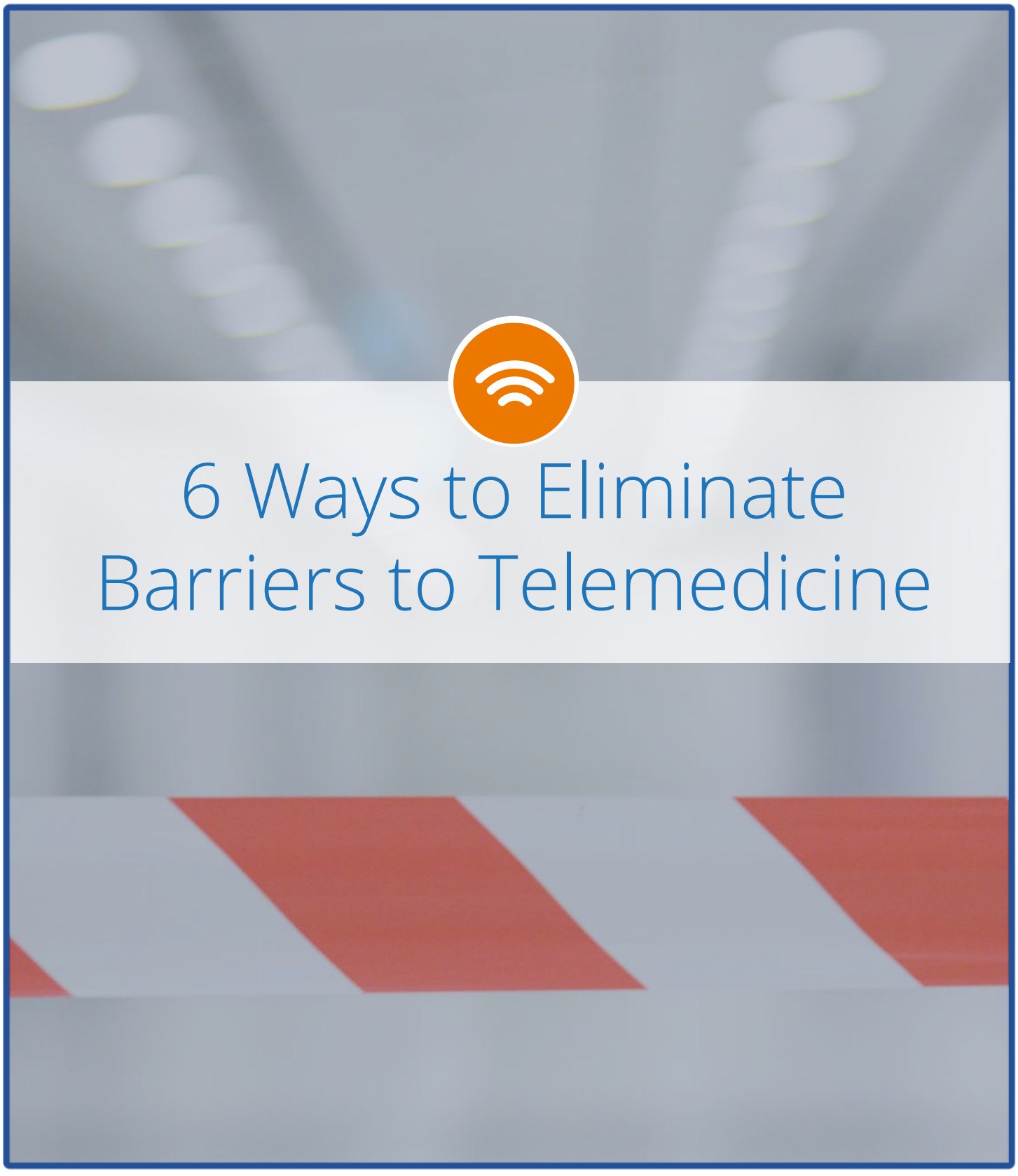
EAGLE TELEMEDICINE



6 Ways to Eliminate Barriers to Telemedicine

Amid the tragedies of the pandemic, there was one silver lining:

The Centers for Medicare & Medicaid Services (CMS) revised its rules regarding telehealth and telemedicine.

That swift action changed the landscape for telemedicine providers. And, for millions of Americans, this improved access to healthcare in all rural, urban and suburban hospitals across the country — including struggling inner city hospitals.

These underserved populations *finally* had access to primary care and specialist providers via telemedicine, with *fewer* restrictions than in the past.

We can eliminate the barriers to telemedicine

As leaders in the industry, Eagle believes these actions from CMS have improved healthcare delivery overall.
And this is just the start.

We're in the midst of a movement to eliminate all barriers to telemedicine.

Help patients and communities across the country

#1 Change Regulations & Reimbursement

In early pandemic days, CMS did make important changes to expand telemedicine in treating COVID-19 cases. The patient and doctor no longer needed an "established relationship." Other restrictions regarding the hospital were also lifted, and billing was simplified.

With those specific changes in long-standing rules, telemedicine was suddenly available to millions of Americans in hospitals across the country. It's time to make these changes permanent.

What's the problem with pre-pandemic CMS requirements?

Telemedicine required:

- **Established Relationship** between the doctor and patient
- **Originating Site** located within in a Health Professional Shortage Area
- **Attending Physician** required to be on-site to bill Medicare for H&P exam

Eagle supports permanent CMS changes to greatly improve healthcare *across the board* in America's rural, suburban and metro hospitals.

CMS rules should allow US-trained and licensed physicians, *regardless of location*, to be reimbursed for telemedicine services rendered to patients in *all* US hospitals.

LEARN MORE www.eagletelemedicine.com/cms-telehealth-changes-could-save-rural-hospitals/

#2 States must act to increase access to telemedicine for Medicaid patients

Medicaid patients are among the country's most vulnerable, as these Americans include low-income adults, children, pregnant women, elderly adults and people with disabilities.

They live in every corner of the U.S. — in densely populated cities, remote rural regions, towns and cities of every size.

While CMS relaxed Medicaid restrictions on telehealth care during the pandemic, patients continued to face further barriers to telemedicine.

Each state manages its own Medicaid system, which limits access to telehealth services.

It's time to permanently expand telehealth and telemedicine for all Medicaid patients.

These limitations prevent vulnerable people from seeing primary care doctors and specialists in their local communities.

Eagle supports *permanently* expanding telemedicine to Medicaid patients in every state to serve the best interests of *every* community.

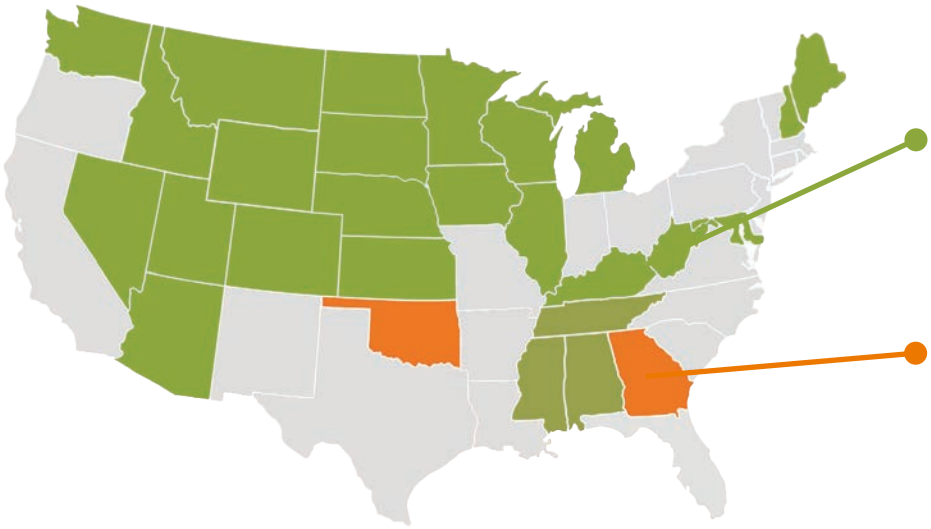
LEARN MORE ➤ **www.eagletelemedicine.com/states-must-make-access-to-telemedicine-easier-for-medicaid-patients/**

#3 Physicians, particularly specialists, must be able to work across state lines

By simplifying the physician licensing process, we can improve patient access to providers via telemedicine. One avenue is the IMLC, an agreement to streamline the licensing process for doctors outside their State of Principle License (SPL).

Although just 29 states are participating in the IMLC, the potential is clear. It's time to expand the IMLC and erase state licensing boundaries.

The Interstate Medical Licensure Compact (IMLC)



IMLC Member States serving as State of Principal License

IMLC Member States issuing licenses for doctors who have received a letter of qualification from an SPL state

Eagle supports ILMC expansion to license physicians in multiple states.

This is one more step towards *solving the physician shortage* and enabling a wider, easier adoption of inpatient telemedicine programs.

LEARN MORE ➤ **www.eagletelemedicine.com/remote-doctor-is-imlc-the-answer/**

#4 Adapt DEA registration to our interconnected health system

Along with licensing issues, telehealth physicians must also contend with DEA registration in all the states where they practice. Certainly, DEA registration protects patients from unsafe providers and illicit practices. However, DEA practices must be updated to meet the needs of today's world. They continue to limit a physician's ability to practice across state lines, which limits the expansion of telemedicine.

Steps have already been taken in this regard, starting in 2018 when Congress passed The Special Registration for Telemedicine Act calling for ground rules to be set. The American Telemedicine Association has issued recommendations for safely prescribing controlled substances. However, implementation has been stalled by the pandemic emergency. It's time to push DEA registration changes forward.

Updating the current DEA registration process would provide for *specific distinctions* between traditional and telehealth prescribing privileges.

Eagle supports this action to allow *both sites and prescribers* to register for telehealth — ensuring patient safety, appropriate regulation, and telemedicine expansion.

LEARN MORE ➤ **www.eagletelemedicine.com/dea-telemedicine/**

#5 Allow every hospital to receive Medicare reimbursement for telemedicine

CMS must eliminate payment restrictions that require the telemedicine billing site to be within a Health Professional Shortage Area or similar designation. Billing site restrictions within the CMS system have long hindered healthcare in both rural and inner city hospitals. Physician shortages in these hospitals were already limiting the healthcare these patients received.

When CMS eased limits on telemedicine billing site requirements, both rural and metro regions benefited from inpatient telemedicine. Inner-city patients and hospitals had access to specialists treating patients for COVID-19 infection as well as drug addiction, diabetes and other serious conditions. It's time these CMS changes were made permanent.

Eagle believes it's time to *permanently* remove CMS telemedicine billing site restrictions, to help struggling hospitals in every community and their patients who desperately need medical care.

LEARN MORE ➤ **www.eagletelemedicine.com/doctor-shortage-cms-telemedicine-payment-at-urban-hospitals-limits-care/**

#6 All insurers must pay for telemedicine services at the onsite equivalent

Under pandemic-era CMS rules, hospitals are billing for telehealth services at the in-patient hospital rate. This equal billing for telemedicine care helps keep hospitals afloat, and protects patients and their communities from detrimental economic and health impacts, including furloughed staff or hospital closures.

Certainly, administrators and local officials know that community hospitals are critical to the economic viability of small communities. Doctors and nurses furloughed in rural or inner-city areas will inevitably seek job openings in other locations. It's time these changes were made permanent.

Some States Limit:

- **Specialties** that are available at the distant site through telehealth
- **Type of services** (office visits, inpatient consultations or outpatient care)
- **Provider type** (physician, nurse, NP, PA or therapist)
- **Location of the patient** (referred to as the originating site)

Eagle believes that all insurers, public and private, must pay for telemedicine services at the onsite inpatient equivalent, and that this should be a permanent rule.

This will have a positive impact on our healthcare system, communities and patients, continuing access to healthcare, and stabilizing local hospitals.

LEARN MORE ➤ **www.eagletelemedicine.com/allow-hospitals-to-bill-for-more-telemedicine-virtual-care-and-telehealth/**

Telemedicine Ensures Access to Healthcare

As a leader in telemedicine, Eagle encourages all agencies involved to take action in removing barriers to telehealth — Centers for Medicare & Medicaid Services, Interstate Medical Licensing Compact, The Department of Health and Human Services, and Drug Enforcement Administration.

By enacting these permanent changes, each agency will support healthcare delivery benefiting all people — regardless of race, insurance or location.

Access to healthcare is a *right*, not a privilege, and these actions would make that possible.

Telemedicine will make that possible.

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