

Digital Health Innovation's Role in Combatting the Public Health Emergency

The COVID-19 pandemic posed one of the greatest challenges to the American healthcare system in our nation's history. Enabled by public health emergency (PHE) flexibilities and waivers, digital health tools have been an integral part of the solution. These tools were crucial in diagnosing and treating acute and chronic illnesses while reducing costs, improving patient engagement and the healthcare workforce experience, and augmenting health population management. Digital health tools have proven themselves to be a primary means of reaching some of America's most vulnerable populations and in addressing an already glaring healthcare access divide.

Evidence collected during the pandemic shows that access to telehealth has been both equitable and cost effective. For example, in Virginia, Medicaid expenditures on healthcare services decreased overall while telehealth expenditures stabilized toward the end of 2020 at about 6 percent of overall healthcare expenses. Importantly, the effect was more substitutive than additive: the amounts Virginia spent on telehealth services were roughly equal to the drop in in-person visits. Virginia and other states' experiences show clearly that telehealth coverage does not lead to overutilization.

With the PHE expired as of May 11, 2023, it is critical that policymakers leverage the experience and robust data demonstrating the potential of digital health tools and services too often held back by legacy restrictions in law and statute. CHI is committed to advancing policies that provide for the flexible and appropriate use of digital health tools in addressing health crises, including telehealth, remote patient monitoring, and artificial/augmented intelligence (AI), among others.

With the end of the PHE, key flexibilities and waivers that responsibly enabled digital health tools have disappeared. Congress must act to avoid a return to a pre-pandemic regulatory environment that held back digital health's potential and harmed patients.



