

Expanding Telehealth in a Post-COVID World

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In response to the COVID-19 epidemic, federal and state governments implemented numerous and expansive regulatory changes to ensure patients were provided access to required testing and treatments. One of the more important (and ultimately successful) regulatory changes was the [temporary expansion of telehealth services](#).

COVID-19 Telehealth Services

Whereas historically, telehealth regulations seemed to disfavor telehealth services, during the COVID-19 pandemic, practitioners were [encouraged to provide treatments by video or telephone](#). To further facilitate telehealth encounters, traditional barriers were lifted expanding the types of technology and applications that practitioners could utilize. Furthermore, the new rules provided both [certain protections to the practitioner against possible HIPAA claims and a heightened immunity from general liability](#). It is generally agreed that the resulting telehealth services benefited patients and also prevented in-person encounters which may have otherwise led to COVID-19 transmission.

The Equal Access to Care Act

Given the success of these regulatory changes, Senators [Ted Cruz](#) and [Marsha Blackburn](#) have proposed the Equal Access to Care Act (“EACA”), which would further expand the ability of practitioners to provide telehealth services to their patients. Currently, practitioners are limited to providing telehealth services to patients who are physically present in a state in which the practitioner is licensed to practice. The EACA would allow practitioners the ability to perform telehealth services for patients located outside the practitioner’s state of practice for a period of 180 days, as long as he/she is licensed. This proposed legislation would further expand patients’ access to care while continuing to prevent the types of in-person encounters otherwise subject to both cumbersome social distancing recommendations and dangers of COVID-19 transmission.

Resulting from the many changes necessitated by the pandemic, EACA is another “think-outside-the-box” proposal that seeks to remove antiquated regulatory barriers to optimal health care. Assuming its passage, it is reasonable to expect that EACA’s promotion of out-of-state telehealth service may be further expanded for more than the 180-days and perhaps even indefinitely. Practitioners would be well-served to consider these potential new changes and prepare their practices accordingly.

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