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Vulnerable Americans want to receive care at home

With other COVID-19 policies winding down, patient groups are hoping to hold on to telehealth flexibilities that allow them to access treatments from home and across state lines.



Mora County Ambulance Service Director Brenda Casados makes a home visit to administer a COVID-19 vaccine shot to a woman in Cleveland, N.M., in April 2021. (AP Photo/Morgan Lee)

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As the U.S. considers the future of its COVID-19 response and policies, people at high risk for coronavirus infection want to maintain the ability to be treated by a doctor at home.

When the pandemic first took hold, the federal government and private insurers allowed for the expanded use of telemedicine and reimbursement for the services.

But with other COVID-19 policies, such as temporary lockdowns and required mask wearing, being rolled back, patient groups and advocates are asking the administration and Congress to keep some of these pandemic-era flexibilities in place.

“COVID put rocket engines on the issue of telemedicine,” said Paul Conway, chair of policy and global affairs and immediate past president of the American Association of Kidney Patients. “In many ways, it put rocket engines on telemedicine because it expanded the minds of medical practices to what could practically be done beyond the objections that have been raised over the past maybe four or five years.”

Many federal and state telehealth policies are temporary and tied to the public-health emergency, including flexibilities allowing Medicare patients to receive care from home and to allow physicians to more easily provide care across state lines.

“We would be really closing our eyes to a new form of quality health care if we did not expand authorities for telehealth to be available to Americans,” Health and Human Services Secretary Xavier Becerra said at a press briefing last week. Before the pandemic, Medicare patients could use telehealth only if they were in a clinic or hospital setting in a rural area.

The change has been very useful to cancer patients during the pandemic, said Devon Adams, senior analyst for policy and legislative support at the American Cancer Society Cancer Action Network.

“Often, patients are immunocompromised, they’re going through chemo, and not to mention there’s COVID, so being able to stay in your home, to be able to connect to your provider, is something that tremendously has proven useful for cancer patients,” Adams said.

Congress recently extended some telehealth flexibilities as part of the government-funding bill that was signed into law this month. Medicare beneficiaries can continue to receive care at home for about five months after the public-health emergency ends.

“This gives a little bit more time past the end of the public-health emergency, where hopefully this gives us more time to study telehealth but also then gives time to, hopefully, permanently sign into law some of these provisions,” said Rachel Solomon, senior director of policy at the Cancer Support Community.

On Capitol Hill, there are a few pieces of legislation that would permanently keep a patient’s home as an option for telehealth services. One is the bipartisan CONNECT for Health Act, which would also give HHS the permanent authority to waive telehealth restrictions.

Advocates want to preserve the ability for patients to receive care across state lines, as well. Several states provided flexibilities to allow telemedicine visits with physicians outside the region, although some states have permanent policies to permit this service.

“If you can have a flexibility that allows them to see medical experts across state lines ... you’re going to expand the field of choice for patients and you’re going to reduce the barriers to experts,” Conway said.

Most states during the pandemic allowed practitioners to provide care from another region even if they weren’t licensed in that specific state, said Ateev Mehrotra, associate professor of health care policy and medicine at Harvard Medical School. But these flexibilities started to expire last year, he said.

“There was a lot of frustration among Americans because they were used to now having telemedicine visits to a physician in another state and then all of a sudden they couldn’t. They would get an email from their doctor saying, ‘You

need to be in my state if I'm going to care for you," Mehrotra said during a Kaiser Family Foundation virtual event on Wednesday. "They had to now go to the office or very awkwardly go to a rest area, cross over, and pull into the state and have a visit."

A few advocates are also hoping that future clinical trials could allow for remote participation. The Food and Drug Administration is currently developing guidelines on using digital technology for remotely gathering information in clinical trials.

Jennifer McNary is a patient advocate who has two sons with Duchenne muscular dystrophy and one with primary immune deficiency.

"My second son who has Duchenne is part of a clinical trial, so [I'm] letting regulators know that a lot of data can be captured for clinical trials and maybe patients don't need to travel as much," she said. "We've learned that during the pandemic, so maybe they can accept data that is done through telehealth and telemedicine in a decentralized way rather than requiring that all of this is done on site."

McNary said that for this clinical trial, they have to travel from Boston to Norfolk, Virginia. "I know that trials are designed to capture data, but maybe there are ways that regulators can really accept data that is captured in a home setting," she said.