January 31, 2022

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

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

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

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

RE: Establishing a Pathway for Comprehensive Telehealth Reform

Dear Congressional Leaders:

Thank you for your leadership in expanding access to virtual care during the COVID-19 public health emergency (PHE). This access has been transformational – Americans now expect that the future of our health care system includes telehealth as a key way to access health care services. Health care providers across the nation have made substantial investments in new technologies to safely treat patients during the pandemic. Now, as we work to overcome the latest COVID-19 surge, providers and health systems are preparing to meet the health care demands of the future and need leadership from Congress in charting a path forward with respect to permanent comprehensive telehealth reform.

Many of the telehealth flexibilities that have helped dramatically improve patient access to care are temporary and limited to the duration of the COVID-19 PHE – and impact both public health programs and private health coverage. While the Biden Administration may elect to extend the COVID-19 PHE, the fact that the PHE determination must be renewed every 90 days and could end later this year has introduced significant uncertainty into all parts of the U.S. health care system. As it stands today, providers must weigh the costs of investing in the technological and clinical infrastructure required to maintain telehealth programs at scale against the possibility that Congress may ultimately decide not to support permanently expanded telehealth coverage.

To that end, we ask for your leadership in facilitating a pathway to comprehensive permanent telehealth reform that would provide certainty to beneficiaries and our nation’s health care providers while providing sufficient time for Congress and the Administration to analyze the impact of telehealth on patient care. Specifically, we ask that Congress:

1. **Authorize the continuation of all current telehealth waivers through December 31, 2024.** Currently the HHS Secretary’s waiver authority for telehealth expires immediately upon expiration of the PHE. The Administration recognizes the negative impact of this uncertainty, as shown by CMS steps to finalize coverage and payment for codes added to the Medicare Telehealth Services List during the PHE through December 31, 2023. However, CMS is not able to remove certain reimbursement restrictions, such as the pre-pandemic geographic and originating site restrictions, without Congressional authority. It is crucial for Congress to provide HHS with the authority and flexibility to continue to waive these and other statutory requirements, such as in-person requirements for telemental health consultations. It’s also crucial that this continuation be broader than CMS and capture important provisions such as the prescribing of controlled substances via telemedicine that affect both federal programs and other health care as policymakers evaluate the evidence needed to support permanent policy.

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1 Please note that current HHS telehealth authority derives from 2020 action by Congress as well as the Presidential Stafford Act declaration – both currently end with the PHE.

2. **Require HHS complete all feasible evaluations related to telehealth by fall 2023 and combine findings into a single overarching dashboard with recommendations to inform permanent telehealth legislation by Congress.** While the lack of telehealth data was once the challenge inhibiting policymaking, that is no longer the case. HHS is conducting and has funded many telehealth studies. For example, the Agency for Healthcare Research and Quality is examining key questions about how telehealth impacts care delivery and health outcomes and the HHS OIG is currently working on at least nine projects directly or tangentially examining telehealth services in Medicare and their impact on health care costs, quality, access, patient and provider experience, potential to address health disparities, and the nature and degree of any additional risk for fraud and abuse. An extension of telehealth flexibility will allow these findings to be aggregated, along with data from industry and findings from academic researchers, to provide a comprehensive analysis for review by policymakers in 2024.

3. **Take up permanent, evidence-based telehealth legislation for implementation in 2024.** Congress has the opportunity to bring the U.S. health care system into the 21st century and the responsibility to ensure that innovative delivery models implemented to fight COVID-19 are used to effectively modernize U.S. health care delivery. Telehealth has huge potential to expand access to high-quality virtual care for all Americans. Following the 2022-2023 evaluation period, all committees of jurisdiction will have at their disposal the necessary data to pursue evidence-based policymaking and take up comprehensive and permanent telehealth reform in a bipartisan manner. A primary benefit of delayed policymaking will be an opportunity for Congress to consider legislation without making assumptions not fully supported by data or evidence. Specifically, we look forward to HHS OIG completing its analyses prior to Congress establishing any new program integrity guardrails. For example, rather than prematurely placing harmful in-person visit requirements that restrict patient access on telehealth, Congress should be able to evaluate exactly what, if any, fraud, waste, and abuse has occurred during the pandemic and consult with the Administration on the best targeted tools to root out any challenges that may exist before and as they occur.

Virtual care is now a fundamental part of the U.S. health care system, and it will improve patient access to high-quality care well beyond the COVID-19 pandemic. And while many of the most compelling virtual care clinical use cases are only now emerging, more communities than ever have experienced the powerful impact telehealth has had in bridging gaps in care caused by the crisis-level mental health workforce shortage. Many underserved communities that historically have had limited access to specialty care can now beam in top specialists in neurology, oncology, neonatology, and other critical specialties to help save lives and treat critically ill patients.

Patient satisfaction surveys and claims data from CMS and private health plans demonstrate that many Americans have come to see telehealth as one of the most positive improvements to our nation’s health care system in recent memory. Importantly, a majority of U.S. voters believe Congress should protect their ability and choice to see a provider via telehealth post-pandemic.³ In the 21st Century, all patients should have the option to receive care virtually when clinically appropriate – Congress should not restrict CMS or other payers from covering appropriate modalities of care. **Many of us previously wrote to share broad priorities for inclusion in any Medicare legislation, including the repeal of the blanket in-person requirements placed on behavioral health. In-person visit requirements serve as a blunt instrument to restrict access to health care and do not benefit patients or the Medicare program.⁴**

We believe the recommendations outlined above will provide significant relief to patients and providers concerned about Congress’ intent and commitment to telehealth after the end of the COVID-19 PHE. We look forward to working with you to provide certainty to our nation’s health care providers and, more importantly, ensure communities across the country can continue to access care when and where they need it.

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³ [https://telehealthaccessforamerica.org/poll-voters-overwhelmingly-support-urgent-action-to-permanently-protect-access-to-telehealth/](https://telehealthaccessforamerica.org/poll-voters-overwhelmingly-support-urgent-action-to-permanently-protect-access-to-telehealth/)

Sincerely,

8thSquare
98point6
Abella Medical Group
Academy of Nutrition and Dietetics
Adventist Health Policy Association
Alignment Health Plan
Allergy & Asthma Network
Alliance for Connected Care
Alliance of Community Health Plans
Allscripts
Alpha Medical, Inc
Alpha-1 Foundation
ALS Association
Amazon
AMDA – The Society for Post-Acute and Long-Term Care Medicine
America’s Essential Hospitals
American Academy of Allergy, Asthma & Immunology
American Academy of Home Care Medicine (AAHCM)
American Academy of Hospice and Palliative Medicine
American Academy of Neurology
American Academy of PAs
American Academy of Physical Medicine & Rehabilitation
American Association for Psychoanalysis in Clinical Social Work
American Association for Respiratory Care
American Association for the Study of Liver Diseases
American Association of Cardiovascular and Pulmonary Rehabilitation
American Association of Nurse Practitioners
American Cancer Society Cancer Action Network
American Clinical Neurophysiology Society
American College of Cardiology
American College of Obstetricians and Gynecologists
American Counseling Association
American Foundation for Suicide Prevention
American Health Care Association/National Center for Assisted Living (AHCA/NCAL)
American Health Information Management Association
American Heart Association
American Medical Association
American Medical Informatics Association
American Medical Rehabilitation Providers Association (AMRPA)
American Nurses Association
American Occupational Therapy Association
American Pharmacists Association
American Physical Therapy Association
American Psychiatric Association
American Psychological Association
American Society of Consultant Pharmacists
American Society of Pediatric Nephrology
American Speech-Language-Hearing Association
American Telemedicine Association
American Urological Association
America’s Physician Groups
AMGA
Amwell
ANA-Illinois
AptiHealth, Inc.
Array Behavioral Care
Arthritis Foundation
Ascension
Assisted Recovery Centers of America
Association for Behavioral Health and Wellness
Association of American Medical Colleges
Association of Community Cancer Centers
Association of Diabetes Care & Education Specialists
Association of Oncology Social Work
ATA Action
athenahealth, Inc.
Avodahmed
Babylon
Baptist Health
Behavior Change Institute, LLC
Better Medicare Alliance
Bicycle Health
BJC HealthCare
Brightline, Inc.
Burn and Reconstructive Centers of America
California Neurology Society
Cancer Support Community
Cancer Support Community Central Ohio
Cancer Support Community Indiana
Cancer Support Community Montana
Care Centered LLC
Care Compass Network
CareHive Health Inc.
Carestarter Technologies
Catholic Health Association of the United States
Center for Freedom and Prosperity
Center for Telehealth, University of Mississippi Medical Center
Centering Healthcare Institute
Centerstone
Centura Health
CEO Action for Racial Equity
Cerebral, Inc.
Cerner
CHAMP - Coalition for Headache and Migraine Patients
Change Healthcare
Child Neurology Foundation
Children's Health of Orange County
Children's Hospital New Orleans/LCMC Health
Children's Hospital of Philadelphia
Circle Medical
Cleveland Clinic
Clinical Social Work Association
College of Healthcare Information Management Executives (CHIME)
Colorado Hospital Association Broadband Services
Henry County Medical Center
Henry Ford Health System
Hicity Health
HIMSS
HIMSS, Colorado Chapter
HIMSS, Indiana Chapter
HIMSS, MN Chapter
HIMSS, National Capital Area
HIMSS, NYS Chapter
HIMSS, Southern California Chapter
Hinge Health
Home Centered Care Institute
HSA Coalition
Hudson Headwaters Health Network
Illinois Society for Advanced Practice Nursing
Immune Deficiency Foundation
Included Health (Doctor On Demand + Grand Rounds)
Indiana Neurological Society
Indiana University Health
Indo US Organization for Rare Diseases
Infectious Diseases Society of America
Inovalon, Inc.
Intel Corporation
International Foundation for Autoimmune & Autoinflammatory Arthritis (AiArthritis)
International OCD Foundation
Iowa Neurological Association
Jeeva Informatics Solutions Inc.
Johns Hopkins University & Medicine
LeadingAge and its Center for Aging Services Technologies (CAST)
Legacy Healthcare Services
Let's Talk Interactive, Inc.
LGBT Technology Partnership & Institute
LifePoint Health
LifeWIRE Corp
LiV-Connected
Maine Neurological Society
Maine Primary Care Association
Marshfield Clinic Health System
Mary Free Bed Rehabilitation
Mass General Brigham
Massachusetts Neurologic Association
Mayo Clinic
Medical Group Management Association
Medical University of South Carolina
MediGuru
Medstar Health
Memorial Sloan Kettering
Mental Health America
Michigan Neurological Association
Minnesota Medical Association
Moffitt Cancer Center
Monebo Technologies, Inc.
Monument Health
RED Consortium
Reiki Counseling Services, PLLC
Remedy Telehealth
Restore Therapy Services
Rhode Island Neurological Society
Ro
SCIL Health
Small Business & Entrepreneurship Council
Society of General Internal Medicine
Society of Interventional Radiology
Southcoast Health
SSM Health
Stanford Children’s Health
Stanford Health Care
Summit Healthcare Association
Susan G. Komen
SYNERGIA Integrated TeleBehavioral Health
Talkspace
TapestryHealth
TECHMEDO
Teladoc Health
Telehealth Alliance of Oregon
Texas Health Resources
Texas Neurological Society
The AIDS Institute
The American Board of Family Medicine Foundation’s Center for Professionalism & Value in Health Care
The ERISA Industry Committee
The Global Telemedicine Group
The Headache and Migraine Policy Forum
The Jewish Federations of North America
The John A. Hartford Foundation
The Medical Alley Association
The Michael J. Fox Foundation for Parkinson's Research
The National Association of Rehabilitation Providers and Agencies
The Partnership for a Connected Illinois, Inc.
The University of Kansas Health System
The US Oncology Network
Therapy Zone Incorporated
Third Eye Health
Tourette Association of America
Travere Therapeutics
Trinity Rehab Services
U.S. Pain Foundation
University ENT Care
University of California Health
University of Colorado Health
University of Maryland Medical System
University of Michigan Health
University of New Mexico Hospital, Patient + Family Advisory Committee
University of Pittsburgh Medical Center (UPMC)
URAC
UW Health: University of Wisconsin Hospitals and Clinics
Valley Community Services Board
Vault Medical Services, PA
Verato
Virta Health
Virtual Medical Services
Virtual Medical Staff, LLC
Vital Voice and Speech LLC
ViTel Net
VoCare, Inc.
Walden University
Walk-in Dermatology
Walmart
WaloMed
Washington State Neurological Society
Wisconsin Neurological Society (WNS)
WISE Healthcare Inc
Wysa
Zane Networks LLC.
Zipnosis
Zocdoc
Zoom Videoconferencing