



The COVID-19 Public Health Emergency

On January 31, 2020, former Secretary of Health and Human Services (HHS) Alex Azar instated a nationwide public health emergency (PHE) due to the COVID-19 pandemic. Federal law allows the secretary to take action to respond to the PHE including making grants, modifying the practice of telehealth, and temporarily amending or waiving regulatory requirements. The PHE has been renewed nine different times. Current HHS Secretary Xavier Becerra last renewed the PHE on April 16, 2022, and it is set to expire on July 15, 2022, if it is not renewed.

- **When will the PHE be declared over?**

The PHE is set to expire on July 15. HHS has committed to giving industry and government leaders a 60-day heads-up before it allows the COVID-19 PHE to conclude. HHS is only authorized to sign off on a single 90-day extension at a time, so this would lead into mid-July.

- **Will coverage for telehealth services stop once the PHE is over?**

Telehealth became increasingly popular in 2020 when many patients began receiving care from home due to the global pandemic. Once the PHE is over, telehealth access for millions enrolled in Medicare will also come to an end. Pre COVID-19 restrictions will become effective again which means PHE exceptions related to virtual prescribing of medications, treating new patients, providing services outside of rural areas, cost-sharing flexibility, use of non-HIPAA compliant technologies, and providing services across state lines will expire at the end of the PHE. However, Congress has acted to extend this timeframe.

- **What steps has Congress taken to extend telehealth coverage after the PHE?**

Earlier in 2022, Congress passed the Consolidated Appropriations Act (2022 CAA), which includes provisions to extend the Medicare telehealth waivers and flexibilities for an additional 151 days (approximately 5 months) after the end of the PHE. The 2022 CAA extension includes most of the PHE telehealth flexibilities authorized as part of Medicare's pandemic response. During the extension, Medicare will allow telehealth services to be provided to patients at any site within the United States, not just qualifying locations. The measure also includes funding from the federal budget to be used for grants for telemedicine in rural areas. During the 151 days that Congress has given for the extension, they will be responsible for coming up with new rules regarding telehealth.

- **How will reimbursement by Medicare for telehealth services be impacted by the end of the PHE?**

The telehealth waiver will be effective until the end of the PHE. Right now, under the PHE, Medicare pays the same amount for telehealth services as it would if the service were furnished in person. Billing for the expanded Medicare telehealth services, as well as for the telephone assessment and management services, and additional flexibilities for communications technology-based services (CTBS) are effective through the end of the PHE.

- **Have executive agencies taken any steps to extend telehealth coverage after the PHE?**

The Centers for Medicare and Medicaid Services (CMS) has made changes to their telehealth policies which were published in the CMS Calendar Year 2022 Physician Fee Schedule final rule. CMS is eliminating geographic barriers and allowing patients in their homes to access telehealth services for behavioral health care. In addition, Medicare will be paying for mental health visits furnished by Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) via telecommunications technology including audio-only telephone calls. An updated list of telehealth services from CMS can be found [here](#).

- **What is AOA doing regarding telehealth?**

AOA has been leading the fight to define what telemedicine in optometry is and is not. Each year, we have significantly increased support for and awareness of optometry's essential and expanding role in health care, which has put increased scrutiny and advocacy pressure on coalitions, companies, organizations and individuals (including those tied to ophthalmology) who want to undermine the standard of care, limit optometry and gain an expanded role for themselves in defining the future of eye care. AOA is currently revising our Telemedicine in Optometry policy statement. If you have recommendations or concerns regarding AOA's current policy, please contact Kara Webb at kcwebb@aoa.org.