (FQHCs) distant site status and Fee-For-Service (FFS) reimbursement levels.

This legislation would continue flexibilities related to as well as audio-only telehealth, which is critical for rural beneficiaries without access to broadband or high-speed internet.

Telemental Health Care Access Act (S.2011/ H.R.3884)

Sens. Cassidy (R-LA) and Tina Smith (D-MN), Reps. Matsui (D-CA) and Balderson (R-OH)

Removes the statutory requirement that Medicare beneficiaries be seen in-person within six months of being treated for mental and behavioral health services through telehealth.

CONNECT for Health Act

(S. 2016/H.R. 4189 in the 118th Congress)

Senators Schatz (D-HI) & Wicker (R-MS), Reps. Thompson (D-CA), & Schweikert (R-AZ)

Expand coverage of telehealth services through Medicare and making permanent COVID-19 telehealth flexibilities.