

# Telehealth State/ Federal Updates

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WashingtonState  
**Telehealth** Collaborative

# State/Federal Updates

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- [The CONNECT for Health Act](#) permanently removes all geographic restrictions on telehealth services and expands originating sites to include the home
  - It would also allow health centers and rural health clinics to provide telehealth services, a provision currently in place due to the pandemic on a temporary basis.
  - Press release [here](#).
  - One pager [here](#).
- [H.R. 5837](#) was introduced to the U.S. House of Representatives where the legislation expands access to telehealth services relating to substance use disorder treatment.
- The National Health Law Association released [this briefing](#) on telemedicine fraud during the pandemic and beyond.
  - The acceleration of telemedicine brought in certain pandemic waivers where there's a push to make these permanent in further expanding telemedicine coverage. However, the impact of these laxer restrictions may create conditions susceptible to fraud and abuse in the post-pandemic world, which calls for telemedicine to be increasingly monitored.
- [The Telehealth Expansion Act of 2021 \(H.R. 5981\)](#) makes permanent a waiver created by the CARES Act in allowing Americans with Health Savings Accounts (HSAs) to access telehealth services without first having to meet their deductible.
- The Cures 2.0 Act includes several telehealth provisions, including permanently removing Medicare's geographic and originating site restrictions, and gives the HHS Secretary the authority to expand the licensee groups that can bill Medicare for telehealth services.
  - Press release [here](#).
  - Section-by-section bill analysis [here](#).
  - Bill text [here](#).

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- The American Medical Association's CPT panel has established a new code, or "modifier" (Modifier 93) that will indicate whether a health care service was furnished using audio-only communication. This new modifier became effective on January 1, 2022.
  - More details on this modifier [here](#).
- [This article](#) looks at the historical effects of redlining on broadband access that was taken from Milwaukee, Wisconsin
  - The redline maps can be cross referenced with [The Federal Communications Commission \(FCC\) fixed broadband deployment maps](#).
- The [study on Video Teleconferencing for Disease Prevention, Diagnosis, and Treatment](#) looks at video teleconferencing as a substitute for in-person health care or as an adjunct to usual care
  - Replacing or augmenting aspects of usual care with video teleconferencing generally results in similar clinical effectiveness, health care use, patient satisfaction, and quality of life as usual care for areas studied.
- Revisions are currently being made to the Digital Equity Act Bill, which is a modified version of [SHB 1460 \(2021\)](#). It aims to close the digital equity divide by increasing the accessibility and affordability of telecommunications services, devices, and training.
  - This bill establishes a broadband assistance program (a state lifeline program), a teleconnect service program (a state e-rate program), a digital equity opportunity grant program (formerly CTOP), and a digital equity planning grant program.
- [H.B. 1708](#) restricts the ability for hospitals to charge facility fees for audio-only telemedicine

# H.B. 1821: Definition of established relationship for purposes of audio-only telemedicine

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- Redefines what constitutes an “established relationship” for the purpose of insurance coverage for audio-only telemedicine services, to apply to all state regulated health plans
- In mental/behavioral health settings, an established relationship is constituted by:
  - an in-person or audio/visual telemedicine encounter with a practitioner at the **same medical group or clinic within the last three years**; referral from a practitioner who has provided in-person or audio-visual telemedicine services **within the last three years**; OR in any scenario where the treating practitioner **has direct access to the covered person’s “current health record.”**
- For services other than mental/behavioral health the standards are similar:
  - an in-person encounter with a practitioner at the **same medical group or clinic within the last two years**; referral from a practitioner who has treated the patient in-person **within the last two years** and has provided relevant medical information to the treating practitioner; OR in any scenario where the treating practitioner **has direct access to the covered person’s “current health record.”**
- Bill text [here](#).