



Issue Brief

Permanently Expand Access to Medicare Telehealth Services

During the COVID-19 public health emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) temporarily expanded coverage for telehealth services, including diabetes self-management training (DSMT) services, to ensure that Medicare beneficiaries could continue to access care from their homes while minimizing exposure to the virus. As telehealth becomes more widely utilized, healthcare providers, consumers, and advocacy groups have called on policymakers and legislators to make these temporary telehealth flexibilities permanent.

ADCES has identified the following long-term telehealth priorities. ADCES supports legislation like the CONNECT for Health Act (S. 1512) that takes important steps to make these changes permanent and address these priorities.¹

- Expand the list of telehealth providers to include DSMT programs: DSMT programs, authorized to bill Medicare Part B, should be added to the list of eligible entities approved to furnish telehealth services.
- Increase flexibility within the DSMT benefit: Waive the requirement that the initial 10 hours of DSMT training must be furnished within a continuous 12-month period.
- Remove geographic and originating site requirements: Allow beneficiaries to continue to access telehealth services from their homes.
- Expand telehealth in Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs). Maintain flexibilities to ensure that any provider, including diabetes care and education specialists (i.e. registered nurses, pharmacists, registered dietitians, etc.), can provide Medicare telehealth services within their scope of practice.
- Establish reimbursement parity for telehealth services.
- Allow services to be provided in an audio only format.
- Implement policies that reduce telehealth disparities: Telehealth can be prohibitive for those without broadband access or cellphone minutes. Consider approaches to make digital care more accessible for all beneficiaries.
- Medicare Diabetes Prevention Program (MDPP): Make permanent the flexibilities offered to MDPP suppliers by expanding the use of virtual sessions and eliminating the once-per-lifetime benefit restriction.
- Access to Diabetes Technology: Continue to waive in-person requirements and consider non-enforcement of the clinical indications for CGM and insulin pumps, specifically removing the barrier to CGM coverage by eliminating the "four times per day" testing requirement.

¹ Summary of the CONNECT for Health Act of 2021:

https://www.schatz.senate.gov/imo/media/doc/CONNECT%20for%20Health%20Act%20of%202021_Summary.pdf