

May 14, 2024

The Honorable Jason Smith  
Chairman  
Committee on Ways and Means  
United States House of Representatives  
Washington, DC 20515

The Honorable Richard Neal  
Ranking Member  
Committee on Ways and Means  
United States House of Representatives  
Washington, DC 20515

Dear Chairman Smith and Ranking Member Neal:

On behalf of our physician and medical student members, the American Medical Association (AMA) writes in strong support of the telehealth provisions of H.R. 8261, the “Preserving Telehealth, Hospital, and Ambulance Access Act.” During the pandemic, Congress lifted long outmoded statutory restrictions on telehealth services, allowing the Centers for Medicare & Medicaid Services (CMS) to provide Medicare beneficiaries and physicians unprecedented access to telehealth enabled services. We are glad you are prioritizing legislative action on a largely clean extension of these telehealth services currently scheduled to lapse at the end of the year. Although our ultimate goal is that these flexibilities are made permanent to facilitate greater long-term investment in virtual care for the betterment of patients, this legislation is pivotal in ensuring the continuation of essential telehealth services for the foreseeable future that have greatly enhanced health care access. Given that we are in the middle of a national physician workforce crisis, telehealth continues to provide critical access for patients across the country in various settings.

### **Continuation of Audio-Only Telehealth Services**

The AMA applauds Congress for continuing audio-only telehealth services through 2026. Audio-only services ensure that all patients, regardless of technological capabilities or preferences, can access health care services. Preserving the availability of audio-only services is especially important for patients in both rural and urban areas who lack access to the high-speed internet services needed to effectively utilize two-way audio-visual telecommunications services, as well as those who for other reasons are unable to utilize these services or are not comfortable doing so. Access to two-way audio-visual telehealth and audio-only services has lowered or eliminated barriers that many patients face, particularly those in rural and underserved areas, when trying to obtain in-person care that make it difficult to travel to physician offices, long travel times, workforce shortages, the need for a caregiver to accompany the patient, and patients experiencing unstable housing and lack of transportation and childcare.

### **Extension of Geographic and Originating Site Restrictions**

The AMA applauds Congress for extending the exemption to geographic and originating site restrictions through 2026. This extension ensures that telehealth remains a viable option for all Medicare beneficiaries, irrespective of their location, enhancing access to health care services in the comfort of their homes or any appropriate and convenient location that can facilitate two-way audio-visual technology. Flexibilities first implemented during the COVID-19 public health emergency have made a significant

difference in patients' ability to access telehealth services. This flexibility has been instrumental in transforming patient engagement with health care services, providing necessary care to the most vulnerable populations. Currently, Medicare beneficiaries do not need to seek out a clinical setting to receive their telehealth services—they can receive those services at their home or in another place convenient to them, provided CMS has decided to cover the visit. Forcing patients to find a clinical setting for telehealth visits effectively undermines the purpose of telehealth, since in rural areas many patients have limited access to qualifying sites. Additionally, patients in urban and suburban localities can benefit from access to telehealth services, not just those in rural areas. Immunocompromised patients, fulltime caregivers, patients with erratic work schedules, and those without reliable transportation, as well as many others, can continue to successfully use telehealth to receive their needed medical care.

The dramatic increase in the availability of telehealth services has catalyzed the development and diffusion of innovative hybrid models of care delivery utilizing in-person, telehealth, and remote monitoring services so that patients can obtain the optimal mix of service modalities to meet their health care needs. These models can also reduce fragmentation in care by allowing patients to obtain telehealth services from their regular physicians instead of having to utilize separate telehealth-only companies that may not coordinate care with patients' medical home. Now, all Americans, have the comfort that they can continue to receive a combination of in-person and virtual care. We appreciate that H.R. 8261 ensures these current flexibilities do not disappear in the short term.

### **Delay of In-Person Requirements for Telemental Health Services**

We also commend Congress for their legislative foresight in, once again, delaying the in-person requirements for telemental health services through 2026. Allowing this moratorium to expire will run counter to its goals of promoting more home-based care. Mental health services via telehealth have been a critical component in addressing the mental health crisis, allowing for timely and effective intervention. Extending the prohibition on the implementation of this provision ensures that patients continue to receive necessary care without the barrier of mandatory in-person visits, which often pose logistical challenges and can deter individuals from seeking help.

Virtual visits also offer mental and behavioral health providers unique insight into a patient's mental state through environmental cues. Undoubtedly, a major barrier to wider adoption of telemental health services is the requirement that a patient have an in-person visit within six months before their first telehealth visit. This requirement unnecessarily impedes access to mental health services for many patients, especially those in rural areas, as well as a variety of other patients with mobility issues, transportation problems, or other factors that limit their ability to schedule and attend in-person visits.

### **Extension of Acute Hospital at Home Waiver Flexibilities**

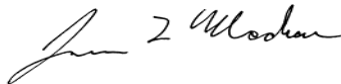
Finally, the AMA strongly supports the extension of the Acute Hospital at Home Waiver Flexibilities through 2029. This program has been proven to reduce hospital readmissions and improve patient outcomes by allowing patients to receive acute care in their home environment. Extending this flexibility for five years will help solidify the infrastructure required to support home-based care, providing a sustainable model for delivering high-quality health care by enabling hospitals and health systems nationwide to continue building out the logistics, supply chain, and workforce for Hospital-at-Home (HaH) and encourage multiple payers outside the Medicare program, including Medicaid programs, to enter the HaH market. This extension will also allow home-based services to be developed equitably across populations everywhere and ensure hospital inpatient unit care is available for the patients who

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need it while enabling patients who can and want to be treated in their home to have the opportunity to do so, creating needed capacity for hospitals without increasing health system costs.

Incorporating the lessons learned during the pandemic, this bill rightly prioritizes patient-centered care, leveraging technology to break down traditional barriers to access. By extending these critical telehealth flexibilities, Congress is taking significant steps to ensure that our health care system remains adaptive and responsive to the needs of all Americans. We urge a swift passage of H.R. 8261 and look forward to its successful implementation. In addition, we stand ready to work with the Committee on parallel legislative efforts to ensure permanent extension of these same telehealth flexibilities. Thank you for your leadership and commitment to advancing health care access and quality through thoughtful telehealth policies.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD