June 29, 2020

The Honorable Mitch McConnell  The Honorable Nancy Pelosi
Majority Leader  Speaker
United States Senate  United States House of Representatives
Washington, DC 20510  Washington, DC 20515

The Honorable Charles Schumer  The Honorable Kevin McCarthy
Minority Leader  Minority Leader
United States Senate  United States House of Representatives
Washington, DC 20510  Washington, DC 20515

Dear Congressional Leaders:

Thank you for acting to expand access to telehealth services during the COVID-19 public health emergency (PHE) by providing the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) the authority to waive longstanding restrictions on Medicare telehealth services and ensuring that additional types of health care providers can furnish telehealth services during the pandemic.

Providers across the country have utilized these flexibilities to scale delivery and provide older Americans, many for the first time, access to high quality virtual care, resulting in 11.3 million beneficiaries accessing telehealth services in mid-April alone.\(^1\) Medicare Advantage plans have driven a similar expansion with 91 percent of seniors reporting a favorable telehealth experience and 78 percent likely to use telehealth again in the future, figures that closely track with similar patient satisfaction data from health systems nationwide.\(^2\) Additional flexibility has also allowed Federally Qualified Health Centers (FQHC) to deliver safe and effective care to underserved patient populations that have rated the service they received highly.\(^3\)

Private health plans have also followed suit, and in response, telehealth adoption has soared – resulting in a 4,300 percent year-over-year increase in claims for March 2020.\(^4\) Taken as a whole, these temporary policy changes have allowed 46 percent of Americans to replace a cancelled healthcare visit with a telehealth service during the pandemic. With so many patients accessing care virtually, expectations for the future of our healthcare system have shifted significantly and 76 percent of Americans now report having a strong interest in using telehealth moving forward.\(^5\)

Driven by swift action from Congress and new patient demand, healthcare organizations are dramatically transforming and investing in new technologies to meet the needs of many Americans. Unfortunately, much of this transformation is dependent on temporary flexibilities extended to health systems and providers that are limited to the duration of the COVID-19 public health emergency declaration. Absent additional action from Congress, Medicare beneficiaries will abruptly lose access to nearly all recently expanded coverage of telehealth services when the emergency declaration ends.

\(^2\) [https://www.bettermedicarealliance.org/sites/default/files/BMA%20Memo%20CT%20D2%20B3%5D.pdf](https://www.bettermedicarealliance.org/sites/default/files/BMA%20Memo%20CT%20D2%20B3%5D.pdf)
\(^3\) [https://www.himss.org/resources/providing-telehealth-visits-underserved-communities-case-study](https://www.himss.org/resources/providing-telehealth-visits-underserved-communities-case-study)
\(^4\) [https://www.fairhealth.org/states-by-the-numbers/telehealth](https://www.fairhealth.org/states-by-the-numbers/telehealth)
Virtual care has provided unprecedented access for patients, but it has become clear that uncertainty as to the future of telehealth under Medicare will halt or reverse further adoption and utilization – to the detriment of both patients and providers.

Given the statutory restrictions in Section 1834(m) of the Social Security Act and that the authorities granted to HHS and CMS through recent coronavirus legislation are limited to the COVID-19 public health emergency period, Congress must act to ensure that the Secretary has the appropriate flexibility to assess, transition, and codify any of the recent COVID-19-related telehealth flexibilities and ensure telehealth is regulated the same as in-person services. Congress not only has the opportunity to finally bring the US healthcare system into the 21st century, but the responsibility to ensure that billions of dollars in COVID-focused investments made during the pandemic are not wasted and instead used to support the transformation of care delivery and ultimately, expand access to high quality virtual care to all Americans.

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

1. **Remove Obsolete Restrictions on the Location of the Patient**: Congress should permanently remove the current section 1834(m) geographic and originating site restrictions to ensure that all patients can access care at home, and other appropriate locations. The response to COVID-19 has shown the importance of making telehealth services available in rural and urban areas alike. In order to bring clarity and provide certainty to patients and providers, we strongly urge Congress to address these restrictions in statute by striking the section 1834(m) geographic limitation on originating sites and allow beneficiaries across the country to receive virtual care in their homes, or location of their choosing, where clinically appropriate and with beneficiary protections and guardrails in place.

2. **Maintain and Enhance HHS Authority to Determine Appropriate Providers and Services 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, HHS and CMS should 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.

3. **Ensure Federally Qualified Health Centers and Rural Health Clinics Can Furnish Telehealth Services after the PHE**: FQHCs and RHCs provide critical services to underserved communities and have expanded telehealth services after restrictions were lifted under the CARES Act. Congress should ensure that FQHCs and RHCs can offer virtual services post-COVID and work with stakeholders to support fair and appropriate reimbursement for these key safety net providers.

4. **Make Permanent HHS Temporary Waiver Authority During Emergencies**: Congress has given HHS authority under Section 1135 of the Social Security Act to waive restrictions during the COVID-19 pandemic. However, the waiver authority is specific to this particular PHE. Congress should ensure HHS and CMS can act quickly during future pandemics and natural disasters.

We encourage you and your colleagues to consider legislation centered on these priorities before the public health emergency expires, which would end beneficiaries’ access to virtual care. These priorities ensure HHS and CMS have the necessary authority to maintain oversight of telehealth services, guaranteeing access to safe, effective, and appropriate care while targeting clearly outdated statutory
restrictions that discriminate based on geography and patient location. Swift congressional action will provide a clear signal to patients, who are concerned about the future of their telehealth benefits, as well as providers and health systems, which are hesitant to make investments in critical healthcare infrastructure without certainty from policymakers.

We need your support in ensuring that seniors and providers do not go over the telehealth “cliff” – losing access to these critical services when they are still needed by so many. We look forward to working with you to build on the temporary reforms included in the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 and the Coronavirus Aid, Relief, and Economic Security (CARES) Act to ensure Medicare beneficiaries can continue to access care when and where they need it.

Sincerely,

[Signatures and list of organizations]

3 of 9
American Medical Rehabilitation Providers Association
American Nurses Association
American Occupational Therapy Association
American Organization for Nursing Leadership (AONL)
American Osteopathic Association
American Physical Therapy Association
American Psychoanalytic Association
American Psychological Association
American Society of Nephrology
American Society of Pediatric Nephrology
American Speech-Language-Hearing Association
American Teledentistry Association
American Telemedicine Association (ATA)
American Urological Association
Americans for Prosperity
America's Essential Hospitals
AMGA
Amwell
Ascension
Association for Behavioral Health and Wellness
Association of Asian Pacific Community Health Organizations (AAPCHO)
Association of Departments of Family Medicine
Association of Diabetes Care & Education Specialists
Association of Family Medicine Residency Directors
Association of Oncology Social Work
Association of periOperative Registered Nurses
Association of Public Health Nurses
athenahealth
Avera Health
Beacon Medical Group, Inc.
Better Medicare Alliance
Biofourmis, Inc.
BioscienceLA
BJC HealthCare
Bright.md
California Association of Public Hospitals and Health Systems
California Health Information Association
California Health Information Services & Partnership Organization
California Primary Care Association
California Psychological Association
California Telehealth Policy Coalition
CaliforniaHealth+ Advocates
Cancer Support Community
Caregility
CareSpan USA, Inc.
Center for a Free Economy
Center for Freedom and Prosperity
Center to Advance Palliative Care
Centering Healthcare Institute
Centerstone
Central Logic
Cerner
Change Healthcare
Chesapeake Urology Associates
CHI Franciscan
Children's Health Fund
Chimes International Inc
ChristianCare
Clinical Informatics, Inc.
Coalition for Compassionate Care of California
Coalition For Headache And Migraine Patients (CHAMP)
Cohen Veterans Network
College of Healthcare Information Management Executives (CHIME)
College of Psychiatric and Neurologic Pharmacists (CPNP)
Columbia University Irving Medical Center
CommonWell Health Alliance
Compassion & Choices
Connected Home Living
Consumer Choice Center
Consumer Technology Association
Convenient Care Association
Cosan Group
CoverMyMeds
Curve Health
Cystic Fibrosis Foundation
DestinyWell
Devoted Health Inc.
Diabetes Patient Advocacy Coalition (DPAC)
Digital Medicine Society (DiMe)
Digital Therapeutics Alliance (DTA)
Doctor On Demand
Duke Health
eHealth Initiative
EHR Association
emids
Encounter Telehealth, LLC
Endocrine Society
Envision Healthcare
Epic Systems Corporation
Epilepsy Foundation
EveryLife Foundation for Rare Diseases
ExamMed
Excalibur Healthcare
Federation of American Hospitals
Fight Colorectal Cancer
Foothold Technology
Forefront Telecare, Inc
Frederick Health
FreedomWorks
Friends of the National Institute of Nursing Research
Global Partnership for Telehealth, Inc.
GlobalMedia Group, LLC, DBA GlobalMed
GlyCare
GO2 Foundation for Lung Cancer
Google
Grace Initiative Foundation Tree
Grapevine Health
Greenway Health
HCA Healthcare
Health Data & Management Solutions (An Aetna company)
Health Innovation Alliance
Healthcare Leadership Council
Heart Failure Society of America
HIAI-TOUCH (Telehealth Outreach for Unified Community Health) Non-profit
Hillrom
Hims & Hers Health, Inc.
HIMSS
HIMSS Central Pennsylvania Chapter
HIMSS Central/North Florida Chapter
HIMSS Delaware Valley Chapter
HIMSS Greater Illinois Chapter
HIMSS Indiana Chapter
HIMSS Kentucky Bluegrass Chapter
HIMSS Louisiana Chapter
HIMSS Maryland Chapter
HIMSS Minnesota Chapter
HIMSS Montana Chapter
HIMSS Nebraska Chapter
HIMSS New England Chapter
HIMSS Northern California Chapter
HIMSS Oregon Chapter
HIMSS South Carolina Chapter
HIMSS Tennessee Chapter
HIMSS Washington Chapter
Hospice Palliative Nurses Association
HSA Coalition
IHE USA
Immune Deficiency Foundation
IncludeHealth, Inc.
Indiana University Health
Indie Health
Infectious Diseases Society of America
Inovalon
InSight + Regroup
Intel Corporation
Intermountain Healthcare
International OCD Foundation
InTouch Health
K4Connect
Keck Medicine of USC
Lanai Community Health Center
LeadHealth
LeadingAge
Leidos
Leon Concierge Medicine
Less Government
Lewy Body Dementia Association
Life365
LifePoint Health
LifeWIRE Corp.
Lincare
LiveWell Alliance, Inc.
Livongo
Locumtenens.com
Marshfield Clinic Health System
Mass General Brigham
Massachusetts General Hospital
Medical Group Management Association
Medisante' Group
MedStar Health
MedWand Solutions, Inc.
Mend VIP, Inc.
Mental Health America
MiCare Path
Michigan Medicine
Muscular Dystrophy Association
MyndYou
NACBHDD and NARMH
National Association for Healthcare Quality
National Association for Home Care and Hospice
National Association of ACOs
National Association of Community Health Centers
National Association of Health Underwriters
National Association of Pediatric Nurse Practitioners
National Association of Rural Health Clinics
National Association of Social Workers
National Athletic Trainers' Association
National Council for Behavioral Health
National Council of State Boards of Nursing
National Diabetes Volunteer Leadership Council
National League for Nursing
National Nurse-Led Care Consortium
National Organization for Rare Disorders
National Partnership for Healthcare and Hospice Innovation (NPHI)
National Partnership for Women & Families
National Patient Advocate Foundation
National Psoriasis Foundation
National Taxpayers Union
Nemours Children's Health System
NextGen Healthcare
Nonin Medical
North American Primary Care Research Group
Northfield Hospital + Clinics
OCHIN
Ochsner Health
Omron Healthcare Inc.
Oncology Nursing Society
Onduo LLC
One Medical
Optimize Health
Orion Behavioral Health Network
OrthoVirginia
Parent Project Muscular Dystrophy
Parkview Health
Partnership for AI, Telehealth & Robotics in Healthcare
PAs in Virtual Medicine and Telemedicine
Personal Connected Health Alliance
Physician Assistants in Hospice and Palliative Medicine
Pillsy Inc.
Pine Rest Christian Mental Health Services
Planted Recovery Inc
Point-of-Care Partners
Primary Care Collaborative
Primary Care Development Corporation
Providence St. Joseph Health
PursueCare
Qualtrics
Quio Technologies
Rebel Labs Inc.
Recovr Inc.
Reflexion Healthcare
ResMed, Inc.
ResolutionCare Network, LLC
Roman Health Ventures Inc.
Royal Philips
Rural Hospital Coalition
San Francisco Tech Council
Saunders Medical Center
Scripps Health
Shriners Hospitals for Children
Small Business & Entrepreneurship Council
SOC Telemed
Society of Hospital Medicine
Society of Pediatric Nurses
Society of Teachers of Family Medicine
Spectrum Health
Spina Bifida Association
Stanford Health Care
Strategic Health Information Exchange Collaborative (SHIEC)
Strategic Interests, LLC
Summit Healthcare Regional Medical Center
Supportive Care Coalition
Sutter Health
SYNERGIA Integrated teleBehavioral Health, Inc.
TapestryHealth
Taxpayers Protection Alliance
Teladoc Health
TeleMed2U
Texas e-Health Alliance
Texas Health Information Management Association
The Center for Telehealth & eHealth Law
The Commons Project Foundation
The ERISA Industry Committee
The Gerontological Advanced Practice Nurses Association
The Headache and Migraine Policy Forum
The Jewish Federations of North America
The Johns Hopkins Health System
The Joint Commission
The Learning Corporation
The Michael J. Fox Foundation for Parkinson's Research
The University of Texas at Austin, UT Health Austin
Third Eye Health, Inc.
Tourette Association of America
Treatment Communities of America
Trinity Health
TytoCare
United Spinal Association
United Urology
University of California Health
University of California, Davis Health
University of Hawaii System
University of Mississippi Medical Center
University of Pittsburgh Medical Center (UPMC)
University of Pittsburgh Medical Center, Pinnacle
Updox
URAC
UsAgainstAlzheimer's
Validic, Inc.
Verato
VeruStat Inc.
Virtual Medical Group
VirtuSense Technologies LLC
ViTel Net
Vodafone
Washington State Society for Post-Acute and Long-Term Care Medicine
Welcome Home Health, Inc
Wellbox
Wisconsin Hospital Association
Wound Ostomy and Continence Nurses Society (WOCN®)
Yale New Haven Health System
Ziegler
Zipnosis
Zocdoc