



May 30, 2024

The Honorable Cathy McMorris Rodgers  
Chair  
House Committee on Energy & Commerce  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member  
House Committee on Energy & Commerce  
U.S. House of Representatives  
Washington, DC 20515

Dear Chair Rodgers and Ranking Member Pallone,

On behalf of the American College of Physicians (ACP), we are grateful for the opportunity to provide comments in response to the Energy and Commerce's Subcommittee on Health's [legislative markup](#) on May 16, 2024. ACP strongly supports extending the telehealth flexibilities that were implemented during the COVID-19 pandemic and are scheduled to expire this year. We appreciate Chairman Guthrie and Ranking Member Eshoo for including the Telehealth Modernization Act of 2024, H.R. 7623, in the markup, and for the insightful discussion from the subcommittee on the importance of telehealth and its role in improving patients' access to care. The College urges the Energy and Commerce Committee (committee) to support the following policy recommendations, outlined in this letter, which would strengthen our country's health care system and ensure that Medicare beneficiaries will get the care they need when they need it most.

ACP is the largest medical specialty organization and the second largest physician membership society in the United States. ACP members include 161,000 internal medicine physicians, 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.

ACP supports the expanded role of telehealth as a method of health care delivery that can enhance the patient-physician relationship, improve health outcomes, increase access to care from physicians and members of a patient's health care team, and reduce medical costs. Telehealth can be an option for patients who lack access to in-person primary or specialty care due to various social drivers of health such as a lack of transportation or paid sick leave, or insufficient work schedule flexibility to seek in-person care during the day. Current telehealth flexibilities have been instrumental in improving access to care for patients across the U.S. We were pleased that the Consolidated Appropriations Act of 2023 extended many of those flexibilities through the end of 2024, helping ensure access to care modalities that many

physicians and patients rely on. In order to preserve patient access to telehealth, Congress must extend these flexibilities beyond this year.

### **Removing geographic requirements and expanding originating sites for telehealth**

ACP has long-standing policy that supports lifting geographic site restrictions and expanding originating sites so that patients can receive virtual care at home and elsewhere based on their needs and clinical appropriateness. When patients are away from their “regular” geographic location, telehealth is often the only way they can receive timely and appropriate care from their physician, rather than using costlier options like the urgent care or the emergency department. **We strongly support legislation that would remove geographic restrictions on where a patient must be located in order to utilize telehealth services and expand eligible originating site locations to include patients’ homes and other clinically appropriate sites.**

### **Audio-only telehealth can help to address health inequities**

While there are many benefits to telehealth, we remain concerned about the increasing inequities associated with it, as there are disparities in access to this technology. A February 2022 Department of Health and Human Services (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 and underserved communities also suffer from more limited access to broadband internet, which restricts the ability of many in these communities to access telemedicine. Additionally, [research](#) shows that Black and Hispanic Americans own laptops at lower rates than White Americans, further dividing access to telemedicine. Equitable access to broadband internet is critical to the promotion of health equity and quality of care outcomes through telehealth. **As the committee discusses legislative proposals to improve telehealth, we urge you to support policies and programs, such as the Federal Trade Commission’s Affordable Connectivity Program, that would support further broadband deployment to reduce geographic and sociodemographic disparities and improve access to care.**

**ACP strongly supports the use of audio-only telehealth as an effective modality to address gaps in health equity.** Primary care services delivered via telephone have become essential to a sizable portion of Medicare beneficiaries who lack access to or knowledge of the technology necessary to conduct video visits. Continued access to audio-only services is instrumental for patients who do not have the requisite broadband/cellular phone networks or who have privacy concerns or limited digital literacy, and do not feel comfortable using video technology.

### **Telehealth Modernization Act of 2024**

**The College strongly supports the Telehealth Modernization Act of 2024, H.R. 7623, which is in alignment with our telehealth policies.** This legislation, as amended, would extend telehealth flexibilities that ACP supports through 2026. This includes the removal of geographic restrictions, expansion of originating sites required for telehealth visits, and audio-only telehealth access. Further, it would allow for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to continue providing telehealth services to American seniors. These centers and clinics play a critical role in increasing access to care for patients across the country.

They provide comprehensive care, including primary and preventive care services, for millions of Americans in medically underserved communities.

ACP is pleased to learn of the inclusion of provisions for pharmacy benefit manager (PBM) reform, included as an amendment in the markup for H.R. 7623. We strongly support improving transparency, accountability, and competition in PBM practices to reduce the price of prescription drugs for our patients. Prescription drug prices have [increased](#) by more than 10 percent per year for each of the top 20 brand-name drugs prescribed to seniors, and PBMs negotiate rebates from those higher prices. Increased transparency from PBMs and health plans is needed to provide greater understanding of drug prices, help patients make informed decisions, and support a more sustainable health care system. There needs to be greater transparency to reduce confusion about how PBMs work and make decisions regarding formularies. Further, we need clarity about the amount of money they take in and the actual savings that get passed on to patients.

### **Permanent extension for telehealth flexibilities**

ACP believes that longer term stability would strengthen patient care, thus we also encourage the committee to include legislation, like the CONNECT for Health Act of 2023, H.R. 4189, and the Protecting Rural Telehealth Access Act, H.R. 3440, which would facilitate access to care via telehealth permanently.

ACP strongly supports the CONNECT Act, bipartisan legislation which would expand coverage of telehealth services through Medicare, make current telehealth flexibilities permanent, improve health outcomes, and make it easier for patients to connect with their doctors. More specifically, the CONNECT Act would:

- permanently remove all geographic restrictions on telehealth services and expand originating sites to include the home and other sites;
- permanently allow health centers and rural health clinics to provide telehealth services;
- allow more eligible health care professionals to utilize telehealth services;
- remove unnecessary in-person visit requirement for telemental health services;
- allow for the waiver of telehealth restrictions during public health emergencies; and,
- require more published data to learn more about how telehealth is being used, impacts of quality of care, and how it can be improved to support patients and health care providers.

We believe patients across geographies and settings, including both rural and urban areas, have benefited from increased access and improved convenience provided by telehealth services. In addition, data collection will help tailor and implement best practices for telehealth and control costs.

The Rural Telehealth Act would also expand access to health care and save patients time and money by making permanent Medicare coverage of telehealth services allowed during the COVID-19 pandemic. These changes would include allowing patients to be treated at home, allowing RHCs FQHCs to provide telehealth services, and expanding coverage of audio-only services for certain conditions.

**Conclusion**

We strongly urge the House Committee on Energy and Commerce to support the bills underscored in this letter and we stand ready to serve as a resource to promote these policies as these bills are considered further by the House of Representatives. Should you have any questions, please contact Vy Oxman, Senior Associate of Legislative Affairs, at [voxman@acponline.org](mailto:voxman@acponline.org).

Sincerely,



Isaac O. Opole, MD, PhD, MACP  
President