TeleHealth and Telemedicine

During the COVID-19 pandemic, federal and state governments enabled continued access to care through a number of waivers on telemedicine and telehealth restrictions. These waivers included payment parity, platform flexibilities, audio-only coverage, and the lifting of originating and distant site restrictions. Numerous studies emerged during the COVID-19 pandemic showing telemedicine provides positive patient benefits, decreased health care spending, and improved access to care.\(^1,2\) Telemedicine also increased patient and provider satisfaction, while reducing missed appointments, risk of exposure to infection, and use of personal protective equipment.\(^2,3,4\) In light of these findings, the Texas Legislature should adopt policies that:

1. Provide for payment parity between in-person and telemedicine and telehealth services
2. Provide platform flexibilities, including for audio-only services
3. Prohibit any originating and distant site restrictions

**BACKGROUND**

In Texas, telemedicine is “a health care service delivered by a physician licensed in this state, or a health professional acting under the delegation and supervision of a physician ... acting within the scope of the physician’s or health professional’s license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.” Physicians, advanced practice registered nurses, and physician assistants may deliver services through telemedicine.

Telehealth means a “health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice ... and acting within the scope of the health professional’s license, certification, or entitlement to a patient a different physical location than the physician or health professional using telecommunications or information technology.” Many different health professionals, including nurses, dieticians, physical therapists, psychologists, and others provide services through telehealth.

While the means of delivering a service or care via telemedicine or telehealth is different from a face-to-face encounter and may utilize various technological applications, the standard of care for the service must be the same.
ADVANTAGES

A number of challenges to routine outpatient care occurred during the COVID-19 pandemic. Providers faced difficulty acquiring personal protective equipment – masks, gowns, gloves, face shields – to protect themselves and their patients. New disinfecting procedures were implemented in provider treatment areas, adding costs and reducing efficiencies in outpatient settings, while cleaning and disinfecting supplies were also in short supply.

Patients were fearful of visiting health care providers and private practices, outpatient clinics, and emergency departments saw volumes erode. The reduced demand for services was not related to sudden cures, but rather to delayed and missed care.

Telehealth and telemedicine offered an immediate remedy to these challenges. While telehealth and telemedicine can require sophisticated digital technology for imaging and platforms to store and forward images, it may also occur through the most basic tools such as a telephone (for audio only), mobile device or computer.

During the pandemic, Medicare removed barriers to telemedicine and telehealth and broad and successful adoption occurred. Patients and providers are largely satisfied. Access to care is improved. There is no reason to go back to pre-COVID restrictions on telemedicine and telehealth.

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