



ISSUE

Continued access to care through audio-only telehealth coverage

MMA Position

Continuing to cover audio-only (telephone) telehealth services at the same rate as in-person visits is essential to ensuring that all individuals have access to high-quality healthcare. Support the elimination of the sunset of audio-only telehealth coverage.¹

Background

Minnesota passed a strong telehealth law in 2021 that covers telehealth services for patients across the state.¹ As part of the law, the Legislature implemented a sunset on the coverage for audio-only telehealth services to give time for the Minnesota Department of Health (MDH) to study whether that service was meeting the needs of Minnesotans.

The use of telehealth services has expanded significantly since the start of the COVID-19 pandemic and has become a service on which patients depend. Since 2021 telehealth has been reimbursed at the same rate as an in-person visit. Telehealth is not a substitute for in-person care, but it is another way to ensure that all people have access to care.

In September 2024, MDH released the [Study of Telehealth Expansion and Payment Parity – Final Report to the Minnesota Legislature 2024](#).² It found that 31% of Minnesotans had at least one telehealth visit between 2022 and 2023. It also found that 60% of Minnesota physicians, physician assistants, and drug and alcohol counselors, and about 75% of behavioral health providers, report using telehealth for at least some of their visits.

The report also found that audio-only telehealth was used by older Minnesotans, those living in non-metropolitan areas, and those with higher health risks and with co-morbidities.

In addition, the report found that Minnesota patients were largely satisfied with their telehealth experiences. Satisfaction was consistent across audio-only and audio-visual visits. The report states: “A literature review focused on audio-only telehealth found that services delivered via audio-only telehealth can be comparable to in-person services in terms of effectiveness, health outcomes, healthcare utilization, and quality of life. While use of audio-only telehealth services is generally low, use is highest among potentially vulnerable populations (e.g., older patients, sicker patients, and patients in areas with low broadband access).”

The report’s conclusion states: “A synthesis of study results suggests the overall conclusion that, to date, telehealth has expanded access to healthcare without appearing to compromise healthcare quality or patient satisfaction.” The study recommends that payment parity should continue for all telehealth services, and that coverage for audio-only telehealth should continue.

It is time for the Legislature to act to remove the sunset on audio-only telehealth coverage and permanently require payment parity between all telehealth visits and in-person visits to ensure that all Minnesotans can access high-quality care.

Talking Points

- Telehealth has been proven to improve access to healthcare for all individuals without sacrificing quality or adding to healthcare costs.
- The June 30, 2025 sunset of audio-only coverage must be repealed this year.
- Audio-only telehealth is used more by older Minnesotans, those living in non-metropolitan areas, and those at a higher health risk and with co-morbidities.
- While telehealth is not a replacement for in-person care, it is a necessary service that can be used to provide high-quality care and is a way to deliver care that Minnesota patients appreciate.

References

1. Minnesota Session Laws – 2021, 1st Special Session. Chapter 7. Article 6.
2. Minnesota Department of Health, Study of Telehealth Expansion and Payment Parity, Final Report to the Minnesota Legislature 2024, September 16, 2024.