

Rural Health Transformed: Telehealth Policy, Payment, and Practical Steps

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Objective: Examine the regulations and policies shaping telehealth and rural health.

Legal and Regulatory Overview

- Overview of telehealth legal and regulatory frameworks shaping digital health initiatives.
- Where telehealth regulations have been, where they are now, and where they are going.

Innovations and Opportunities

- Emerging federal programs and new models.
- Potential funding opportunities supporting technology-enabled healthcare.

Practical Legal Toolkit

- Common issues in telehealth contracts.
- Protective terms to include in agreements with telehealth providers and digital health vendors.

Evolution of Telehealth and the Regulatory Landscape

Telehealth Growth, but Regulatory Lag

- Early telehealth limitations.
- Technological advancements outpace regulations.
- COVID-19 impact.

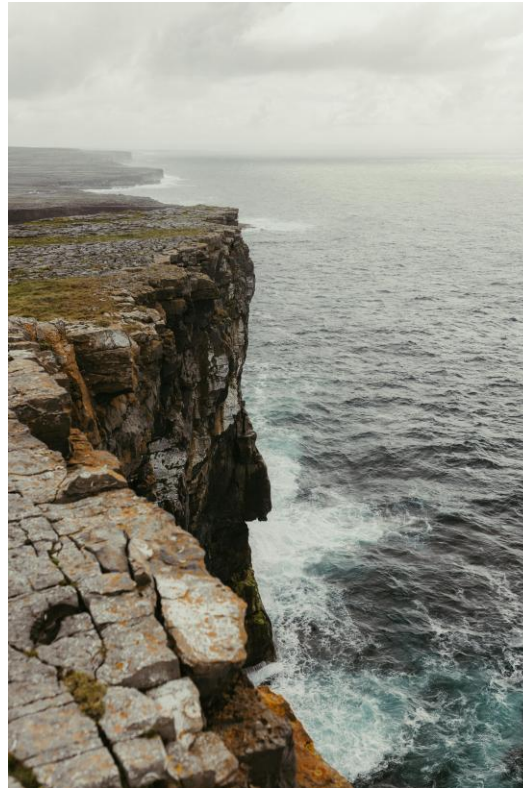


The Telehealth “Cliff”

Repeated expirations of COVID-era flexibilities

Decreased telehealth utilization

Patient uncertainty and lack of choice



Operational and financial instability

Instability for providers and disruption of care coordination

Medicare Telehealth Flexibilities

Temporary Flexibilities Extended through 2027

- ***Expanded telehealth access*** – Medicare beneficiaries can continue to receive non-behavioral telehealth services at home without geographic restrictions.
- ***Eligible providers expansion*** – All eligible Medicare providers can furnish telehealth as distant site providers.
- ***Audio-only permitted under certain circumstances*** – Audio-only telehealth is still permitted when video is unavailable or declined by patients.
- ***Emphasis on maintaining healthcare access in rural areas*** – CMS has expressed its emphasis on ensuring continued healthcare access in rural and underserved communities.

Permanent Regulatory Changes

- ***Behavioral health access*** – Beneficiaries can receive behavioral and mental health services at home without geographic restrictions, and behavioral/mental telehealth services can permanently be delivered using audio-only communications. MFTs and other counselors can serve as distant site providers.
- ***Removal of frequency limitations*** – No limits on subsequent inpatient, nursing facility, and critical care consultations.
- ***Teaching physicians*** – Permanent virtual presence permitted.
- ***Direct supervision*** – Virtual presence permitted.

Hospital at Home Waivers

- COVID-era waivers created rapid expansion.
- Programs dependent on waivers.
- Expired September 30, 2025.
- Now, extended through December 31, 2030.



Controlled Substance Prescribing

- 2008 - Ryan Haight Act passed.
- 2020 – COVID waivers, PHE exception to Ryan Haight Act.
- 2020 – present – rapid expansion on telehealth prescribing, potential for abuse.
- 2025 – *Fourth Temporary* extension.
- 2025 – Proposed special registration rules.



Innovations and Opportunities

Rural Health Transformation Fund

- \$202 million in federal dollars awarded to Ohio – one of the lowest awards per rural resident.
- Focus is to improve the health of rural communities through innovation, strategic partnerships, infrastructure development, and workforce investment.
- Specific initiatives: school-based health centers, OH SEE, emergency care transformation, workforce pipeline and development, maternal infant wellness home visits, rural hospital training and technical assistance center, EMR for pharmacies, Healthier Ohio.
 - Rural Health Innovation Hubs.

CMS ACCESS Model

- Advancing Chronic Care with Effective, Scalable Solutions.
- Demonstration project launches July 5, 2026.
- Outcome-aligned payments to reward technology-supported care management for common chronic conditions.
- Designed to create a payment option to support novel technology-supported care.
- Integrated care can include: clinical consultations, lifestyle and behavioral support, education, care coordination, medication management, and use/monitoring of devices and wearables.
- Broad variation in initial cohort.

ACO LEAD Model

- Designed as a model with low barrier to entry, to attract participants with limited downside exposure.
- Prospective payments to support primary care investment and stability.
- Explicit focus on smaller, independent, safety-net, and rural providers, who may be new to value-based care and ACOs.
- Shifts volume-based dependence toward total cost of care management.

ACO REACH Model

- Primary care capitation and shared savings opportunities that could stabilize cash flow for rural providers facing volume volatility.
- Explicitly targets lower-resource and rural markets through risk adjustment, health equity considerations, and attribution methods.
- Flexibility to invest upstream in care delivery, including use of capitate payments to fund telehealth (as well as care coordinators, home-based services, and community partnerships).
- Participation through aligned provider groups.

Rural Emergency Hospital Designation

- New provider type established to address concerns over rural hospital closures.
- Critical Access Hospitals or small rural acute care hospitals operating no more than 50 certified beds.
- Personnel requirements include staffing an emergency department and a physician or mid-level.
- Limited observation and inpatient services.
- Rural emergency staff become hub to specialist telehealth services.

Health Resources and Services Administration

- \$125 million in funding for expanded nutrition services.
- \$11.5 million for rural residency planning and development.
- Recent statements from Thomas Engels, Administrator of HRSA, indicate that more funding initiatives may be forthcoming.

Practical Legal Toolkit

Primary Modalities and Payment Implications

- Synchronous communication.
- Asynchronous communication.
- Remote patient monitoring/remote therapeutic monitoring.
- “Technology-enabled care,” “digital health,” “mobile health.”

Fundamental Documentation and Representations

- Practitioner licensing, credentialing, and prescribing authority in all applicable states.
- Representations regarding non-licensed clinical support.
- Informed consent.
- Terms and conditions and privacy policies; digital marketing.
- HIPAA.
- Health care fraud and abuse laws – Stark Law, Anti-Kickback Statute, Beneficiary Inducements.

Thank You



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