



July 26, 2022

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Pelosi and Minority Leader McCarthy:

On behalf of the American College of Physicians (ACP), I am writing to express our strong support for H.R. 4040, the Advancing Telehealth Beyond COVID-19 Act of 2021, as modified by the Rules Committee Print 117-59 on July 22, 2022. With current-law telehealth flexibilities scheduled to expire soon after the end of the declared public health emergency (PHE), this much-needed legislation would provide continued access to key telehealth services until Jan. 1, 2025. As this nation continues to struggle through the COVID-19 pandemic, we are pleased to see this legislation scheduled for a vote this week in the U.S. House and urge its immediate passage.

The ACP is the largest medical specialty organization and the second-largest physician membership society in the United States. The ACP members include 161,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge, clinical expertise, and compassion to the preventive, diagnostic, and therapeutic care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions such as diabetes, heart disease, and asthma.

ACP supports the expanded role of telehealth as a method of health care delivery that may enhance patient–physician collaborations, improve health outcomes, increase access to care from physicians and members of a patient's health care team, and reduce medical costs when used as a component of a patient's longitudinal care. Telehealth can be most efficient and beneficial between a patient and physician with an established, ongoing relationship and can serve as a reasonable alternative for patients who lack regular access to relevant medical expertise in their geographic area.

The Consolidated Appropriations Act (CAA) of 2022, which was signed into law, extended certain flexibilities in place during the PHE for 151 days after the PHE ends. These flexibilities include allowing payment for rural health clinics (RHCs) and federally qualified health centers (FQHCs) for furnishing telehealth services (other than mental health visits that can be furnished virtually on a permanent basis) under the payment methodology established for the PHE, allowing telehealth services to be furnished in any geographic area and in any originating site setting, including the beneficiary's home, and allowing certain services to be furnished via audio-only telecommunications systems. The CAA of 2022 also delays the in-person visit requirements for mental health visits furnished by RHCs and FQHCs via telecommunications technology until 152 days after the end of the PHE.

THE ADVANCING TELEHEALTH BEYOND COVID-19 ACT

This legislation extends current-law telehealth flexibilities, as noted below, beyond the PHE and through 2024.

- Removes geographic requirements and expands originating sites for telehealth services
- Extends telehealth services for FQHCs and RHCs
- Delays the in-person requirements under Medicare for mental health services furnished through telehealth and telecommunications technology
- Allows for the furnishing of audio-only telehealth services for evaluation and management services

Geographical Site Restrictions

ACP strongly supports policy changes to pay for services furnished to Medicare beneficiaries in any health care facility and in their home—allowing services to be provided in patients’ homes and outside rural areas. ACP has long-standing policy in support of lifting these geographic site restrictions that limit reimbursement of telehealth services by the Centers for Medicare and Medicaid Services (CMS) to those that originate outside of metropolitan statistical areas or for patients who live in or receive service in health professional shortage areas. While limited access to care is prevalent in rural communities, it is not an issue specific to rural communities alone. Underserved patients in urban areas have the same risks as rural patients if they lack access to in-person primary or specialty care due to various social determinants of health such as lack of transportation or paid sick leave, or insufficient work schedule flexibility to seek in-person care during the day, among many others. While ACP would like to see current geographic site restrictions lifted on a permanent basis, H.R. 4040 is a positive step toward that end in removing those restrictions and advancing health equity through 2024.

Mental Health Services Furnished through Telehealth

It is vital that current-law telehealth flexibilities continue beyond the time frame outlined in the CAA, including the ability to access mental health services via telehealth. ACP supports any efforts to expand access to mental and behavioral health services, including allowing beneficiaries to access services from home, or if the technology is not available at home, from a rural health clinic or hospital. We support the provision in H.R. 4040 as modified that delays the in-person requirements under Medicare for mental health services furnished through telehealth through 2024.

Audio-Only Telehealth Services

During the PHE, Medicare has covered some audio-only services for tele-mental health as well as evaluation and management services provided to patients and will reimburse for both telehealth services and audio-only services as if they were provided in person. Primary care services delivered via telephone have become essential to a sizable portion of Medicare beneficiaries who lack access to the technology necessary to conduct video visits. These services are instrumental for patients who do not have the requisite broadband/cellular phone networks, or do not feel comfortable using video visit technology. In addition, these changes have greatly aided physicians who have had to make up for lost revenue while still providing appropriate care to patients. ACP is pleased that H.R. 4040 as modified would continue audio-only telehealth services for evaluation and management services beyond the declared PHE and through 2024.

Health Equity in Telehealth

We remain concerned about the increasing inequities associated with telehealth, as there are disparities in access to this technology. A February 2022 HHS [publication](#) reported that telehealth utilization during the period of April to October 2021 varied by race, region, education, income, and insurance. For those in rural and underserved communities, the nearest clinic may be hours away. Unfortunately, rural communities also suffer from more limited access to broadband internet, which restricted the ability of many in rural communities to access telemedicine pre-pandemic. Additionally, [research](#) shows that Black and Hispanic Americans own laptops at lower rates than White Americans, further dividing pre-pandemic access to telemedicine. Equitable access to broadband internet is critical to the promotion of health equity and quality of care outcomes through telehealth. We urge Congress to provide support for further broadband deployment to reduce geographic and sociodemographic disparities and access to care.

CONCLUSION

We appreciate this opportunity to share our views on the importance of telehealth services both during and after the COVID-19 pandemic as well as our support for the Advancing Telehealth Beyond COVID-19 Act of 2021 as recently modified. We stand ready to work with you on future legislation to expand vital telehealth services for the benefit of improving patient care.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Mire', enclosed within a large, loopy oval scribble.

Ryan D. Mire, MD, FACP
President

Cc: Representatives Liz Cheney (R-WY), Debbie Dingell (D-MI)