

COVID-19 Post Public Health Emergency (PHE) Flexibilities

The current PHE is set to expire on **April 11, 2023**. This is expected to be the last renewal of the PHE. With the expiration, several policies that were created during the PHE will also end.

Telehealth: On December 31, 2024, PHE-related flexibilities such as coverage of audio-only services, behavioral and mental health in-person requirements, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) furnishing telehealth, originating site and geographic restrictions, and qualifying clinicians eligible to furnish telehealth will expire. An important change for most physicians is that there will no longer be enforcement discretion on the requirement to use a HIPAA-secure video platform once the PHE ends. Refer to the [Telehealth Policy Changes After the COVID-19 Public Health Emergency](#) and [Guidance on How the HIPAA Rules Permit Covered Health Care Providers and Health Plans to Use Remote Communication Technologies for Audio-Only Telehealth](#) resources for more information.

COVID-19 Clinical Services: [Medicare beneficiary](#), group, and individual group plans cost-sharing of COVID-19 testing, testing-related services, and certain treatments will expire at the end of the PHE. Please refer to your health plan for additional information.

FQHCs and RHCs: Staffing requirements and temporary expansion waivers will expire at the end of the PHE. You can learn more about current CMS flexibilities in place for FQHCs and RHCs by reading [CMS Flexibilities to Fight COVID-19](#).

For further information on COVID-19 PHE flexibilities, please review these resources:

- This [CMS Roadmap](#) for when waivers and flexibilities will end, and this overview of current [COVID-19 waivers and flexibilities](#).
- [FAQs on Telehealth and HIPAA during the COVID-19 Nationwide PHE](#)
- [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#)