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Delivery of VA Telehealth Services During COVID-19

Introduction

The Veterans Health Administration (VHA) of the Department of Veterans Affairs (VA) is responsible for providing health care benefits to eligible veterans. In FY2020, about 9.3 million veterans were enrolled in VA health care (<https://go.usa.gov/xvFTz>). Of those enrolled in the VHA, approximately 7.1 million of them received health care services. During the Coronavirus Disease 2019 (COVID-19) pandemic, both routine and urgent in-person health care services are either being postponed or shifted to telehealth by the VHA for those veterans who (1) do not have COVID-19 diagnoses, (2) are not exhibiting symptoms of the disease, and (3) are not at high risk of being affected by the disease. (To learn more about VA's response to COVID-19, see CRS Report R46340, *Federal Response to COVID-19: Department of Veterans Affairs*.) Telehealth generally refers to health care providers' use of information and communication technology to provide a health care service. This In Focus provides an overview of veterans' access to VA telehealth services and discusses two funding activities that aim to assist veterans with obtaining telehealth-related infrastructure during the pandemic.

Eligible Veterans

Veterans who are eligible for VA health care are eligible to access telehealth services through the VA. (To learn more about VA eligibility, see CRS Report R42747, *Health Care for Veterans: Answers to Frequently Asked Questions*.) In addition, during covered disasters and emergencies, the Department of Veterans Affairs Emergency Preparedness Act of 2002 (P.L. 107-287, as amended), among other things, allows the VA to provide health care services to veterans without regard to whether they are enrolled in VA care. Section 1785 of title 38 of *U.S.C.* defines *covered disasters and emergencies* as those that are declared by the

- U.S. President under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (P.L. 100-707, as amended) or
- Secretary of the Department of Health and Human Services under Section 2812 of the Public Health Service Act.

Therefore, the VA may provide health care services to veterans who are not currently enrolled in VA care during the COVID-19 pandemic. Eligible veterans either must be responding to, involved in, or otherwise affected by the disaster or emergency to be eligible for care under this provision of law.

VA Telehealth Copayment Requirements

A *telehealth copayment (copay)* refers to the out-of-pocket costs that a veteran patient pays for a telehealth encounter. The Honoring America's Veterans and Caring for Camp

Lejeune Families Act of 2012 (P.L. 112-154), among other things, allows the VA Secretary to waive veteran patients' copays for telehealth. As of April 6, 2020, veterans do not have to pay copays during the pandemic (<https://go.usa.gov/xvF6j>).

Overview of VA Telehealth

In FY2020, the VA obligated \$1.06 billion to its Telehealth Program, which is about a 4% increase from the FY2019 level of \$1.02 billion (<https://go.usa.gov/xvJCr>). In FY2019, the VA provided 2.6 million telehealth episodes of care to more than 900,000 veterans, of whom 44% were rural veterans. Veterans can access more than 50 different health care specialties via telehealth including primary care, mental health, rehabilitation, dermatology, and sleep medicine. Veterans who seek individual, group, marriage and family counseling can access those through telehealth.

The VHA provides telehealth services to veteran patients in their communities from any location in the United States, including U.S. territories and the District of Columbia. The VA MISSION Act (P.L. 115-182) authorizes this provision of telehealth delivery. However, the VA has not yet implemented telehealth in all VA medical facilities such as Vet Centers. Of the 1,200 VHA facilities, telehealth services are available at 900 sites of care. The VA has instructed all of its facilities to attempt to transpire their activities through telehealth in order to achieve the goal of meeting the health care needs of ambulatory veteran patients. On May 12, 2020, the VA announced that veterans who need same-day urgent care for minor illnesses or injuries during the pandemic may access those services via telehealth (phone or video-based visits) from VA providers and in-network community clinic providers (<https://go.usa.gov/xvFA5>).

VA Telehealth Modalities

A *telehealth modality* refers to the mode in which a telehealth visit transpires. Veterans can access VA telehealth services via three telehealth modalities: (1) home telehealth, (2) store-and-forward telehealth, and (3) clinical video telehealth.

Home telehealth (HT) modality allows a VA provider who is not located in the same location as a veteran patient to provide the patient with daily case management services for his or her chronic medical conditions, such as chronic heart disease or diabetes.

Store-and-forward telehealth (SFT) modality facilitates the interpretation of patients' clinical information by allowing a VA provider who is not located in the same location as a veteran patient to assist another VA provider

who is located in the same location and has provided in-person care to the veteran patient.

Clinical video telehealth (CVT) modality allows a VA provider who is not located in the same location as a veteran patient to view, diagnose, monitor, and treat medical conditions of the veteran patient in real-time. The CVT modality functions by allowing the VA provider and the veteran patient to see each other via an interactive live video technology. Telehealth episodes of care via the CVT modality transpire between different VA sites of care, such as from a VA medical center to a veteran patient's home or from a veteran patient's home to a VA provider's home office.

VA Mobile Health (VA Mobile)

VA Mobile allows veterans to access certain health services and electronic protected health information via VA mobile applications (mobile apps), which are software programs that run on certain operating systems of mobile devices (e.g., smartphones and tablets) and computers that transmit data over the internet that veterans can access as telehealth applications. Veterans can access VA mobile apps on cellular and mobile devices that operate using either a web-based platform, an iOS platform, or an Android operating platform. VA mobile apps are located in the virtual VA App Store (<https://mobile.va.gov/>). Two main VA mobile apps of interest are VA Video Connect (VVC) and COVID Coach.

The **VVC** allows a veteran patient to connect via live video with a VA provider regardless of where the veteran or provider is located. Veterans with Sprint, T-Mobile, TracFone, or Verizon as wireless carriers can access the VVC without incurring any data charges (<https://go.usa.gov/xv6JS>).

The **COVID Coach** educates and reminds veterans of coping skills for self-care during the pandemic. The app aims to encourage self-care and overall mental health by allowing veterans to track their moods and measure their growth towards meeting their personal goals.

VA Appointments and Medication Refills

Veterans can change their existing in-person scheduled VA appointments to telehealth visits. To do so, veterans can send a message to their health care providers through My HealtheVet and use the VA appointment self-scheduler tool. For virtual appointments, VA providers will send veterans a link to the VVC mobile app. Veterans can request medication refills through the VA's Rx Refill mobile app, My HealtheVet, and by phone. Medication refills that require veterans to undergo an in-person evaluation can be renewed via telehealth (phone or video-based visit).

Two Funding Activities for Telehealth Infrastructure

Two funding activities aim to expand veterans' access to the infrastructure they need to access telehealth services during the COVID-19 pandemic: the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-

136, as amended) and the Connected Care Pilot Program. This is not a comprehensive list.

CARES Act

Section 20004 of the CARES Act, among other things, allows the VA Secretary to enter into short-term agreements or contracts with telecommunications companies to expand isolated veteran patients' access to telemental health care services. Examples of telecommunications technologies include the internet, videoconferencing, streaming media, and terrestrial and wireless communications. The VA Secretary must prioritize eligibility to veterans who either have low-incomes, live in unserved and underserved areas, reside in rural and highly rural areas, or are considered by the Secretary as having a higher risk of committing suicide and mental health care needs while being isolated during the COVID-19 pandemic. The VA, however, may expand eligibility for mental health care services via telehealth to veteran patients who are currently receiving VA care but who are ineligible to receive mental health care services and other health care services through telehealth.

Connected Care Pilot Program

The Connected Care Pilot Program is a three-year program that provides funding to nonprofit and public health care provider sites located in rural and nonrural areas (<https://go.usa.gov/xv79v>). Eligible health care providers, codified in Section 254(h)(7)(B) of the Communications Act of 1934; as amended, may use program funds to purchase infrastructure for themselves and their patients, particularly eligible veterans and eligible low-income individuals. An eligible veteran is a person, regardless of income level, who is eligible to receive VA care. The pilot program subsidizes (up to 85% of) qualifying costs of providing connected care services, including patient broadband internet service. Pilot projects are to primarily focus on, among other issues, public health epidemics. The program was established during the COVID-19 pandemic.

According to the Federal Communications Commission (FCC), which administers the pilot program, *connected care services* refer to "a subset of telehealth that uses broadband Internet access service-enabled technologies to deliver remote medical, diagnostic, patient-centered, and treatment-related services directly to patients outside of traditional brick and mortar medical facilities—including specifically to patients at their mobile location or residence." The FCC is an independent federal regulatory agency charged with regulating interstate and international communications by radio, television, wire, satellite, and cable. The agency is making available \$100 million over a three-year period from the general Universal Service Fund monies to administer and fund the Connected Care Pilot Program. The FCC is using P.L. 104-104 as the authority to administer the program. (To learn more about this program, see CRS In Focus IF11553, *FCC COVID-19 Telehealth Program and Connected Care Pilot Program: Funding to Assist Health Care Providers and Patients.*)

Reintroduction of In-Person VA Care

On May 18, 2020, select VA medical facilities began reintroducing in-person care in phases (<https://go.usa.gov/xvugK>).

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