

# NCTRC Webinar - Telehealth Policy in 2026

**Aria Javidan** 00:01:00

hello, the webinar will begin shortly.

**Aria Javidan** 00:02:35

Aria, hello, everyone. My name is Aria Javidan. I'm the project manager for the National Consortium of telehealth resource centers. Welcome to today's webinar telehealth policy in 2026 today's webinar is hosted by the Center for connected health policy, and these webinars are designed to provide timely information and demonstrations to support and guide the development of your telehealth programs. Just to provide a little bit of background on the consortium, located throughout the country, there are 12 regional telehealth resource centers and two national one focused on telehealth policy and the other on telehealth technology. Each serve as focal points for advancing the effective use of telehealth and supporting access to tele services in rural and underserved communities. We wanted to highlight a new update from the Center for connected health policy through funding from the National Association of Community Health Centers, cchp has relaunched the federally qualified health center Medicaid section for each state on its website, you can now see how each state approaches telehealth for FQHCs and their Medicaid program. More information is available through the link there. We also did want to highlight our new success story survey. The consortium is collecting success stories from both patients and providers who have benefited from telehealth with support from a telehealth Resource Center, share how your trc helped make telehealth work for you for a chance to be featured along with your organization in the nctrc newsletter, and a few steps before we get started today, your audio has been muted. Please use the Q and A function of the Zoom platform to ask questions. Questions will be answered at the end of the presentation. Please only use the chat for communicating issues with technology or communication access issues. Please refrain using the chat feature to ask questions or make comments. Please also note that closed captioning is available and that is located at the bottom of your screen. Today's webinar is also being recorded, and you will be able to access today's and past webinars on the nctrc YouTube channel and the nctrc website at telehealth resource center.org with that, I will pass it over to may Quang, Executive Director for the Center for connected health policy.

**Mei Kwong** 00:05:04

Thank you Aria, and thank you to the Consortium for hosting this, and thank you for everyone for attending today. Happy New Year. I'm glad to see a lot of familiar names popping up here, and I hope this will be useful and helpful to your program before we get started. I do want to re emphasize again, what ARIA mentioned that we the telehealth resource centers would like to hear your stories as well. So if you do have something that you want to share about how a telehealth Resource Center helped you in your telehealth journey or your telehealth program, please send that in if we go to the next slide, please. So a couple of disclaimers before we get started. Please note that any information provided in today's talk is not to be considered legal advice. It is strictly for informational purposes. Cchp always recommends that you consult with legal counsel if you are interested in formal legal opinion, and also know if I happen to mention a company or show a picture. A product, or mention a product. Know that neither I nor cchp has any relevant financial interest arrangement or affiliation with such an organization. Next slide, please. A little bit of background about cchp if you are new to us. So we were established actually as a program underneath the Public Health Institute back in 2009 to actually act as a telehealth policy organization. An opportunity to become the federally designated national telehealth policy Resource Center became available through funding from HRSA back in 2012 cchp applied for that. We got it at that time, and we've been serving in that capacity ever since we actually reapplied for that, like all the other telehealth Resource Centers last year, to continue to be telehealth resource

centers. And cchp was awarded that, and we are still continuing to act as your telehealth policy Resource Center. We also work with number of funders and partners on the state and federal level on different projects. Sorry, mentioned. One of them is with the National Association of Community Health Centers, NAC, which has reactivated the FQHC policy section on our policy finder on the cchp website. We also are the convener for a group in California called the California telehealth Policy Coalition, and we act as Administrator of the National Consortium telehealth resource centers. Next slide, please. So ARIA, as always, is a great representative for the nctrc, and he's talked about, like the background and what it is, I would just encourage you again, if you have not done so, to definitely reach out to the telehealth resource center that represents or covers your region. Again. There are 12 of them, and they cover specific states. They are your frontline telehealth experts. And because we are all federally funded, most of the services we offer are free. So don't feel like it's going to there's going to be a financial burden on you if you reach out to your regional telehealth resource centers or one of the national and you have a question there. So definitely encourage you to do that if you have a question regarding telehealth, next slide please. So really quickly, what I'm going to cover today is sort of where we are on the federal level in regards to telehealth policy. And also, I do want to cover other federal developments that are related to telehealth that could have some impact on you and what you are doing in the telehealth sphere. And then a really quick overview of what's going on in the States. It's a brand new year, so that means there's a lot of legislative sessions, new sessions starting on the state level there. So you're going to have, like, policymakers, state representatives looking to introduce new legislation. So we'll go over just sort of like very high level, because that's still in process there. Of like, you know, what's actually probably going to be, sort of like the main issues that a lot of states are addressing, but we we we have kind of like a preliminary idea of what kind of seems to be popular among the states. Go to the next slide, please. So we'll take federal developments first, next slide. So most of you are probably aware of this, where we are is we are still in a waiver environment as far as Medicare, telehealth policy. Just a quick recap, pre covid, pre pandemic. The Medicare telehealth policy was fairly restrictive, very limited in like what you can do with telehealth and still get paid by Medicare for delivering the services via telehealth. There were certain requirements you had to meet, like you had to be the patient, had to be in a certain like location that meets geographic requirements, certain site locations only certain providers can use telehealth. However, when the pandemic hit, Congress waived those requirements, and that's very important to understand in that Congress waive those requirements. And the reason Congress needed to waive those requirements is because those requirements are embedded in federal law. So it is one of those situations where it takes an act of Congress for this to happen. So during the time, from during the pandemic to post pandemic, there has been a series of waivers to basically keep these pandemic level policies, these waivers in place. Now, last year, when we hit September 30, 2025 we experienced a period of time where those waivers went away, and that's because the waivers have usually been embedded in larger bills, usually a finance appropriations type bill. So when those bills expire for the funding, because they're usually limited, saying like, this is just funding for the year of 2026, or this is just funding for from this period to this period. So when those dates are. Come the telehealth waivers also expire, because basically the time ran out on them, and that's when you know either Congress will pass like another bill to extend it, or you know it hasn't happened yet, maybe make something permanent on their end. So when last year, when we hit September 30, 25 that was the deadline for the funding bill. And then there was also, at that time, the waiver extension in Medicare for the telehealth waivers. So come October 1, 2025 we reverted back to those pre covid situation there, where it was very limited, it was very restrictive. There were some differences than what we had from pre covid And where the telehealth policies were concerned, but for the most part, it was very restrictive and very limited. Again, a lot of you probably remember this. There was about that, I think, six week period of where we were in this very uncertain era of, you know, do we do providers actually continue with telehealth? Or should we like, you know, tell arrange everything in person, or do we like, try to delay some of these telehealth appointments? What do we do? And people took different approaches. Some some practitioners, they just canceled appointments, insisted that in person visits were necessary. Others delayed it if they were, if it was

possible, you know, like, had a rearranged appointments for, like, a later date, and hoping, like, you know, the this will be resolved by that point. And others actually went ahead with the telehealth visit in the hopes that whatever happened, whatever solution was occurred, that that policy would be applied retroactively to these visits so and then what happened was that there was a deal that was made extension of just about two and a half months where there would be a new deadline of January 30 of 2026, and all these policies would be applied retroactively. So we find ourselves in the same situation that we did last year in, you know, around mid September of like, well, is there going to be another like shut well, not only a shutdown, but also the Medicare waivers for telehealth would expire as well too. I don't have any new news for you on this. So I was back in Washington, DC, attending the American Telemedicine Association Conference. This was in the second week of December. So keep in mind, when I am doing this presentation, it is January 15, 2026 and I'm talking about conversations I had four weeks ago, and the way policy and the environment is shifting these days. What I heard two weeks ago, back or four weeks ago, well, maybe even two weeks ago, but four weeks ago, back in December, may not be applying now on January 15, for four weeks later. However, what I heard in in DC, just at the ATA conference, is, is like it was even odds. Half the people I spoke to felt like, no, there will be some resolution before January 30. And then the other half felt like, well, I think we may be headed for another shutdown at this point. Nobody really knows. The one thing that I did here that I got the sense that was like a stumbling block wasn't necessarily around the telehealth waivers, everybody seemed very supportive of that, and what they were talking about as a solution, eventually, possibly was a two year extension, though nothing was written down, but that was sort of like the conversation of like, if we're going to extend these telehealth things, telehealth waivers will extend to two years, but none of that was written in stone. But the the issue was, at least in that time, in December, when I was talking to folks, is that the congressional members would like to get over the

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hurdle of deciding what to do about the ACA subsidies like that was like the big thing to get over, and then all the other sort of decisions, or the other issues that have come up that they need to, like address could follow quickly or be resolved quickly after that, but that was sort of like the one big hurdle that they wanted To get over before they addressed everything else again, that was all back in December. I don't know if that's the sentiment. Now a lot of things have happened over the last four weeks, not necessarily around telehealth, but just in the environment in general. So focus, foci may be shifting, but that is all I know right now as far as the Medicare telehealth policy waivers are concerned. So if we go to the next slide, so what does that mean? Worst case scenario, if, if like, the deadline comes, it passes, and we are now in a you know what we were back in on October, 1 of last year. Waivers have expired. What does that mean? I guess a good thing you can say about. Like having had like the waivers expired one time, and having experienced that, we kind of saw what the approach would be by CMS as to what happens in that period. But what happens with the policy is, again, we revert back to those very limited policies, so things like patient location that narrows down significantly. Only thing you can do in the home now is really end stage renal disease, substance use disorder treatments and substance use disorder treatment and CO occurring mental health condition, those can still be treated in the home, and you don't have to meet some sort of additional requirement. However, if you want to treat something else, a mental or behavioral health condition and you're not treating a co occurring substance use disorder, then you would have to meet an in person visit requirement. Now what we saw during the the shutdown last year is CMS did say that that in person requirement, it would not apply to anybody who already had a patient provider relationship established. So if you were using telehealth before, like the let's say this, the shutdown happens, then they're grandfathered in. You wouldn't have to do like, meet that requirement, having an in person visit, although you would need to, like, meet other requirements, but, but it's basically for, like, anybody who you took on as a new patient after, like, you know, the the expiration of the waivers, limited list of eligible providers, again, like currently on the eligible providers list, we have OTs and PTs speech language pathologists that would go away does not go away for FQHCs and RHCs, and the reason for that is on the regulatory level.

CMS extended their ability to provide services that were non mental health via telecommunications technologies through the end of this year through December 31 2026, and I know that got a little confusing. At the beginning of last year shut down for some folks. They were saying like, Oh, does that really apply to FQHCs? And there was, there was some confusion about that. Yes, they can. They continue to do that. They could. They are allowed to do that through the end of the year, regardless of what happens to the telehealth waivers. And there is a new CMS Medicare Learning Network newsletter that came out in December 2025 that re emphasizes that for FQHCs and RHC that they are able to continue to provide services via telecommunications technology through the end of this year. So regardless of what happens with the Medicare waivers, those medical services for FQHCs and RSCs, they can still do that. They have been allowed to do that for mental health services since 2022 so so they don't even have to worry about that also, as well, with the waivers prior in person visit for mental health again, and I know this is like a major thing for most people, was that you need to have that prior in person visit six months before the telehealth services start again during the last shutdown, what happened was CMS treated Those relationships that were established before the shutdown, as you don't need to the six months prior because you were we're including those relationships that you establish then as something that's valid. You can continue to do this. Not required that in person visit, however, they have this requirement that every 12 months they must have like a follow up in person visit with a patient, and it wasn't clear if CMS when they would start the clock ticking on that 12 month requirement. So for example, let's say you establish a relationship with your patient before January 30. You're providing services. You're not required to meet that six months in person requirement. If we went into like this shutdown type of thing, where the waivers expired, however, it's not quite clear like, well, if you did that, let's say back in 2023, or something, does your 12 month clock starts ticking from like, when you first establish that relationship, or first started doing telehealth with that patient, or does it start ticking like, January 31 the first day of like, the expiration of the waivers, and that was never clarified in the last shutdown by CMS. So that's still a little bit of a question mark. Of like, Well, how would they approach that? They may not, I mean, again, they didn't really, like, clarify that in the last shutdown, and that happened that lasted for about six weeks. So especially if we have a short shutdown, that may be, again, something else that they're not going to clarify and they don't really necessarily care about, because maybe they expect the waiver. To be again, to be extended again, and reply retroactively, but that was one question mark, or one thing that was never resolved in the last shutdown that we knew to expect if, if this should happen again, another shutdown with the waivers expire, and then audio only, audio only as a modality that you can use provide some services that would be very limited. Again, in a shutdown where the waivers expire is just limited mental health with some caveats to it as well. So again, a very narrowing. Again, it to say anything positive about the shutdown was it did give us some idea of the approach of like, what they might do in that situation, and that's that we know that they would at least grandfather those relationships that were established before the shutdown, so you're not required for the prior in person visit and those things. So we have a little bit more clarity about that. Hopefully it will not come to the situation where there's another shutdown, the waivers expire and that, you know, some, some resolution is done before January 30, or even right on January 3. I'll even take that, if they like, resolve things by January 30 and get it like right on the deadline. I think that's that's a great thing to happen as well, too. So next slide please. So control substance and prescribing via telehealth. Now this is something that I can't give you some good news on, and some of you probably have already heard this. What happens with the prescribing of control substances is that when you use telehealth for that, you either need to have a provider have had an in person exam of the patient prior to using telehealth, prescribing control substance, or you fit into a limited exception where telehealth is used, and that usually means the patient's located in some type of facility, or some type of provider that's DEA registered when the telehealth interaction takes place. The other sort of one exception that's out there is if there's been a public health emergency, and that's what happened during the pandemic, was a public health emergency was declared, so that exception kicked in. So this prescribing true substance via telehealth, and the extensions we've seen for that, that's never been a congressional action. It is always been something that the DEA has decided, and that's

simply because, sort of, like the mechanisms already in federal law, so Congress doesn't need to really mess with it. The DEA is in control of, like, deciding what it's going to happen with it. And for those who have followed this over the last couple of years, it's been kind of a journey, but essentially what has happened is the DEA has extended or allowed a waiver of prescribing via telehealth and not having to meet one of those narrow exceptions or have that prior in person visit. And they've extended it like every year since post pandemic, so last year, and we had hints about this before. So so don't, don't judge too much when I say this, but that they were going to extend an additional year, but that that actual officially did not happen, or we didn't see it publicly happen in an official capacity until December 31 2025, so really down in the last minute. But we had no, like, about a month or two ahead of time that they were working on that. It was just the process that it had to go through internally for it to officially be done. But they did do it, so there was never a lapse or a gap there, at least for this particular policy. And what they did was they extended it for an additional year. So when you prescribe a controlled substance, you can still use telehealth to do that until the end of December,

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till December 31 2026, and you don't have to have that prior in person examination or fall into Windows, narrow exception. So that's still good for another year. They also did it as a clean extension. So, and what I mean by that is they didn't add, like, another sort of requirement that we didn't see before, like, you know, they need to write on a need to, like, sign that they wouldn't do X or something like that. So there was, like, no sort of additional requirements on on practitioners or the patients for this one year extension. It was just very clean. It's just like, what you've been doing before, it's extended for like, another year. So that was like a good thing to see as well, too. Next slide, please. So there have been also a couple of other things that had happened a lot towards the end of last year that might have some impact on the work that you do, or you know, on how you use telehealth, or things that, or even things that your you or your organization might be interested in, and one of them is the AI executive order called ensuring a national policy framework for artificial intelligence. It was issued on December 11, 2025 I only put a few things that were in there. There's like a couple more details in it, but I do have, like the. Link there to the executive order itself, but, but basically, there's been this conversation of like, what should happen regarding AI, because, for those who may not be familiar with it, while AI Artificial intelligence has been talked a lot and has been like, you know, great interest in, not only in the healthcare sphere, but like in other spheres as well, it doesn't necessarily have a lot of policy, actual policies on the books and statutes around it. We've seen policymakers, both on the state and the federal level, try to work on things, and over the last year or two, really, states have been doing actual policy more than what's been going on on the federal level. And by that actual policy, I mean like they've introduced a bill and they passed it and it's now suddenly state law. I'm sure you can, you all understand, though, states are doing that, but that means that you could possibly have 50 different versions of approach to a particular issue there, and there's been concern of like, you know, similar to like what we had with telehealth. It's like, are is there going to be, like, this patchwork, a policy that, you know, regarding artificial intelligence that can vary widely between state jurisdiction, and that is possible because, again, states are doing their own things, although sometimes you some see states kind of align, or do similar things and stuff, but there's this concern of, like, it's going to be very different, and how they approach AI. Is that going to, you know, really confuse people? Is that going to, like, really limit development, or of AI itself, because it's like, oh, you know, I want to operate in multiple states, but they all have different policies. How do we approach that? Etc. So, so there's also been, you know, debate on, like, whether, well, should the federal government just can take control of all that. And there have been been pieces of legislation introduced in Congress that haven't gone anywhere yet, of like, you know, putting a moratorium on on state policies, or states developing their policies. Well, what happened on December is that the President issued an executive order around our official intelligence and some of the things are, you know, that they would like look and research the state laws and see what might be impeding the development of AI and that there would be, like, an AI litigation task force created by the Attorney General now, and there was other stuff in the executive order. I just put, like, a

couple of things on here as well. So the AI litigation Task Force, you'll see it's a different color on the slide. That's because it's a hyperlink in there. You'll get a copy of the PowerPoint. So no worries on that. That that goes to the January 9 press release from the Attorney General regarding the the litigation Task Force, just that they were forming it there. Um, so that is going to be very interesting to watch, especially since I mentioned at the top of this that there's a state it's a new year. So a lot of states have a new legislative session. There are a lot of AI bills introduced. Now, I'll get into more of this when we get to the state section. But the executive order was kind of broad, but they were talking about really impeding the development of AI. So there are some bills that have introduced that involve AI, but may not necessarily impact in the way the executive order is framed. So I'll talk more about that in the state level, but this is definitely something to keep your eye on. I think if you are interested in this topic and the impacts it could have on delivery of healthcare as well. So we go to the next slide. Please. CMS access model. So last year, CMS made this announcement that they were doing a new program called advancing chronic care with effective, scalable solutions. And it was called the access model. It would be a 10 year model, and basically it's, it's voluntary, but it will work in like that fee for service, Original Medicare, type of area that's where your telehealth Medicare waivers impact. So all the waivers that exist, it's not an impact. It's not necessarily related to Medicare Advantage care. It's related to Original Medicare. So CMS said that they were going to do this model 10 years. Applications for it would be released in early 2026 and successful applicants in that first wave would begin July, 1 of 2026 so a very, kind of very ambitious timeline here, for this model. Here, it's like it was announced there's going to be an application a couple of months later, people would have a couple of months to submit their application, and then they would start. It's a rolling basis. So if you're not ready to submit like an application by the first deadline is April 1. It just means you're not going to be in that first way that starts July 1. But this is looking at how they can improve care for for people with chronic conditions, or how to, like, even prevent them. So again, somebody perhaps being full blown diabetic with this program. So this is, this proves to be like another opportunity for for folks using technology, right services that would be covered by Medicare, by CMS. So it is something, again, that may be of interest for folks to to look at. It's July or January, 15, the applications deadlines, April 1. So there's a little bit of time there for you guys to like, you know, look at the application and decide if that is something you or your organization would like to to be involved in. But that is, again, represents another opportunity for folks. Next slide, please.

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And then one other thing, again, something new that, or something that occurred towards the end of the year, is the Rural Health Transformation Program. For those who are not familiar with it, in last year's one big, beautiful bill, HR one there was allocated \$50 billion over five years for funding to the states to address rural healthcare needs. However, the funding did flow through the state, so a state would have to apply for and the the timeline on the application was really ambitious. So the the NOFO for that came out in mid September and 2025 they had, states had until November 5 to submit their application, and then awards were announced at the end of last year, and that's actually what happened. Awards were announced on December 29 of last year, and all 50 states has submitted applications, and all 50 states are receiving funding. They've been awarded funding now after that, the sort of requirements and milestones states need to meet is also pretty ambitious as well too. So funding will be sent out this month. It may already been sent out some states for this program to the states, which means that states need to move very quickly on what they are going to do with that funding and what they said they were going to do. So that, again, presents like another opportunity for you, but on the state level, working with your state on like, rural populations and how you can use telehealth to to address needs there. So my my advice is, if you are interested in something like this, really look at what your state is doing. States are kind of, from what I can see from the few states, I, like, kind of did some research on their different levels of what they're going to do. Like, for example, Iowa, I think is, I think they might be slightly off in their timeline, but they, they hope to, like, get RFPs out this month. So So look to see what your state is doing. They're all going to be a different stages, especially if you're interested in, like,

multiple states, you're going to be in different stages. Be in different stages and taking different approach. I know they're also on the state level, different approaches as to who is overseeing this rollout. A lot of states are using like their HHS or Health and Human Services Department. Other states are doing something else, like maybe having a direct line from the executive the governor's office. There is going to be a national office, a federal office, this Office of Rural Health Transformation underneath CMS, they did create that. So there's also going to be that as well. Their charge is to oversee the program, but also to work and collaborate with the states as well. So again, another opportunity out there for folks, if you are interested in this, and it's going to be on the state level, so work with your local contacts. Work with your state on it. Next slide please. And the other thing that I want to bring up on the federal level, there are four forecasted grants related to telehealth that are in grants.gov you just go to grants.gov and, like, you know, type in telehealth, and these are what come out. They're forecasted. So they're not the NOFO isn't posted yet. They're just, I think most of these are probably forecasted for mid February. But these are, again, another opportunities that may be, might be of interest of some folks, telehealth centers of excellence, telehealth Nutrition Services Network grant program, that one I know, I think they have, they're thinking of max of like 35 grantees at around 300,000 per grant. So that's something to consider. The Chronic Care telehealth Center of Excellence and technology enabled collaborative learning program. So those are the things to keep an eye on as well. Again, my understanding is that they, they they're forecasted now, sir, they're not available now, at least the the NOFO, but that they would be released probably sometime in February, and I think the idea is maybe about two months. Months to develop your your application for it and submit it. But those are just like four more opportunities that are out there for you as well, too. If we go to the next slide, state telehealth policy, what's going on with that? So if you go next slide, as I mentioned, it's a new legislative year for a lot of states, so that means they're introducing bills really the Medicare telehealth waiver situation. It's not really going to impact the states unless, and I can't think of really anybody, any state having, like, some specific tied to those Medicare waivers within their telehealth policy. So for the most part, you know whatever happens, and you probably showed that with the last shutdown, didn't really impact what was going on with like state policy and telehealth there. Majority of states have finalized their stuff, but what they're looking at over the next couple, over this year, at least, from what we can tell from what's been introduced already, and it's early days, we may get a better sense, and some of this may shift a little bit more as we go on, because, like I said, those sessions just started, so not everybody's introduced to everything, yet life is sure continues to be like a big deal of like, trying to address that. And for the most part, a lot of the bills really involve compacts. And there are, it seems like there's a new compact every year. There's like the athletic trainer one, I think is the most recent one. But those are usually, you know, a popular way for states to address the licensure issue, but it's not been the only way. So so that, I think will continue on into 2026

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let's skip the second bullet for a second, but and go to look for policy changes due to a rural health transformation project that was actually one of the measures that the feds were using on the applications, was like looking at like a state sort of policy environment for doing the work as well too. And I noticed in some of the applications, there was mention of like we may need to work on some of the policies. Work with our state legislature to like change that. So there may be some policy changes that, while it may not be linked specifically to the Rural Health Transformation Program, like they they actually write that in the bill or something, they may be changing their policy to accommodate what the funding for in that program is meant to do, so we may see some changes in that, in regards to your state laws, because they're trying to to basically make sure the funding from that program, the Rural Health Transformation Program, can be used, or is used effectively, and their their policy environment right now, for some reason, is preventing that, or is not or is acting as a challenge to that. So, so there may be some policy changes that are implemented because they're trying to to make sure that the funding they get from the Rural Health Transformation is able to be used in the way that they want it to be used. Now, circling back to AI and I mentioned earlier, when I was talking about the executive order

in that, you know, states, over the last year or two have really moved forward with some bills around AI, around legislation around AI, and they're continuing to do that in this year. What I think might be kind of interesting is, is the executive order mentioned that, you know, what was like on their what, what they wanted to address, as far as, like, what state legislation was doing around artificial intelligence that was basically like impeding it in some way, the development of it, or the or, or, you know, how it was being regulated, however, what a lot of states are doing, or, I don't want to say, a lot of states, but what some, some states have done as far as like legislation with AI, is maybe being very specific about like, how practitioners are using it. So, so last year, Illinois passed the bill and the governor signed it on how psychiatrists, mental health providers were using AI to provide services to their patients. Now, the you know, the question becomes, it's like, well, would that fall underneath the concerns of that executive order? Because it was, it's not necessarily, like, you know, talking about how AI is being developed, it is more of a scope piece of legislation, saying, like, well, these group of healthcare providers, this is what we're saying, and what they need to and what they can do with, like, this technology. So that's gonna be kind of interesting to watch over, like, next year or so, of like, whether that's flagged underneath this executive order, or if it's not, because it is a little bit it kind of leans more towards maybe scope of practice, rather than, like, AI. So, and I've seen one or two states kind of do similar bills regarding that. So that's. Going to be like, a really interesting thing to see how that kind of develops and works out over the next year or two on that. And I think that's actually it, if we can go to the next slide, let me just double check, yeah, that's that's it. This is, like the information that we have here our cchp website, which our policy finder is on. We also have our cchp newsletter that, you know, we try to put in the most recent news for you guys, of like, what's going on, so you keep up to date. So you can subscribe to that if you haven't already. And I think the next slide is just our information. As far as contacting us if you have a direct question, keep in mind Aria and I do have a hard stop at noon. So I know, like past webinars, I've like gone over because Aria and I have been able to do that with our schedules, but we have to stop right at the top of the hour, so we have 22 minutes for questions. But if you do have questions that I don't get to answer, here is our info email. So I would say I was just write that down now and put your question to an email in case I don't get to it on this call. You can just, like, email us afterwards and we'll address it there. But yeah, that's it. Thank you for that. There's just some additional information here. Again, you guys will get a copy of the PowerPoint so so no worries. And trying to, like, Scrabble and like, take a picture of this, or anything like that, you'll get a copy of this, and you can click on all the hyperlinks as well too, but that is it. I'll take a sip of my drink now. Yeah, so let me look to see what the first question is. Thanks for information. I've had a hard time explaining why CMS allows telehealth through 12 through 126 but I'm, I'm telling them that the allowance is 130 26 reference, I'm working fks. Any recommendations on hot topic? Okay, so this is where it gets confusing, and it is, it is completely confusing. So, so no worries about that. So my suggestion for Kelsey, the way you did, you describe it, is that the telehealth Medicare waivers expired January 30, 2026 there is a policy underneath CMS for FQHCs and RHCs to allow them to continue to provide medical services via telecommunications technology. So you have to it just has a different name. So think like January 31 2026, if the waivers expire, it becomes a different name. It's still using technology to provide services, which is telehealth, but they're just calling it a different name. It's services provided via telecommunications technology, and that is a difference there. It's like, it's it's a different label for it. So that's why they're FQHCs and now FQHCs and RCS, FQHCs and RCS. That's why they are still allowed to provide the services through the end of the year, regardless of what happens with the waivers. So we get to a situation, there's no deal. They the telehealth waivers expire, basically, January 31 January 31 2026, FQHCs and RHCs are still fine because the it ships from Oh, they're using telehealth to provide services to now oh, they're using telecommunications technology to ride services. And that falls under this little bucket of like, CMS regulations. Hope that that's helpful. It is very confusing. It's kind of wordplay. That's exactly what it is. But it allows, it allows that to happen. Can our rhqs and FQHCs provide services other than mental health via telecommunications technologies through the end of the year as well? Examples, diabetes care, again, back to what Kelsey was talking about. It is, if they could, they can provide a via telecommunications technology. So it's, you have to

switch your mind, of like, there's telehealth policy and there's this other bucket of other policies that take place. So I'm trying to think of, like, you know, a sort of analogy. They're sort of, so it's like, it's, it's sort of like, okay, you've got two credit cards, and one credit card expires on January 30, because there's expiration dates on a credit card, so you can't use that credit card anymore, but you have a second credit card that expires on December, 31, 2026, so you're just basically switching from something else. It's just like a different category or different name change there you're doing. You were doing FQHCs and RCS. You were doing telehealth, telehealth under the policies until January 30. But then there's like this other sort of section, which is essentially the same thing, but they just call it Teles. Versus using telecommunications technology, and that's what kicks in on the 31st if those waivers expire. So so I know it is so confusing, unless you're like, a really nerdy policy person like me, and you're like, deep into this, it's like, doesn't really make sense. But just think of it that way, of like, it's two different categories, even though the services are the same there. So it's like they're just labeled different things. You got your telehealth services via telehealth until January 30. It expires. You shift over, and it's like still doing the same thing, but it's called telecommunications technology now, services via telecommunications technology. And for those who want to get even nerdier, it's like, well, how can they do this? It's, it's, it's like, you say it's the same thing, but it's just a different name change. Well, yes, basically. And the way they're able to do this because, in law, telehealth is defined as being provided by a telecommunication system. So that is how CMS is able to do this. Law says telehealth is provided via telecommunication system, and CMS has said like, okay, but the services that FQHCs and IRCs are providing are via telecommunications technology, just that. One word difference is make them able to do that. Do medical telephone visits. So this is, this is going to be the one of the the tricky ones, um, for FQHCs, is that,

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while they can continue to provide the services, what happens if the waivers expire? What happens is waivers expire is that, I think for audio only in that sort of like that, we'll just call it shutdown period. I don't know what else to label that like shutdown period, like we had last year during that shutdown period, I think there's like, an additional requirement on FQHCs if they're using audio only, which if I remember correctly, is not too hard to overcome. It's just simply, like, you need to make sure that you capture that the patient either had an issue where they couldn't use telehealth, um, like, you know, the broadband is not great, or something like that, or they had a preference for it. I think that's like an additional requirement there. So it's Yeah, but there's some caveats to it. I think I'm like, a little bit fuzzy on that. I think that was like one area that it didn't seem like during the shutdown period that CMS really delve deeply into, though, but that that was, I um, I'll have to double check on that. I'll have to double check on how they approach that on there. But for some reason, I'm thinking that there was, like, an extra sort of step involved there, so that that's something that I'll circle back around. Actually, this is says anonymous attendee, if you can, like, just send me a quick email on that, then, then we'll double check it that way for you. But I feel like there's like some additional step, or some additional requirement that was that kind of went away in that short shutdown period time for FQHCs, for telehealth, through December 3126 is that for both video, audio and audio only? Okay, again, same question. You know what? Patricia Nelson, well, well, I think we can download Aria. I think we can download the questions as well too. So I've got Patricia's name, but it's also something that I'll look up, and maybe we'll do a slide and we'll include in the slide deck. So when that's made available. You guys can, can, like, circle back around that, because I don't remember that exactly, so I'll have to, like, double check on that. If yes, well, we still use g20 25 that's what they had in the shutdown period last year. They continue to say, like, you know, oh, now that you now we're calling this telecommunication technology that you're doing here during the shutdown period. Yeah, still continue to build with GE 2025 so that's what they did. That's what they required the last time. So I would assume they would like follow those same requirements to clarify no geographic restrictions for FQHCs delivering care via telehealth. Patients can be urban located, yeah, because it's, it's not regarded as telehealth. So that's, that's sort of the other thing to keep in mind here for this, this allowance in a shutdown period for

FQHCs and RHCs, because it's now called something else is no longer called telehealth. Those telehealth requirements like, oh, you need to be in a geographic requirement, or, Oh, you can only be, you know, X in these types of facilities. That doesn't apply, because, again, FQHCs in that period are not, are not regarded as being providing via telehealth or running services via telehealth. It's something else. So, so no, they didn't have, like, the geographic limitations on there since the. Ms hasn't clarified when the 12 month clock starts for required in person follow. This is, should providers track that deadline from the initial telehealth visit or the date the waivers is officially expire? Okay? So this was like, yeah, the the 12 month period, I'm not sure, I mean, I would track it just, just depending on, like, how they're going to go with that. So when you started providing services via telehealth to that patient, obviously that's in your record somewhere, so you'll have that there. That will be your tracking. And then you know, so if they do issue something this time, let's say knock wood doesn't happen. But let's say there is, like, another sort of expiration of the way of the waivers and the shutdown happens, and they suddenly do come out this time and say, like, Yeah, well, you know what? It's it you're going to have to be like, from when you first started the telehealth visit, so you already have that data when you first had your visit via telehealth with that patient so you that's already in your records. And then, if they say, like, yeah, we need to do that. You know, then, then it's been, well, it's been more than 12 months, and they're, they're counting it back to that date. But if they say, like, no, it starts the first day of the shutdown, say, January 31, 2026, do hope we're not in a situation where we are. You know, it's a 12 month shutdown. So this is the other thing is, I do believe that even though, if we face another shutdown, that they will do something around telehealth, whether it's an extension of the waivers or making something permanent, that's always an option that to to address some, some of these things. So, so my thing is, is that I would suggest being cognizant of like when you start premises services via telehealth, because CMS may, in the case, we have, like another shutdown or labor expiration period, say, like it starts ticking like when you first saw them, so you have that date. In case they say that. Do I think they would say something like that? I don't think they would, because I think that, I think they would realize that would be in a significant burden of providers and a lot of paperwork. They may, but they may do that. But you know you should already have that in your records of like when you first started treating patient via telehealth. I think what would be more likely to happen is, is that they'll say, starts ticking. Clock starts ticking when the first day of the shutdown. But then again, and then, if that happens, it's sort of like, well, hopefully this doesn't last 12 months. Then. So, yeah, so, kind of a jumbled answer there. But I was like, I kind of think they're probably not going to, like, you know, really be clear on what their policy is. And that it would be, my guess is that whenever these waivers end is probably when the start the clock starts ticking on that 12 month requirement. Let's see. Just to be clear, if we are prescribing control substance via teleph, we are not required to see the patient at least once for this year, 1226, so if you are prescribing via telehealth, you can continue doing what you've been doing. So if you're able, I think you know you might just want to, if you're able to see the patient in person at any time, you might just want to do that, just to check in with them, but they, they haven't really said that you need to do that, because they have the waiver in place. So the statutory requirement is, is is not kicking in because of the waiver that's in place. Um, are there also, this is for insurances or Medicare and Medicaid. So the the DEA policy is just like their policy about prescribing. I don't know if there is something else that your your insurer, whoever the patient is being covered by, if they may have another requirement, there's nothing that prevents that insurer from putting an additional requirement on there. So that is something you need to check. The law just says is that the DA did this waiver, and the DEA said, like, as far as our policies are concerned, we're not going to ask you to do this until at least through the rest of this year. However, if that patient's insurance has a policy about like, you got to see them once in person, there's likely nothing that prevents them from requiring that. So that is one thing to keep in mind. I'm I'm going through my head and like the state laws in in like private payer laws in the States, and I don't think most of them have any prohibition to an insurance plan saying, like, you. Would need to require, or requiring practitioners to see them, see the patient once, at least in person every year. They just say, like, if they're if you provide services via telehealth, and it's covered in person, you've you've just got it, you've got to cover it for the telehealth service

there. But they didn't say for the for the most part, no, I mean, there are sort of, well, so there is a bit of a blanket one. They do say some, some of the state laws do have a policy in there of saying, like, you can't ask for extra stuff beyond what you would have had asked for in person. So, so you might be able to make the argument about that, but they may also say, like, well, we wouldn't ask for that in person, because they've already seen them in person. So yeah. So that would be something that I would double check with, like, what your help? What? What the patient's insurance says as well too. Like, Medicare has anything in there about that? So Medicare may not Medicaid against check with the state Medicaid programs you're going to have checked those policies, being told access model is tended for small programs and not for large health systems program, but nothing is fully declared yet. What is your impression? I will be honest, I need to really dive into the application, which I have not had an opportunity to do yet. So I really can't answer that Iris, ccht, and I might have more thoughts about that a little bit later, but I have, I have yet to, like, really dive into the the full

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application, what they're asking for. I do know that in talking with folks, it's like the payment model is pretty interesting on, like, what they're they're looking at there, since it's outcomes based. So that's, that's something that will, I will need to, like, I myself personally willing to examine the more in cchp may have something more about that a little bit later on, any with, like, any new program, also it's it's going to be interesting, like, those first sort of, like, awardees, and see how that goes. Probably there need to be tweaks with anything new. There's always, like, a little bit of tweaking afterwards, once people get into it, we have five minutes, and I'm not going to get to get to all your questions. So again, I'm going to encourage you to email cchp, it's info I n, f, O, at, C, C, H, p, c, a.org, if I don't get to your question, because I can tell you right now, I'm not going to get to everybody's questions. And Aria and I have a hard stop. So five more minutes, our psychiatrist provides psychiatric evaluations of medication management via telehealth. She expressed concerns about the in person requirement for Medicare. Would that in person requirement be met if the therapist clinician sees the individual in person for outpatient therapy, or would she be required to see the individual in person for herself? So with that in person requirement be met if the therapist clinician sees with the in person, requirement be met. If the therapist clinician sees the individual in person for outpatient there, she expressed concerns about the impression so the psychiatrist is not seeing them, it is somebody on their team. If I'm understanding question right, if I'm understanding the question right, it's somebody on the team, but it's, it's if I remember correctly for the first visit, the one that needs to take place six months prior to when the telehealth visit starts? No, actually, I think it's the answer is no, specifically because of the therapist, clinician, if I'm trying to see if I'm understanding the question, right? Is one thing in in the 12 month follow up, you could have another member of the team who is basically the same as them, so another psychiatrist in their in their group, can see them to meet that, that 12 month follow up visit. But I don't believe they can meet the required in person visit again. That's something that I'll need to double check on that I I know that they, there's that exception for the there's actually a couple of sections for the 12 month visit. To be quite honest, I didn't go over that they, they actually have some the 12 month requirement in person visit is a little less onerous, because they do have exceptions on there. I don't think they said that you could have like, a member of the group who's also like, the same as like, the telehealth provider for that prior person six month visit. So again, maybe email me on that so I can, like, double check on that, but I'm pretty sure that there it had to be the telehealth provider for the six person visit. Said, All right. And I think that was Aria is cue to tell me to stop talking, because he needs a couple of do a couple more housekeeping stuff. So thank you everyone again. Email cchp if I didn't get your question, it is info I n, f, O, at, C, C, H, p, c, a.org, and I turn it over to Aria. Thank you so much.

**Aria Javidan 01:01:20**

Thank you. May just a reminder that our next webinar will be held on Thursday, February 19. That session will be hosted by the mid atlantic telehealth Resource Center. Registration information is available on the nctrc events page. And then lastly, we do ask that you take a few short minutes to

complete the survey that will pop up at the conclusion of this webinar. We also, as I mentioned, have another survey where you can share your tell a success story for a chance to have it in your organization. Featured our monthly newsletter that is that is distributed to our national audience. Your feedback is very valuable to us. Thank you again. To the Center for connected health policy for hosting today's webinar and to May for her presentation. Have a great day, everyone. Goodbye. You.