



House Passes Bipartisan Telehealth Policy Extension for Two Years

Seeks to Continue RHC Telehealth Reimbursement Under Special Payment Rule

Dear RHC Community,

Last Wednesday, the House overwhelmingly passed [H.R. 4040](#), *Advancing Telehealth Beyond COVID–19 Act of 2021*. This legislation would extend a variety of Medicare telehealth flexibilities, currently set to expire on the 152nd day after the end of the Public Health Emergency (PHE), to now continue through December 31, 2024.

Notably, this legislation would allow RHCs to continue as telehealth distant site providers through 12/31/2024 and delay the in-person requirements for mental health services furnished via telehealth for that duration as well. It also expands the duration for which certain telehealth services can be furnished via audio-only communications.

While NARHC remains supportive of many of these provisions and recognizes the strong benefits of telehealth access in communities served by RHCs, we remain concerned that the language included in H.R. 4040 perpetuates inequitable payment policies for safety-net providers. While fee-for-service providers have coding and reimbursement parity between in-person and telehealth services, RHCs and FQHCs utilize a “special payment rule” and bill G2025 for all telehealth services. This is reimbursed at one rate of \$97.24 in 2022, a substantially lower reimbursement than the All-Inclusive Rate many RHCs receive for in-person encounters.

We again expressed our concerns with this reimbursement policy in a [letter](#) to House Leadership, which Representative Adrian Smith entered into the official Congressional record during bill consideration. As you can watch [here](#), Rep. Smith echoed our support of provisions of the bill, while encouraging Congress to correct these reimbursement disparities, and instead consider language such as that included in H.R. 7876, *Connecting Rural Telehealth to the Future Act*. Numerous other pieces of introduced legislation including H.R. 6202 H.R. 2903, H.R. 4437, and H.R. 341 also achieve reimbursement parity for RHCs and FQHCs.

As we’ve previously noted, it’s likely that Congress will pass a series of temporary extensions, such as this approximately two-year continuation, as they gather more data on benefits, overall use, and cost to the Medicare program. Energy and Commerce Committee Chairman Frank Pallone, Jr. emphasized this prior to Wednesday’s vote by saying, “It will also give policymakers time to assess the impact expanded telehealth services have had on the Medicare program and on beneficiaries’ health and well-being, and the quality of care they are receiving.... This longer-term extension will provide beneficiaries and stakeholders with more certainty.”

It is unclear whether the Senate will consider this legislation at this time. Ultimately, it's clear that there is broad bipartisan support for Medicare telehealth policies **not** reverting back to strict, pre-COVID ways, but Congress will need to take action to avoid the expiration of many of these flexibilities, currently set to conclude on the 152nd day following the end of the PHE. We will continue to advocate on behalf of changes to the reimbursement provisions for safety-net providers being a component of these discussions and will keep the RHC community updated on any developments.

We encourage you to stay up to date on key RHC news on NARHC.org and contact Sarah Hohman, NARHC Director of Government Affairs, Sarah.Hohman@narhc.org, or Nathan Baugh, NARHC Executive Director, Nathan.Baugh@narhc.org with any questions or concerns.

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