



# What's Next for Healthcare After the Pandemic Ends?

Here are some issues you may need to address.

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As more people become fully vaccinated, there is hope that life will soon return to some semblance of normalcy. However, some aspects of our lives have been so upended that we wonder how we can go back to the way it was before COVID-19. If there is one thing that everyone can agree on, it is that the pandemic has changed the way patients receive healthcare across the United States.

## Telehealth

At the beginning of the COVID-19 pandemic, many changes were made to increase patient access through telehealth options.<sup>1</sup> A study completed by JMIR Human Factors from Syracuse University found that physicians and patients favor permanently expanding telehealth options. Per the study, 40% of internal medicine physicians plan to continue to use telehealth after the pandemic ends.<sup>2</sup> In many ways, telehealth has granted people access to care during the pandemic, filling in the gaps where they may have otherwise not accessed quality care. Other programs, such as remote patient monitoring, have reduced hospital expenses related to re-admissions, which has significant financial impacts.

Once the pandemic is over, patients will expect telehealth programs to continue and be a standard part of healthcare moving forward. Systems and healthcare organizations see the potential for telehealth programs, such

as remote patient monitoring, to benefit their business practices post-pandemic. While telehealth has become more popular and the number of telehealth visits increased during the pandemic, several challenges to providing telehealth care were discovered. These challenges include but are not limited to:

- Limitations on the ability to deliver certain types of care;
- Lack of organizational support;
- Inadequate technology;
- Inadequate reimbursement;
- Markets dominated by a small number of telehealth companies; and
- Inadequate training.

the American Rescue Plan (ARP) announced and passed earlier this year.<sup>3</sup>

The AFP aims to invest in the following areas heavily:

- **Education:** The Biden Administration has proposed increasing Pell Grants and providing four years of free education for children in Pre-K and community colleges. A \$62 billion grant program will fund a universal Pre-K program for three- and four-year-olds, and completion and retention activities at colleges and universities that serve a high number of low-income students. The grant will also fund Historically Black Colleges

## Physicians and patients favor permanently expanding telehealth options.

Physicians are hopeful that these challenges, and others, will be acknowledged and addressed if/when new policies are created for telehealth coverage. Additionally, physicians would like to see malpractice protection for telehealth, clarity on reimbursement policies, and policies regarding duration per episode of care. Expect to see a push for the temporary telehealth initiatives to become a permanent fixture in healthcare coverage and reimbursement.

## American Families Plan

In a joint address to Congress on April 28, 2021, President Biden introduced his infrastructure package, known as the American Families Plan (AFP). This plan is intended to build off

and Universities, tribal Colleges and Universities, and minority-serving institutions. Investing in these programs provides support for BIPOC students and builds a pipeline of skilled healthcare workers with graduate degrees.<sup>4</sup>

- **Childcare:** The AFP proposal ensures that childcare for working families does not exceed 7 percent of their income. It also supports creating a national comprehensive paid family and medical leave program to be consistent with other nations that offer paid leave to allow people to manage their health and the health of their families.<sup>5</sup>

• **Healthcare:** While the AFP does not address Medicare or Medicaid expansion, it proposes to permanently extend the provisions of the ARP that

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make more people eligible for subsidies in the Affordable Care Act (ACA) marketplace, lowering health insurance premiums for people buying insurance on the individual market permanently.<sup>5</sup>

## Medicare and Medicaid Expansion

The COVID-19 pandemic has heightened awareness across the country of the healthcare inequities that we, as a country, must face. These include increased calls for Medicare and Medicaid expansion to ensure that everyone has access to quality healthcare. Many lawmakers pushed for President Biden to include Medicare expansion in the AFP by reducing the Medicare eligibility age to 60 and expanding Medicare to cover dental, vision, and hearing.<sup>6</sup> This would add 23 million Americans to the federal health program, which would create a significant increase in the program's costs. To offset the estimated \$500+ billion it would cost to implement these changes, Medicare would also be empowered to negotiate drug prices, similar to those of the Department of Veterans Affairs, which pays far less for prescription medication than the rest of the government. Negotiating lower drug prices would likely generate more than enough funds to cover the proposed changes.<sup>6</sup>

The Kaiser Family Foundation compiled a report that indicates Medicaid expansion is linked to gains in coverage, improvements to access, financial security, and some economic benefits for states and providers.<sup>7</sup> The report reviewed reports on studies between February 2020 and March 2021, which indicated positive results from Medicaid expansion on mortality, improved outcomes related to sexual and reproductive health, improved access to behavioral health, and positive impacts on social determinants of health. Overall, these findings indicate that Medicaid expansion in the states that have not adopted Medicaid expansion could help mitigate adverse effects of the COVID-19 pandemic at the patient, provider, and state level.

## Public Option Legislation

In addition to the push for Medicare and Medicaid expansion, lawmakers are also crafting legislation to

create a public option insurance bill. In a May 26, 2021 press release from the House Committee on Energy and Commerce, Congressman Frank Pallone (D-NJ) and Senator Patty Murray (D-WA) announced they are developing a public option proposal to lower healthcare costs: “[The] pandemic has underscored why it is so important to patients, families, and communities across the country that healthcare is truly a right, not a privilege..No one should suffer or die because quality healthcare was too expensive or too hard to get.”<sup>8</sup>

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The press release says that to lower healthcare costs, a federal public option should be available to everyone without worrying about the cost.

A Request for Information letter was submitted to the public for input as Committee leaders draft comprehensive public option legislation. Responses are to be submitted by July 31, 2021. While this is still in the development phase, the American Hospital Associates and the Federation of American Hospitals (FAH) have already released statements in opposition, stating that the public option would financially undercut providers. The FAH made clear that instead of debating issues like a public option, it would be a far better use of time and resources to make new ACA subsidies permanent and incentivize states to expand Medicaid and lower drug prices.<sup>9</sup>

## Conclusion

As we continue to move toward the end of the pandemic, expect to see more buzz around healthcare legislation. The COVID-19 experience has amplified many issues within our healthcare system that need to be addressed. **PM**

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<sup>8</sup> Pallone, Murray announce plans to develop a public option proposal to lower health care costs. House Committee on Energy & Commerce press release. May 26, 2021. <https://energycommerce.house.gov/newsroom/press-releases/pallone-murray-announce-plans-to-develop-a-public-option-proposal-to-lower>. Accessed May 28, 2021.

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