

# Telehealth

**North Carolina's hospitals and health systems support further protecting patients' rights for telehealth coverage and expansion of broadband access to bring healthcare to every community.**



## Legislative Priorities

The role of telehealth cannot be overstated in bringing care to communities who would otherwise not have access; telehealth has proven a critical component of healthcare long after the Covid-19 pandemic. To bring healthcare to every North Carolina community, NCHA supports:

- Protecting patients' rights to access their healthcare providers by requiring insurers to cover telehealth services.
- Expansion of affordable broadband connectivity for all North Carolinians.
- Interstate licensure compacts to address healthcare workforce shortages.
- Make permanent the federal temporary flexibilities to improve access to telehealth, which expires at the end of 2024.

## Context & Insights

From emergency department care, to remote patient monitoring for chronic care management and access to care from specialists, telehealth is changing the way health care is provided — both expanding patient access to routine and specialty care, while improving patient satisfaction and outcomes. For these and a variety of other reasons, it is imperative that North Carolina promote

the expansion and adoption of telehealth services.

However, broadband infrastructure remains a major barrier to accessing telehealth services, particularly among those who would benefit the most from accessing such services. Nearly 8% of Americans have no internet access at home. These numbers are higher among seniors and Americans living in poverty— one in five of whom do not have home internet access— and rural Americans, who are twice as likely to lack internet access than their urban counterparts.<sup>14</sup> Investing in broadband infrastructure would expand access to vital telehealth services to millions of Americans, including hundreds of thousands of North Carolinians.

## State Priorities

North Carolina is a national leader in information technology and high-tech, but still lags behind in telehealth policy and innovation, according to the American Telemedicine Association.<sup>1</sup> For our citizens to take full advantage of this emerging health benefit, North Carolina must remove any and all barriers to its full implementation by improving coverage and payment parity for telehealth services. North Carolina does not currently require insurers to cover and reimburse telehealth services consistently. Because North Carolina is one of only a handful of states that have no parity laws for telehealth, healthcare providers are inhibited

from expanding their current telehealth service offerings knowing that they may not be reimbursed.

Expanding telehealth can help alleviate the severe workforce shortage our state is currently experiencing across many health care occupations, particularly in rural areas where providers are not always available. In addition, expanding telehealth services would help rural hospitals keep their patients in their communities, help eliminate healthcare provider burnout, as well as be used to address the current mental health crisis and opioid crisis more effectively in our state.

NCHA will continue to work towards ensuring North Carolina patients can access telehealth services they need without worry of their insurer denying coverage.

## Federal Priorities

In 2021, American Hospital Association (AHA) wrote a letter to the Centers for Medicare & Medicaid Services (CMS) urging their office to make certain COVID-19 waivers permanent as to improve health care delivery in the United States. Among their requests included expanding access to telehealth. They asked CMS to continue expanding the list of telehealth services that can be provided and to make permanent both the list of locations that can deliver telehealth services and the practitioners and providers that can bill for telehealth services. The AHA also asks Congress to permanently eliminate restrictions on telehealth originating and geographic sites and permanently extend eligibility for certain practitioners to provide telehealth services. These expansions will improve health outcomes for patients who either lack access to transportation or cannot risk contracting COVID-19 during a hospital visit.<sup>12</sup>

In March 2024, the American Hospital Association submitted a statement to the Committee on Ways and Means of the U.S. House of Representatives urging Congress to make the following telehealth flexibilities permanent before they expire on December 31, 2024<sup>16</sup>:

- Removing geographic restrictions and expanding originating sites to include any site at which the patient is located, including the patient's home.
- Expanding eligible practitioners to furnish telehealth services to include occupational therapists, physical therapists, speech-language pathologists and audiologists.
- Extending the ability for federally qualified health centers (FQHCs) and rural health clinics (RHCs) to furnish telehealth services.
- Delaying the six-month in-person requirement for mental health services furnished through telehealth, including the in-person requirements for FQHCs and RHCs.
- Extending coverage and payment for audio-only telehealth services.
- Extending the ability to use telehealth services to meet the face-to-face recertification requirement for hospice care.

The AHA has supported several bills previously under consideration that if passed would codify these telehealth flexibilities, including:

- The Telehealth Modernization Act (S.368 and H.R. 1332), which extends certain flexibilities authorized during the COVID-19 public health emergency, including allowing distant site privileges to rural health clinics and federally qualified health centers, originating site privileges to the home of the beneficiary, and all types of practitioners to utilize telehealth services;
- The CONNECT for Health Act (S.1512 and H.R. 2903), which would also remove geographic restrictions on originating and distant sites and allow the CMS to waive certain restrictions on technology and coverage; and
- The Temporary Reciprocity to Ensure Access to Treatment Act (TREAT Act, S.168 and H.R. 708, which authorizes the interstate provision of in-person and telehealth services for at least 180 days after the COVID-19 public health emergency.<sup>13</sup> Passing comprehensive federal legislation on telehealth expansion would have a lasting impact on hospitals and communities across North Carolina. Expanding telehealth can help alleviate the severe workforce shortage our state is

currently experiencing across many health care occupations, particularly in rural areas where providers are not always available.

broadband infrastructure would expand access to care throughout rural and low-income communities in North Carolina.

## Key Advocacy Messages

**As telehealth innovation has become increasingly common since 2020, now is the time to build on the expansion of services, not curtail access.**

- Under the declared public health emergency, CMS removed the common barriers for telehealth access for Medicare beneficiaries, such as the rural designation and originating site requirements, while expanding services covered under telehealth. Under these new flexibilities, over 9 million beneficiaries received a telehealth service between March – June 2020.<sup>9</sup>
- NC Medicaid has led the way in our state for cementing flexibilities during the pandemic into permanent policies, such as eliminating distant and originating sites and expanding telehealth codes to include patient monitoring and virtual communications.
- Many commercial insurance companies not only expanded what telehealth services could be covered, but also provided payment parity to providers virtually overnight. This further demonstrates that coverage and payment parity is achievable in North Carolina.
- The heightened use of telehealth services in recent years has affirmed that broadband access and healthcare access are inextricably tied.
- According to the North Carolina Department of Information Technology, over 1.1 million North Carolina households lack access to high-speed internet, cannot afford it, or do not have the necessary skills to operate high-speed internet.<sup>11</sup>
- This has presented a major barrier to individuals seeking healthcare who reside outside the bounds of accessible highspeed internet in North Carolina. UNC Health Southeastern has identified residents in Robeson County lacking access to broadband connectivity in their home as a major barrier to care in their community. Investing in

**Given the severe provider shortages throughout North Carolina – in both rural and urban areas – increased telehealth services have a unique capacity to increase access to healthcare for millions of new patients in even the most remote areas of North Carolina, where a large healthcare system is never going to make economic sense.**

- Along with the federal government and local communities, the North Carolina Office of Rural Health (ORH) identifies shortages of primary medical care, dental, and mental health providers.<sup>2</sup>
  - As of June 1, 2023, 92 NC counties have been designated with a geographic or population health professional shortage area (HPSA) for primary care. Counties with a geographic or population HPSA for Primary Care
  - 93 counties with a geographic or population HPSA for mental health
  - 97 counties with a geographic or population HPSA for dental health<sup>2</sup>
- Additionally, telehealth helps rural hospitals keep their patients close to home, allowing them to deliver specialized healthcare that would otherwise be outsourced to an urban facility.
- Expanding telehealth coverage can alleviate healthcare provider burnout.
- Burnout rates remain high among healthcare professionals, with 49.9% of responding subjects in a recent study meeting the criteria for burnout. 28.7% (more than a quarter) of respondents indicated an intent to leave their job. With the already existing deficit in healthcare professionals per county in North Carolina, burnout is a serious problem.<sup>17</sup> Past studies on burnout and stress among U.S. healthcare workers have recommended telehealth options for doctors' visits as one of the many

interventions that could improve stress outcomes among healthcare workers.<sup>6</sup>

### **Joining the Interstate Medical Licensure Compact can increase care options that patients can access through telehealth services.**

- The temporary, streamlined flexibilities by practice boards to allow out-of-state medical professionals to quickly practice in NC has been a vital outlet for patients to access services during the pandemic. Ensuring that these expansions remain in place beyond the pandemic protects the care that many patients in North Carolina require across state lines.
- The Interstate Medical Licensure Compact is an agreement among 39 states to work together to significantly streamline the licensing process for physicians who want to practice in multiple states.<sup>18</sup> In joining this compact, North Carolina has the potential to increase access to highly skilled healthcare professionals across its underserved and rural communities.

### **Telehealth has been shown to reduce the cost of healthcare and increase efficiency through better management of chronic diseases, shared health professional staffing, and fewer or shorter hospital stays. It also encourages better utilization of healthcare services.**

- UNC Health Southeastern's [experience](#) with telehealth services during the COVID-19 pandemic has yielded positive results. These services have proven vital to the residents of Robeson County who live with chronic conditions and can access care from the safety and comfort of their own home. Telehealth services provide flexibility to patients during an inflexible time and limits exposure to COVID-19 from patients and healthcare workers while providing those with chronic illnesses the care they depend on.

### **In 2014, Mississippi led the nation in the innovative establishment of its [Diabetes Telehealth Network](#), one of two federally designated Telehealth Centers of Excellence. This network of local and national health technology leaders extends quality care into the state's rural and under-served regions with**

**high rates of chronic illness, employing remote patient monitoring that allows healthcare providers to conduct chronic care management for diabetes patients in the state's Medicaid program. As of 2021, Mississippi continues to be on the forefront of telehealth provision, with the University of Mississippi Medical Center receiving a \$2.3 million award being used to provide remote healthcare to those living in rural areas with a special emphasis on those who are low income or uninsured.<sup>19</sup>**

### **Telehealth services not only provide a more flexible, convenient option for patients, but also provide a profound community health function, cutting down on the number of unnecessary exposures to illness.**

- HCA Mission Hospital's Virtual Clinic was especially valuable during North Carolina's [2017-2018 flu epidemic](#), keeping patients out of the ED where they could spread or acquire highly contagious illnesses. Using an adaptive online process to determine what signs and symptoms patients had, and prescribing medications that are sent directly to their pharmacy of choice, patients were treated at home, usually within 30 minutes to an hour.
- Now understanding the potential impact of the spread of infectious diseases, telehealth has a vital role in limiting patients' exposure while providing high quality healthcare services from home.

### **Telehealth services allow patients to have options in how they receive their healthcare.**

- Among the many remote populations to benefit from video visits are veterans, who often can't or don't want to travel to the nearest VA hospital. A 2016 study found that telehealth medicine utilized by the VA resulted in travel savings of 145 miles and 142 minutes per visit. As telehealth volumes increased over the course of the study, the ultimate travel pay savings were 3.5% of total travel pay disbursement for the year. This demonstrates a significant way for hospitals

to save money, while increasing convenience for Veterans.<sup>20</sup> In 2022, another study found that 93% of Veteran patients with chronic pain were satisfied by telehealth visits, with an 82% reduction in missed appointments.<sup>21</sup> This demonstrates how telehealth benefits the time of not just patients, but healthcare workers as well due to the reduction of missed appointments.<sup>4</sup>

- Long wait times have been a persistent issue for families waiting to see an autism specialist, with waits often exceeding a year. Telehealth reduces wait time and improves care for children living with autism in remote areas. The FDA has approved a new mobile health platform that will help doctors diagnose autism at an earlier age, enabling them to develop more effective and impactful treatment programs and reducing long-term costs.
- Telehealth saves the sometimes significant travel expenses for patients who live in rural areas and must travel long distances for routine follow-up care. Similarly, this may decrease the amount of lost wages for hourly workers or missed days of school for children.
- More than 80% of U.S. healthcare providers and patients are satisfied with video-based care as a means of reaching people in rural locations, with satisfaction increasing during the COVID-19 pandemic.<sup>5</sup>

### **Achieving coverage and payment parity for private insurance customers is essential if we hope to encourage healthcare professionals to provide telehealth services and/or expand their current telehealth offerings.**

- There is inconsistency of telehealth coverage and payment among the private insurers in North Carolina (e.g., BCBSNC, United, Aetna and Cigna).
- 43 states and the District of Columbia have rectified this problem by enacting “parity laws,” which generally require health insurers to cover and pay for services provided via telehealth the same way they would pay for in-person services.<sup>1</sup>

### **Achieving payment parity for Medicare patients is essential if we hope to encourage healthcare professionals to provide telehealth services**

- Medicare payments for telehealth services are restricted by geography, by provider type, and by service type. It is a complicated and confusing system in which some counties that are clearly rural are designated as urban. For example, Gates County is designated as urban by CMS despite being sparsely populated, therefore Medicare patients in that county are not eligible for telehealth coverage.
- Congress should continue to introduce legislation that expands access to telehealth so that all seniors have the ability to receive care via telehealth. This will better serve the nearly 20% of North Carolina’s population that is age 65 and over.

### **Telehealth services are as good as those provided in traditional in-person consultations. In some specialties, particularly in mental health and ICU care, telehealth delivers a superior product, with greater outcomes and patient satisfaction.**

- Duke’s [Telestroke Network](#) gives patients and doctors at multiple NC and VA hospitals access to Duke stroke specialists 24/7. Using a telestroke robot, Duke neurologists in Durham evaluate stroke patients in emergency rooms miles away via two-way telemedicine video conferencing. The hospitals in the Duke Telestroke Network have improved patient outcomes with this technology, reporting significantly increased the rates at which their patients receive tPA. Nationally, 4 to 8% of all stroke patients get tPA, while Duke is seeing tPA rates as high as 20%.
- 87% of patients seen in the telestroke program remain at their local hospital instead of being transferred to Duke or other centers, which is a tremendous benefit because patients can remain near their loved ones and familiar surroundings. It also leaves more care teams and beds available at Duke for the 10% or so of patients who have extremely serious strokes and need advanced procedures. Other states have successfully implemented telehealth services to benefit patients in behavioral health crisis and ensure they get the right care at the right time at the right place. Through a partnership of Behavioral Health

Providers and health systems across Minnesota, mental healthcare providers were able to reduce ED admissions by 19%, decrease wait times to 36 minutes, and refer 55% of encounters to outpatient services.

## The state-wide adoption of telehealth services could help North Carolina combat the current behavioral health crisis, especially in our rural areas where the need is the greatest.

- Patients seeking behavioral health services face significant barriers when having to travel to appointments, which can complicate their treatment and add to their already stressful situation. Expanding telehealth coverage allows patients more flexibility in their treatment and cuts down on potential stressors such as transportation.<sup>7</sup>
- There are several benefits to expanding telehealth coverage for behavioral health patients across North Carolina. Positive outcomes include high patient satisfaction, improved patient convenience, improved patient compliance with therapy, higher attendance rates for telehealth visits, and improved continuity of care.<sup>10</sup>
- Telehealth enables patients to engage in virtual visits with their mental health provider from the comfort and anonymity of their own home, reducing the major role that stigma plays in patients obtaining treatment especially in rural areas. Telehealth enables providers to work with the patient at any time and place, and to see what the patient goes through each day with the possibility of multiple touches.<sup>7</sup>
- North Carolina has an opportunity to reproduce efforts in rural South Carolina where the state's Behavioral Health Services Association acquired a waiver from the DEA for Medication-Assisted Treatment (MAT) practitioners to use opioid-based medications such as Methadone, Naltrexone and Buprenorphine to treat patients going through withdrawal.<sup>8</sup>

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## Questions?

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