

Background

At the outset of the COVID-19 pandemic, the federal government moved quickly to ensure hospitals and health systems were able to leverage telehealth services to respond efficiently and effectively to a wave of unprecedented need. These actions included the Centers for Medicare & Medicaid Services (CMS) waiving certain regulatory requirements and Congress providing significant legislative support to ensure hospitals and health systems could rapidly deploy virtual services.

AHA Take

The telehealth flexibilities granted resulted in significant benefits to patient care and are needed now more than ever to ensure patients' continued access to high-quality care. Currently, there is a patchwork of temporary waivers for telehealth services that, barring further action, will expire in March 2025. If this occurs, we risk a telehealth "cliff" that would negatively impact patient access in all communities.

Recognizing both the immediate and potential long-term benefits of telehealth, we urge Congress, CMS and other executive agencies to take action to make critical telehealth flexibilities permanent.

Statutory Waivers

The American Relief Act passed at the end of 2024 extended many telehealth waivers for three months. These will expire on March 31, 2025, absent congressional action.

Topic Area	Pre-pandemic Permanent Statute	Waiver
Eligible Geographic and Originating Sites	Patients had to be located in a rural area or health provider shortage area and had to be physically located in a specific setting (e.g., physician's office) to participate in a telemedicine visit.	Patients can be in any geographic area (rural or metropolitan) and in any setting, including the beneficiary's home, at the time of a telehealth visit.
Audio-only Services	All telehealth visits had to be performed using real-time audio-visual telecommunications technology, with limited exceptions.	Allows for expansion of audio-only services for evaluation and management visits and other specified services.
Eligible Provider Types	There were limitations on the types of providers who could perform telehealth services.	Additional providers are allowed to perform telehealth services, including Physical Therapists, Occupational Therapists, Speech-Language Pathologists and Audiologists.
Eligible Distant/ Provider Sites	Providers at Federal Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) could not provide telehealth services to patients in other locations.	FQHCs and RHCs are allowed to serve as distant sites for telehealth services.
Tele-behavioral Health Visits	Patients had to receive an in-person evaluation six months before initiating tele-behavioral health treatment and also needed an in-person visit annually thereafter.	In-person evaluation is not required prior to initiating tele-behavioral health treatment.

Regulatory Waivers

CMS has issued temporary telehealth waivers, that without further action, will expire on Dec. 31, 2025, without intervention.

Topic Area	Pre-pandemic Permanent Regulation	Waiver
Virtual Supervision	Clinical supervision of telehealth required immediate in-person availability of the supervising practitioner.	CMS allows clinical supervision of telehealth diagnostic tests, physicians' services and some hospital outpatient services to be met through virtual presence using real-time audio/video technology.
Virtual Supervision of Residents in Teaching Settings	Teaching physicians could meet requirements for supervising key or critical portions of resident services through virtual presence instead of physically in person, but only for services furnished in residency training sites in non-Metropolitan Service Areas (non-MSAs).	Flexibilities for virtual supervision of residents were extended to include MSAs, as well as non-MSAs.
Virtual Supervision of Cardiac and Pulmonary Rehab Services	Clinical supervision of cardiac rehab, intensive cardiac rehab, and pulmonary rehab services required immediate in-person availability of the supervising practitioner.	CMS allows clinical supervision of pulmonary and cardiac rehabilitation to be met through virtual presence using real-time audio/video technology.
Reporting of Provider Home Address	Providers who administer telehealth services from their home were required to report their home address on enrollment, billing and claims forms.	Providers are not required to report home addresses on enrollment, billing and claims forms.
Payment for Virtual Outpatient Therapy Services	CMS restricted the ability to bill for telehealth therapy services.	CMS allows institutional providers to provide therapy services, including outpatient physical therapy, occupational therapy, and speech language pathology via telehealth to patients in their homes.

DEA also issued temporary waivers regarding prescribing of controlled substances. Without action, these waivers will expire in 2025.

Topic Area	Pre-pandemic Permanent Regulation	Waiver
In-person Visit Requirements for Prescribing of Controlled Substances	Prior to prescribing controlled substances, the prescribing practitioner was required to conduct one in-person evaluation of the patient prior to prescribing. This could be waived through a special registration process per statute, but DEA has not finalized a regulation on what this special registration process would entail.	The in-person evaluation requirement is temporarily waived. (Note: we recommend creation of a special registration process to waive the in-person visit requirement.)

Take Action

The AHA urges Congress, CMS and the DEA to permanently adopt telehealth policies.

Other Resources

- [Taking Action to Extend Telehealth and Hospital-at-home Programs | AHA News](#)
- [CMS Urged to Remove Telehealth Provider Home Address Reporting Requirements | AHA](#)
- [AHA Comments on CMS Physician Fee Schedule CY 2025 Proposed Rule | AHA](#)
- [AHA Urges Congress to Make Telehealth Flexibilities Permanent | AHA News](#)
- [AHA Comments on 340B Drug Pricing Program, IRF Payments, Physician Fee Schedule and Telehealth | AHA](#)
- [AHA Letter of Support for Senate CONNECT Health Act of 2023 \(S. 2016\) | AHA](#)
- [AHA's Feedback to the Senate Re: The CONNECT Act | AHA](#)
- [AHA Comments on the SUPPORT for Patients and Communities Reauthorization Act | AHA](#)
- [AHA Letter to DEA Regarding Request for Release of Special Registration for Telemedicine Regulation | AHA](#)