



Congress Extends Access to Telehealth and Funds Cancer Research

BY MATT DEVINO, MPH

A \$1.5 trillion omnibus spending package for fiscal year 2022 was passed with broad bipartisan support in Congress and signed into law by President Biden on March 15, 2022. In addition to providing necessary funding for federal agencies and specific allocations for cancer research, the law included a critical extension of Medicare telehealth flexibilities that are set to expire at the end of the COVID-19 public health emergency (PHE).

Prior to the pandemic, Medicare telehealth rules required patients to live in a federally designated rural area and be physically present at a doctor's office, hospital, or other specified medical facility to utilize telehealth services. Following the president's emergency declaration at the start of the COVID-19 pandemic, the Centers for Medicare & Medicaid Services was able to use its waiver authority under Section 1135 of the Social Security Act to remove these geographic and originating site restrictions for the duration of the COVID-19 PHE. Combined with other flexibilities implemented in tandem, these temporary waivers allowed Medicare beneficiaries to access telehealth services from their homes and from any geographic location across the country for the first time, resulting in the rapid uptake of telehealth over the past two years.

Given that these waivers and flexibilities are tied directly to the COVID-19 PHE declaration, they will terminate when the PHE declaration expires. The declaration itself must be renewed every 90 days by the Secretary of the Department of Health and

Human Services (HHS), and the Biden administration has indicated that it will give the healthcare community at least 60 days' notice prior to allowing the PHE to lapse. This quarterly need to reassess the continuation of the PHE has created significant uncertainty for providers and their patients since the start of the pandemic, and many stakeholder groups have called upon Congress to take action to alleviate this uncertainty. Thankfully, Congress used the spending package as a vehicle to extend Medicare telehealth flexibilities for an additional 151 days beyond the end of the COVID-19 PHE, giving Medicare patients an additional five months of predictability following the declared end of the pandemic.

Though the Biden administration has yet to determine a PHE end date, Republican lawmakers in D.C. are increasingly calling upon the president to end the COVID-19 emergency declaration. The current PHE declaration is set to lapse in July, so if it is not renewed, this new legislation would at least allow Medicare telehealth flexibilities to continue through December 2022. ACCC has advocated for the permanent removal of geographic and originating site restrictions through legislation, such as the Telehealth Modernization Act (H.R. 1332/S. 368). We are hopeful that this temporary extension will give Congress enough time to evaluate and enact permanent telehealth reform.

In addition to the telehealth provisions of the legislation, Congress appropriated \$1 billion for the creation of the Advanced

Research Projects Agency for Health (ARPA-H) through September 2024. ARPA-H is seen by many as a cornerstone in President Biden's healthcare agenda and a prominent piece of his Cancer Moonshot relaunch. Modeled from the Defense Advanced Research Projects Agency within the Department of Defense, ARPA-H would serve to accelerate the pace of breakthroughs in biomedical research to improve prevention, detection, and treatment for a range of diseases, including cancer, by bringing together academic, industry, and government partners. The administration is moving forward with plans to house the agency within the National Institutes of Health (NIH) to take advantage of the agency's resources, but HHS Secretary Xavier Becerra stated that the entity will be physically separate from the NIH's campus. The ARPA-H director will report directly to Becerra rather than the director of the NIH.

Finally, the package provides \$45 billion in continued funding for the NIH, representing an increase of \$2.25 billion over the funding level enacted for fiscal year 2021. This funding includes \$6.9 billion for the National Cancer Institute (inclusive of \$194 million specifically for the Cancer Moonshot), an increase of \$50 million for health disparities research, \$59 million for the Office of Research on Women's Health, and increased investments to enhance diversity in the biomedical research workforce.

Matt Devino, MPH, is director of Cancer Care Delivery and Health Policy, Association of Community Cancer Centers, Rockville, Md.