

July 26, 2021

The Honorable Charles Schumer
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

RE: Priorities for Medicare Telehealth Reform

Dear Congressional Leaders:

Thank you for your leadership in expanding access to telehealth during the COVID-19 public health emergency (PHE). Driven by swift action from Congress, the flexibilities enabled under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 and the Coronavirus Aid, Relief, and Economic Security (CARES) Act have allowed clinicians across the country to scale delivery and provide all Americans -- many for the first time -- access to high-quality virtual care. In response, health care organizations across the nation have dramatically transformed and made significant investments in new technologies and care delivery models, not only to meet COVID driven patient demand, but to prepare for America's future health care needs.

Unfortunately, this progress is in jeopardy. Many of the telehealth flexibilities are temporary and limited to the duration of the COVID-19 public health emergency. Without action from Congress, Medicare beneficiaries will abruptly lose access to nearly all recently expanded coverage of telehealth when the COVID-19 PHE ends. This would have a chilling effect on access to care across the entire U.S. health care system, including on patients that have established relationships with providers virtually, with potentially dire consequences for their health.

Telehealth is not a COVID-19 novelty, and the regulatory flexibilities granted by Congress must not be viewed solely as pandemic response measures. Patient satisfaction surveys and claims data from CMS and private health plans tell a compelling story of the large-scale transformation of our nation's health care system over the past year and, importantly, demonstrate strong patient interest and demand for telehealth access post-pandemic:

- **Telehealth is ubiquitous** with more than 1 in 4 (15 million) of all Medicare beneficiaries accessing telehealth between the summer and fall of 2020.¹ Telehealth represented 0.22 percent of all medical claims for private health plans in December 2019, rising to 6.51 percent by December 2020. ² In response, private payers are moving to expand telehealth post-pandemic³ and meet new expectations from employers and plan members.⁴
- **Telehealth is popular** with MedPAC noting that 91% of Medicare beneficiaries were satisfied with their telehealth video visits in its March 2021 report to Congress.⁵ Patient satisfaction with telehealth across

¹ <https://www.kff.org/medicare/issue-brief/medicare-and-telehealth-coverage-and-use-during-the-covid-19-pandemic-and-options-for-the-future/>

² <https://www.prnewswire.com/news-releases/telehealth-claim-lines-increase-2-817-percent-nationally-when-comparing-december-2019-to-december-2020--301241089.html>

³ <https://www.ahip.org/using-telehealth-to-deliver-affordable-high-quality-care/>

⁴ <https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0031>

⁵ http://medpac.gov/docs/default-source/reports/mar21_medpac_report_to_the_congress_sec.pdf

specialties and programs was high pre-pandemic⁶ and has remained so during COVID-19.⁷ 75 percent of Americans now report having a strong interest in using telehealth moving forward.⁸

- **Telehealth is efficient** with no-show rates for telehealth visits (7.5%) during the COVID-19 pandemic lower than both the no-show rates for in-office visits (36.1%) and a pre-pandemic in-office no-show rate (29.8%).⁹ Providers and health systems continue to report on the significant and positive impact virtual care has had on operational efficiencies.¹⁰
- **Telehealth can help address existing health disparities** and during the pandemic GAO found that the proportion of beneficiaries utilizing telehealth was relatively equal across racial and ethnic groups.¹¹ While investment is needed to address the digital divide – including broadband and funding for end user devices – researchers found significant value in leveraging telephone visits in extending access to underserved populations and enhancing FQHCs abilities to meet patient needs.¹² Before COVID-19, telehealth was seen as an important tool to deliver care to patients that had challenges with transportation, balancing responsibilities with hourly and seasonal jobs, accessing culturally sensitive providers, and – for the 46 million Americans in rural areas – traveling extreme distances to specialty and emergency care.¹³

With so many patients accessing care virtually, expectations for the future of our health care system have shifted significantly. Virtual care has provided unprecedented access for patients, but uncertainty as to the future of many telehealth policies will halt or reverse further adoption – to the detriment of both patients and providers. Congress not only has the opportunity to bring the U.S. health care system into the 21st century, but the responsibility to ensure that the billions in taxpayer funded COVID investments made during the pandemic are not simply wasted but used to accelerate the transformation of care delivery, ensuring access to high quality virtual care for all Americans.

Given the statutory restrictions in Section 1834(m) of the Social Security Act, Congress must act to ensure that the Secretary has the tools to transition following the end of the public health emergency and ensure telehealth is regulated the same as in-person services. Secretary Becerra has recently asked for such authority,¹⁴ and we urge bipartisan action toward this goal.

With these critical issues in mind, we ask that Congress advance permanent telehealth reform focused on the following priorities, at a minimum:

1. **Remove Obsolete Restrictions on the Location of the Patient and Provider.** Congress must permanently remove the Section 1834(m) geographic and originating site restrictions to ensure that all patients can access care where they are. The response to COVID-19 has shown the importance of making telehealth services available in rural and urban areas alike. To bring clarity and provide certainty to patients and providers, we strongly urge Congress to address these restrictions in statute by striking the geographic limitation on originating sites and allow beneficiaries across the country to receive virtual care in their homes, or the location of their choosing, where clinically appropriate and with appropriate beneficiary protections and guardrails in place.
2. **Maintain and Enhance HHS Authority to Determine Appropriate Providers, Services, and Modalities for Telehealth.** Congress should provide the Secretary with the flexibility to expand the list of eligible practitioners who may furnish clinically appropriate telehealth services. Similarly, Congress

⁶ <https://pubmed.ncbi.nlm.nih.gov/26269131/>

⁷ <https://c19hcc.org/telehealth/patient-survey-analysis/>

⁸ <https://c19hcc.org/telehealth/patient-survey-analysis/>

⁹ <https://www.liebertpub.com/doi/10.1089/tmj.2021.0002>

¹⁰ <https://www.ama-assn.org/system/files/2021-05/ama-return-on-health-report-may-2021.pdf>

¹¹ <https://www.finance.senate.gov/imo/media/doc/Jessica%20Farb%20GAO%20Testimony.pdf>

¹² <https://jamanetwork.com/journals/jama/fullarticle/2776166>

¹³ <https://www.cdc.gov/ruralhealth/about.html>

¹⁴ <https://www.c-span.org/video/?c4966006/user-clip-sec-becerra-telehealth>

should ensure that HHS and CMS maintain the authority to add or remove eligible telehealth services – as supported by data and demonstrated to be safe, effective, and clinically appropriate – through a predictable regulatory process that gives patients and providers transparency and clarity. Finally, Congress should give CMS the authority to reimburse for multiple telehealth modalities, including audio-only services, when clinically appropriate.

3. **Ensure Federally Qualified Health Centers, Critical Access Hospitals, and Rural Health Clinics Can Furnish Telehealth Services After the PHE.** FQHCs, CAHs, and RHCs provide critical services to underserved communities and have expanded telehealth services after restrictions were lifted under the CARES Act and through executive actions. Congress should ensure that FQHCs, CAHs, and RHCs can offer virtual services post-COVID and work with stakeholders to support fair and appropriate reimbursement for these key safety net providers and better equip our health care system to address health disparities.
4. **Remove Restrictions on Medicare Beneficiary Access to Mental and Behavioral Health Services Offered Through Telehealth.** Without Congressional action, a new requirement for an in-person visit prior to access to mental health services through telehealth will go into effect for most Medicare beneficiaries. We urge Congress to reject arbitrary restrictions that would require an in-person visit prior to a telehealth visit. Not only is there no clinical evidence to support these requirements, but they also exacerbate clinician shortages and worsen health inequities by restricting access for those individuals with barriers preventing them from traveling to in-person care.¹⁵ Removing geographic and originating site restrictions only to replace them with in-person restrictions is short-sighted and will create additional barriers to care.

We look forward to working with you to build on the temporary telehealth expansion enacted in the Coronavirus Preparedness and Response Supplemental Appropriations Act and the CARES Act to provide certainty to our nation's health care providers and, more importantly, ensure Medicare beneficiaries can continue to access care when and where they need it. Congress must act before the PHE expires or providers and patients will lose access to high-quality virtual care.

Sincerely,

7wireVentures
Academy of Nutrition and Dietetics
Access Physicians
Activate Care
AdvaMed
Adventist Health
Adventist Health Policy Association
agilon health
Air MD physician Group
Air Visits
Alameda Health System
Allergy & Asthma Network
Alliance for Aging Research
Alliance for Connected Care
Alliance of Community Health Plans
Alliance of Health Care Sharing Ministries
Allina Health
Allscripts

¹⁵ <https://www.americantelemed.org/wp-content/uploads/2021/06/ATA-Overview-of-In-Person-Requirements-1.pdf>

Alpha Medical, Inc
Amazon
American Academy of Allergy, Asthma & Immunology
American Academy of Family Physicians
American Academy of Hospice and Palliative Medicine
American Academy of Neurology
American Academy of PAs
American Academy of Sleep Medicine
American Association for Respiratory Care
American Association of Colleges of Nursing
American Association of Orthopaedic Surgeons
American Board of Telehealth
American Cancer Society Cancer Action Network
American College of Allergy, Asthma & Immunology
American College of Obstetricians and Gynecologists
American College of Physicians
American Diabetes Association
American Foundation for Suicide Prevention
American Gastroenterological Association
American Geriatrics Society
American Health Care Association/National Center for Assisted Living
American Health Information Management Association
American Heart Association
American Lung Association
American Medical Association
American Medical Group Association
American Medical Rehabilitation Providers Association (AMRPA)
American Nurses Association
American Occupational Therapy Association
American Pharmacists Association
American Physical Therapy Association
American Podiatric Medical Association
American Psychiatric Association
American Psychoanalytic Association
American Society for Gastrointestinal Endoscopy
American Society of Nephrology
American Telemedicine Association
American Urological Association
Americans for Prosperity
America's Essential Hospitals
America's Physician Groups
Amwell
And Me Therapy
Array Behavioral Care
Arthritis Northwest, PLLC
Ascellus Health
Ascension
Association for Behavioral Health and Wellness
Association of American Cancer Institutes
Association of American Medical Colleges
Association of Asian Pacific Community Health Organizations (AAPCHO)
Association of Black Cardiologists
Association of Community Cancer Centers (ACCC)

Association of Departments of Family Medicine
Association of Diabetes Care & Education Specialists
Association of Family Medicine Residency Directors
Association of Oncology Social Work
athenahealth
Avel eCARE
Aventyn, Inc.
Avera Health
Babylon
BAKERS Counseling Services LLC
Banner|Aetna
Barstow Community Hospital
Bay Rivers Telehealth Alliance
Beacon Health System
Better Medicare Alliance
Bioscience Los Angeles County Inc.
BJC HealthCare
Blackstone Valley Community Health Care, Inc.
Blue Cirrus Consulting
Brave Health
Bright.md
Bronson Healthcare Group
Burn and Reconstructive Centers of America
California Primary Care Association
Cancer Support Community
Capstone Care Network
Care Manager On Demand
Care on Location
Care Transformation Collaborative of RI
CareSpan Integrated Networks, Inc.
Cass Health
Catholic Health Association of the United States
Center for Dignity in Healthcare for People with Disabilities
Center for Freedom and Prosperity
Center for Rural Health Innovation
Center for Telehealth, University of Mississippi Medical Center
Center to Advance Palliative Care (CAPC)
Centerstone
Centura Health
CEO Action for Racial Equity
Challenge Behavioral Healthcare
Change Healthcare
Cheyenne Regional Medical Center
Children's Health Fund
Children's National Hospital
ChristianaCare
CirrusMD Inc.
CityLife Health, LLC
Cleveland Clinic Florida and CompreCare Affiliate
Clinical Social Work Association
CMG/Carealytics
Coalition for Compassionate Care of California
Coalition for Headache and Migraine Patients

Colorado Community Health Network
Columbia University Irving Medical Center
CommonSpirit Health
Commonwealth Clinical Group, Inc.
CommonWell Health Alliance
Community Behavioral Healthcare Association of IL
Compassion & Choices
Compodium, Inc
Comprehensive Psychiatry Group, Inc
Conemaugh Meyersdale Medical Center
Connected Health Initiative
Connected Home Living, Inc.
Consumer Action
Consumer Choice Center
Consumer Technology Association
Convenient Care Association
Cromford Health
Curve Health
Dartmouth-Hitchcock Health
DayaMed
Diabetes & Endocrinology Consultants of PA, LLC
Digital Medicine Society (DiMe)
Digital Therapeutics Alliance
DigitalOptometrics LLC
Dignio LLC / AS
Doc Leon Travel & Concierge Medicine
Doctor On Demand
DoseCue, LLC
Duke Health
Eating Disorders Coalition for Research, Policy & Action
eHealth Initiative
Eleanor Health
Electronic Health Record Association
Electronic Healthcare Network Accreditation Commission (EHNAC)
Ellis County Coalition for Health Options DBA Hope Clinic
Emory University
Encounter Telehealth
Endocrine Society
Envision Healthcare
Epic Systems Corporation
Epilepsy Foundation
eVisit, Inc.
ExamMed
Family & Children's Counseling Services
Family & Children's Service of Ithaca
Federation of American Hospitals
Fight Colorectal Cancer
Firstvitals Health and Wellness
Foothold Technology
Forefront Telecare, Inc.
Fresenius Medical Care North America
Galileo Analytics
Global Liver Institute

GlobalMedia Group, LLC DBA GlobalMed(R)
GlyCare
GO2 Foundation for Lung Cancer
Go2Care
Google
Grapevine Health
Greenway Health
Gundersen Health System
Hawai'i Parkinson Association
Hazel Health
Hazlewood Medical LLC
HCA Healthcare
HCU Network America
HD Reach
Health Business Consult
Health Care Transformation Task Force
Health Choice Arizona
Health Innovation Alliance
Health Tech Strategies, Inc
Healthcare Leadership Council
HEALTHePRACTICES
Healthwise, Incorporated
HealthyWomen
Heart Failure Society of America
Henry Ford Health System
Heritage Provider Network
Hicuity Health, Inc.
Hillrom
Hims & Hers
HIMSS
HIMSS Central & North Florida Chapter
HIMSS Greater Illinois Chapter
HIMSS Iowa Chapter
HIMSS KY Bluegrass
HIMSS Minnesota Chapter
HIMSS National Capital Area
HIMSS NYS Chapter
HIMSS South Carolina Chapter
HIMSS Southern California Chapter
HiTalk
HMRCOUNSELING and Behavioral services
Hospice and Palliative Nurses Association
HSA Coalition
ICmed, LLC
IHE USA
Indiana Oncology Society
Indiana University Health
Indo Us Organization for Rare Diseases
Infectious Diseases Society of America
Ingham Community Health Centers
innovaTel Telepsychiatry
Institute of Respiratory Disease and Sleep Medicine
International Foundation for Autoimmune & Autoinflammatory Arthritis (AiArthritis)

International OCD Foundation
Iowa Oncology Society
Iron Bow Technologies
IT Consulting Group LLC
IthacaMed
Jeeva Informatics Solutions LLC
Johns Hopkins Medicine
Joyages
JR & Associates
Kaiser Permanente
Kentucky Counseling Center, LLC
Kohnlinq, Inc.
Leadership OD
Legal Action Center
Less Government
Lewy Body Dementia Association
LifePoint Health
LifeWIRE Corp
LiV-Connected
LT Telehealth/LocumTenens.com
Lupus and Allied Diseases Association, Inc.
Mardac Consulting
Marshfield Clinic Health System
Mass General Brigham
Massachusetts Health Data Consortium
Mayo Clinic
MDH Consulting International
Medical Group Management Association
Medical Image Perception Society
Medocity, Inc.
MedStar Health
MedWand Solutions Inc.
Memorial Sloan Kettering
Mend VIP, Inc.
Mental Health America
Michigan Health & Hospital Association
Michigan Health Information Network
Midwest Health Connection
Miles for Migraine
Millennium Physician Group
Missouri Oncology Society
Moffitt Cancer Center
Monebo Technologies, Inc.
Montana State Oncology Society
Monument Inc
Moonshot Health Consulting
Mosaica Partners
Motivo
MPAC Healthcare
Multiple Sclerosis Center of Atlanta
NACBHDD and NARMH
National Association for Healthcare Quality
National Association for the Support of Long Term Care (NASL)

National Association of Community Health Centers
National Association of Pediatric Nurse Practitioners
National Association of Rural Health Clinics
National Association of Social Workers
National Athletic Trainers' Association
National Brain Tumor Society
National Coalition for Hospice and Palliative Care
National Council for Mental Wellbeing
National Council of State Boards of Nursing
National Health Care for the Homeless Council
National League for Nursing
National Mental Health LLC
National Multiple Sclerosis Society
National Nurse-Led Care Consortium
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
Nebraska Medicine
Nemours Children's Health
NeuroPath
New Jersey Association of Mental Health and Addiction Agencies, Inc.
New Mexico Society of Clinical Oncology
NextGate
NextGen Healthcare
Nicklaus Children's Health System
North American Primary Care Research Group
Northwell Health
OCHIN
Oncology Nursing Society
Onduo LLC
One Medical
Orion Behavioral Health Network
Oshi Health, Inc.
PACE Southeast Michigan
Partnership to Advance Virtual Care
PAs in Virtual Medicine and Telemedicine (PAVMT)
PCHAlliance
Peaceful Roots Counseling LLC
Physician Assistants in Hospice and Palliative Medicine
Population Health Alliance
Premier
Preventive Cardiovascular Nurses Association
Primary Care Collaborative
Primary Care Development Corporation
Prism Health North Texas
ProMedica
PSYCHeANALYTICS, Inc.
Psychiatric Medical Care
PursueCare
QuartetHealth
Qure4u, Inc
Real Time Touch
REDC Consortium

Regional Center for Border Health, Inc./SLWIC (RHC)
ResMed
ResolutionCare, a Vynca company
Rising Lotus Healing LLC
Rural Hospital Coalition
Salusive, Inc. dba mynurse.ai
SanctiPHI Tech Inc
Sano Health, LLC
SCL Health
Scripps Health
SENTARA Healthcare
Setauket Primary Medical Care
Seven Valleys Health Coalition
SHIELDS for Families, Inc.
Skypiatrist Psychiatry PLLC
Small Business & Entrepreneurship Council
SOC Telemed
Society for Participatory Medicine
Society of General Internal Medicine
Society of Hospital Medicine
Society of Teachers of Family Medicine
South Central Human Relations Center, Inc.
Speck
Spina Bifida Association
St. Mary's Medical Center, a member of Mountain Health Network
Stanford Children's Health
Stanford Health Care
Steuben County Public Health
Strategic Health Information Exchange Collaborative (SHIEC)
Strategic Integration Solutions, Ltd.
Summit Healthcare Association
Summit Healthcare Regional Medical Center
Synecor, LLC
TapestryHealth
Teladoc Health
Telehealth Alliance of Oregon
Telekids Therapy
TeleMed2U
Telemedicols LLC
TeleMedik
Texas e-Health Alliance
The Arizona Clinical Oncology Society
The Center for Discovery
The Center for Youth & Family Solutions
The Children's Home of Wyoming Conference
The College of Healthcare Information Management Executives (CHIME)
The ERISA Industry Committee
The Headache and Migraine Policy Forum
The Jewish Federations of North America
The Joint Commission
The Michael J. Fox Foundation for Parkinson's Research
The University of Texas at Austin, UT Health Austin
Third Eye Health, Inc.

Tir Health Advisors LLC
Tompkins Community Action, Inc.
Tourette Association of America
Travere Therapeutics
Trinity Health
TW Ponessa & Associates Counseling Services, Inc.
U.S. Pain Foundation
UBHS INC
UCHealth
Umedex inc
United Urology
UnityPoint Health
University ENT Care, LLC
University of Colorado School of Medicine
University of Michigan Health
University of New Mexico College of Nursing
University of Pittsburgh Medical Center (UPMC)
University of Wisconsin Hospitals and Clinics
Upward Health
URAC
UVA Health
Velatura HIE Corporation
Velatura Services
VIKRITI Management Consulting
Virginia Association of Hematologist & Oncologist
Virginia Pediatric Group
Vital Voice and Speech LLC
ViTel Net
VoCare, Inc.
Volunteers of America of North Louisiana
Vynca, Inc.
WhiplashMD, LLC
Wisconsin Association of Hematology & Oncology
Wyoming State Oncology Society
X4 Health
XEN Partners
Yale New Haven Health System
Ziegler
Zipnosis
Zocdoc
Zoom Videoconferencing