



Northern Virginia Health Policy Forum Hosts Kyle Zebley to Discuss the Future of Telehealth

On April 22, 2025, the Northern Virginia Health Policy Forum hosted a discussion on the future of telehealth featuring Kyle Zebley, Senior Vice President of Public Policy at the American Telemedicine Association (ATA), in conversation with Jim Scott, President and CEO of Applied Policy.

Scott began by asking how ATA defines telehealth. Zebley explained that it encompasses a range of modalities—including audio-only visits, asynchronous communication, remote monitoring, and digital therapeutics—and serves as a tool to overcome geographic barriers and modernize healthcare delivery. He pointed to its first use in a telephone exchange in a 19th-century pharmacy and noted, “Telehealth is about bringing the healthcare industry into the 21st century.”

Before the COVID-19 pandemic, Medicare Advantage plans had broad discretion in covering telehealth, but access under fee-for-service Medicare Part B was minimal. Zebley traced this to [1997 legislation](#) that allowed telehealth coverage for rural beneficiaries seen in qualifying provider offices. He noted that the law, intended to foster innovation in the era of dial-up modems, did not anticipate technological advances.

The pandemic marked a turning point. As the U.S. Department of Health and Human Services (HHS) sought to limit in-person medical care, ATA proposed waiving telehealth restrictions to enable its broader use. The resulting flexibilities laid the groundwork for widespread adoption and quickly gained support from patients and providers. Congress has since repeatedly extended the waivers, with the [latest extension](#) in effect through September 30, 2025.

Scott asked Zebley to comment on why telehealth flexibilities have not been made permanent. Zebley observed that although telehealth enjoys broad bipartisan support and has been “a rare area of agreement” between the Trump and Biden administrations, Congress has adopted a pattern of addressing many policy issues through periodic extensions rather than permanent legislation. He acknowledged a Congressional Budget Office [estimate](#) of \$4.5 billion for a two-year extension. But he suggested the figure may overstate cost, while ignoring potential savings, particularly from preventive and mental health care. Scott added that the estimate itself may underscore the value of telehealth.

Zebley also addressed reimbursement policy, noting that Medicare has temporarily paid for many telehealth services at a higher, non-facility rate during the pandemic. He said ATA does not advocate for permanent payment parity with in-person care, but supports fair reimbursement aligned with the cost of virtual care. He stated that telehealth reimbursement



rates should be set through the Centers for Medicare & Medicaid Services' annual rulemaking processes, with a dual focus on encouraging innovation while safeguarding taxpayer dollars.

Zebley observed that state governments exercise a “remarkable degree of power” in healthcare delivery, noting that every state Medicaid program now covers some form of telehealth. He characterized state-level decisions on licensure, malpractice, commercial insurance, and data privacy as critical in the absence of permanent federal legislation. ATA’s advocacy arm, ATA Action, continues to support policies that expand coverage while opposing restrictions that limit telehealth’s potential—such as in-person visit mandates or geographic proximity rules.

Scott suggested that telehealth could help address provider shortages, especially in underserved areas. Zebley agreed, citing an aging population and workforce attrition as pressures that demand scalable, technology-enabled solutions. While not a replacement for in-person care, he said, telehealth is essential for improving access and managing complex conditions.

Zebley and Scott also discussed digital therapeutics which Zebley described as software-driven treatments that help patients manage conditions and adhere to care plans outside traditional clinical settings. He noted that Medicare recently expanded coverage for certain digital therapeutics, particularly in mental health, through updates to the Physician Fee Schedule.

When asked how policymakers can best manage the adoption of artificial intelligence in healthcare, Zebley urged Congress to adopt flexible frameworks that support innovation while ensuring provider accountability.

Zebley closed by emphasizing the importance of advocacy, noting that stakeholder engagement remains key to long-term policy change. “Politics is not a spectator sport,” he said. “A single person picking up the phone or sending an email really does make a huge difference.”

Applied Policy®, a leading health policy regulatory and reimbursement consulting firm based in Alexandria, Virginia, proudly sponsors the Northern Virginia Health Policy Forum. The Forum brings together key thought leaders, government officials, and industry experts to discuss critical trends in American healthcare.

This extract was prepared by Applied Policy®.