

Telehealth Utilization Stabilizes as Legislative Uncertainty Persists

Five years after telehealth use surged 300-fold at the onset of the COVID-19 pandemic, virtual care has settled into a quieter but durable role in primary care delivery. New data from Epic Research, drawn from over 411 million primary care encounters, show that telehealth utilization has held steady at approximately 6% of visits since 2023 – a stabilization that suggests the modality has found its post-pandemic baseline.¹ At the same time, Congress has once again extended Medicare telehealth flexibilities rather than making them permanent, this time through December 31, 2027.² This Health Capital Topics article examines current telehealth utilization trends across specialties and patient populations, and the evolving legislative landscape governing Medicare reimbursement for virtual care.

Background

The COVID-19 pandemic precipitated an unprecedented expansion of telehealth across the U.S. The Centers for Medicare & Medicaid Services (CMS) facilitated this growth by waiving longstanding geographic and originating-site restrictions for Medicare telehealth services, allowing beneficiaries to receive virtual care from their homes regardless of location.³ As the public health emergency subsided, utilization declined significantly from its pandemic-era peak, prompting sustained debate about the modality’s durable role in care delivery and the policy architecture required to sustain it.⁴

Current Utilization Trends

The Epic Research analysis examined over 411 million primary care encounters recorded in the Cosmos database, a collaborative research dataset encompassing over 220 million patient records from 222 health systems across the U.S.⁵ Telehealth accounted for over 8% of primary care encounters in July 2022, but declined to just under 6% by October 2025.⁶ The rate has held relatively steady between 6% and 7% since 2023, a pattern researchers characterize as stabilization rather than continued decline.⁷

Variation across specialties remains substantial. Mental healthcare continues to represent the largest area for virtual care, with over 26% of encounters conducted via telehealth as of October 2025.⁸ Data from the American Medical Association’s (AMA) Physician Practice Benchmark Survey, released in December 2025, found that 71.4% of physicians reported using telehealth

weekly in 2024 – nearly triple the 25.1% who reported doing so in 2018.⁹ Psychiatrists were the most intensive users: 85.9% had provided a video visit in the prior week, and 68.2% conducted over 20% of their weekly visits via telehealth.¹⁰ Among non-psychiatric specialties, neurology (32.2%), endocrinology (24.2%), and gastroenterology (20.4%) reported the highest intensive telehealth use, while ophthalmology (1.8%), dermatology (3.7%), and emergency medicine (4.3%) reported the lowest.¹¹

Patient demographics also shape utilization patterns. The Epic analysis found that adults ages 25 to 39 used telehealth for approximately 10% of primary care encounters, while children ages zero to two accounted for below 2%.¹² Patients in metropolitan areas demonstrated approximately twice the telehealth utilization rate of those in rural communities – a disparity researchers attributed in part to financial barriers facing rural hospitals and limited high-speed internet access.¹³ In a notable finding, non-English speakers – particularly those preferring Chinese, Portuguese, Russian, Persian, and Spanish – demonstrated substantially higher telehealth utilization throughout the study period.¹⁴ Caleb Cox, head of research at Epic, observed that factors such as “the availability of translation services, convenience or reduced travel times” may be particularly “relevant for working age adults and patients whose preferred language isn’t English.”¹⁵

A contemporaneous study published in the *Annals of Internal Medicine* in February 2026 found that one in six Medicare beneficiaries used telehealth between 2021 and 2023.¹⁶ While mental health dominated telehealth utilization – with nearly half of mental health visits conducted virtually – researchers estimated 29 million annual Medicare telehealth visits addressed non-mental health conditions, including diabetes, hypertension, and COVID-19.¹⁷ The study’s authors noted that telehealth users were more likely to report limitations in activities of daily living and worse overall health, suggesting the modality serves an important access function for medically vulnerable populations.¹⁸

Legislative Landscape

On February 3, 2026, President Donald Trump signed into law the Consolidated Appropriations Act, 2026, a \$1.2 trillion spending package that resolved a brief partial

government shutdown.¹⁹ Among its healthcare provisions, the legislation extended Medicare telehealth flexibilities through December 31, 2027, the longest such extension enacted to date.²⁰ The flexibilities, which waive Medicare’s geographic and originating-site restrictions and expand the categories of practitioners eligible to furnish telehealth services, had lapsed on January 31, 2026, following a series of short-term renewals since their original enactment during the COVID-19 public health emergency.²¹

The legislation also included several notable administrative requirements. By 2027, CMS must implement billing modifiers identifying telehealth services delivered through third-party virtual platforms.²² The U.S. Department of Health and Human Services (HHS) is required to issue guidance within one year on furnishing telehealth to individuals with limited English proficiency.²³ The legislation also appropriated \$45.55 million to the Office for the Advancement of Telehealth within the Health Resources and Services Administration (HRSA) and extended the Acute Hospital Care at Home program through September 30, 2030.²⁴

Despite the extension’s relative length, the telehealth provisions remain temporary. Congress has opted for short-term renewals rather than permanent legislation since pandemic-era flexibilities were first enacted in 2020. The American Telemedicine Association (ATA)

characterized the December 2027 extension as a significant and hard-earned win, while its leadership noted that the multiyear timeline would afford government agencies, legislators, and advocates needed time to work toward permanent provisions.²⁵ The bipartisan CONNECT for Health Act – which would permanently eliminate Medicare’s geographic restrictions and repeal the in-person visit requirement for telehealth services – has received AMA endorsement but has not advanced to enactment.²⁶

Conclusion

Telehealth utilization data increasingly suggest that virtual care has secured a durable, if modest, role in primary care delivery across the U.S. The stabilization documented by Epic Research, alongside evidence from the AMA and *Annals of Internal Medicine*, indicates that both physicians and patients have established consistent patterns of virtual care use extending well beyond the pandemic period. At the same time, disparities in utilization by geography, age, specialty, and practice setting underscore that access to and adoption of telehealth remain uneven. Whether Congress will ultimately transition from serial short-term renewals to permanent authorization of Medicare telehealth flexibilities, on what terms, and what effects that has on telehealth utilization, remain to be seen.

1 “Telehealth Use for Primary Care Visits Has Stabilized, with Higher Use in Metropolitan Areas and Among Non-English Speakers” Epic Research, Epic Systems Corporation, February 18, 2026, <https://www.epicresearch.org/articles/telehealth-use-for-primary-care-visits-has-stabilized-with-higher-use-in-metropolitan-areas-and-among-non-english-speakers> (Accessed 2/20/26).

2 “Trump signs funding bill with PBM reforms, hospital-at-home and telehealth extensions” By Emily Olsen, Healthcare Dive, February 4, 2026, <https://www.healthcarediver.com/news/trump-signs-legislation-end-partial-government-shutdown-pbm-reform-telehealth-hospital-at-home/811020/> (Accessed 2/20/26).

3 *Ibid.*

4 “Telehealth use in primary care stabilizes: research” By Emily Olsen, Healthcare Dive, February 19, 2026, <https://www.healthcarediver.com/news/telehealth-use-primary-care-stabilizes-epic-research/812472/> (Accessed 2/20/26).

5 Epic Research, Epic Systems Corporation, February 18, 2026.

6 *Ibid.*

7 *Ibid.*

8 Olsen, Healthcare Dive, February 19, 2026.

9 “New data details how telehealth use varies by physician specialty” By Tanya Albert Henry, American Medical Association, December 8, 2025, <https://www.ama-assn.org/practice-management/digital-health/new-data-details-how-telehealth-use-varies-physician-specialty> (Accessed 2/20/26).

10 *Ibid.*

11 *Ibid.*

12 Epic Research, Epic Systems Corporation, February 18, 2026.

13 *Ibid.*

14 *Ibid.*

15 Olsen, Healthcare Dive, February 19, 2026.

16 “Telehealth Utilization and Health Conditions Addressed Among the U.S. Medicare Population” By Terrence Liu, MD, MS, Alexander Chaitoff, MD, MPH, and Chad Ellimootill, MD, MS, *Annals of Internal Medicine*, February 17, 2026,

<https://www.acpjournals.org/doi/10.7326/ANNALS-25-05028> (Accessed 2/20/26).

17 *Ibid.*

18 *Ibid.*

19 “Trump signs funding bill with PBM reforms, hospital-at-home and telehealth extensions” By Emily Olsen, Healthcare Dive, February 4, 2026, <https://www.healthcarediver.com/news/trump-signs-legislation-end-partial-government-shutdown-pbm-reform-telehealth-hospital-at-home/811020/> (Accessed 2/20/26); “EBSA Funding Approved in \$1.2 Trillion Bill Ending Government Shutdown” By Ted Godbout, National Association of Plan Advisors, February 4, 2026, [https://www.napa-net.org/news/2026/2/dol-funding-approved-in-\\$1.2-trillion-bill-ending-partial-shutdown#:~:text=Overall%2C%20the%20\\$1.2%20trillion%20bill,30.](https://www.napa-net.org/news/2026/2/dol-funding-approved-in-$1.2-trillion-bill-ending-partial-shutdown#:~:text=Overall%2C%20the%20$1.2%20trillion%20bill,30.) (Accessed 2/25/26).

20 *Ibid.*

21 *Ibid.*

22 H.R.7148 - Consolidated Appropriations Act, 2026, 119th Congress (2025-2026), available at: <https://www.congress.gov/bill/119th-congress/house-bill/7148/text> (Accessed 2/25/26); “Trump signs funding bill with PBM reforms, hospital-at-home and telehealth extensions” By Emily Olsen, Healthcare Dive, February 4, 2026, <https://www.healthcarediver.com/news/trump-signs-legislation-end-partial-government-shutdown-pbm-reform-telehealth-hospital-at-home/811020/> (Accessed 2/20/26).

23 *Ibid.*

24 *Ibid.*

25 Olsen, Healthcare Dive, February 4, 2026.

26 “New data details how telehealth use varies by physician specialty” By Tanya Albert Henry, American Medical Association, December 8, 2025, <https://www.ama-assn.org/practice-management/digital-health/new-data-details-how-telehealth-use-varies-physician-specialty> (Accessed 2/20/26); Olsen, Healthcare Dive, February 4, 2026.



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