# Future Directions for Telehealth Services in Medicare

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CMS currently allows and pays for a limited set of telehealth services, primarily as a way to enhance access for patients who live in remote rural areas or are in other circumstances where traditional office visits are difficult or impossible. The scope of covered telehealth services has been expanding gradually over the past 20-30 years, but it is still limited to defined circumstances like rural location and patients having to be in some kind of medical facility during the session (vs. at home). CMS' authority to pay for telehealth is constrained to some extent by relevant legislation, but CMS also has authority to change coverage rules through the annual rule-making process.

The COVID crisis has created a dramatic change in attitude at CMS, with greater flexibility being allowed across a range of CMS policy and regulation areas, including telehealth. Most of the significant restrictions on telehealth – rural location, not doing telehealth from home, etc. – have been temporarily lifted. Payment for telehealth services in most instances the same as it would have been for a traditional office visit to accomplish the same tasks. Patients have been reluctant to seek care for both routine and serious medical conditions, and barriers to care for problems other than COVID have been created by state-level lock-down orders and by hospitals canceling elective procedures. As a result, the use of telehealth has risen dramatically since March of 2020.

Once the COVID crisis has passed (through some combination of vaccines or effective therapies), it is not clear what CMS will do in terms of coverage and payment policy for telehealth. On the one hand, nearly all observers in the health care media have expressed the view that "telehealth is here to stay" and that many of the temporary new uses of telehealth and temporary payment policies will become permanent. On the other hand, the original reasons for restrictions on telehealth (fraud and abuse concerns, quality of care concerns) have not gone away. The most likely result will be some kind of middle ground – more flexible policies than was the case up to March of 2020, but more restrictive than has been the case since March under the emergency changes made by CMS. For example, the restrictions on rural location and patients' ability to use telehealth from home may be permanently lifted, particularly if patients enjoy the telehealth options they have now. But, the payment levels for telehealth may be reduced relative to traditional in-person visits, once CMS has had some time to analyze underlying costs of telehealth vs. in-person services.