

March 10, 2025

The Honorable John Thune  
Majority Leader  
United States Senate  
Washington, D.C. 20510

The Honorable Mike Johnson  
Speaker of the House  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Chuck E. Schumer  
Minority Leader  
United States Senate  
Washington, D.C. 20510

The Honorable Hakeem Jeffries  
Minority Leader  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Majority Leader Thune, Minority Leader Schumer, Speaker Johnson and Minority Leader Jeffries,

We write today to urgently request that Congress extend the telehealth flexibilities set to expire on March 31, 2025, for as long as possible, and at a minimum, through the end of the year, to provide certainty for clinicians and their patients.

Telehealth has revolutionized the way healthcare is delivered, offering a safe, reliable source of high-quality care for tens of millions of people. It has saved patients countless hours and dollars, has reduced the need for costly hospitalizations and transfers, and reduced the burden on clinicians. Patients living in rural and hard-to-reach areas have benefitted immensely as have those with mobility and transportation issues, and other barriers that have hindered access. The flexible telehealth policies put in place following the Public Health Emergency (PHE) have been nothing shy of a lifeline for millions of patients – they have increased virtual access to a wider array of clinicians and services, mitigated the clinician shortage, improved access to specialists, and shortened wait times to be seen. Importantly, as patients and clinicians navigate challenging economic conditions, the use of telehealth has provided affordable healthcare options.

Acting now to extend the policies initially enacted under the pandemic through the end of the year (at minimum) will bring much-needed stability to patients and clinicians. The deadline for the end of these policies comes at a time when patients are struggling with inflationary pressures, clinician burnout and recording setting Baby Boomer retirements. Medical price inflation is outpacing overall inflation creating cost pressures on both patients and clinicians. Experts report 11,000 Americans are turning 65 every day. And, studies find clinician burnout has topped 47 percent among physicians and 56 percent among nurses.

Healthcare organizations (HCOs) have made significant investments in telehealth and the data supports this. According to CHIME's 2024 Most Wired survey: 93% of HCO's operate a telehealth service; 80% of HCO's now offer asynchronous provider visits with 63% of those being fully adopted across their enterprise; 97% have adopted virtual patient and family visits; and 87% are utilizing remote patient monitoring integrated into the treatment plan.

We simply cannot return to pre-pandemic telehealth policies. There is an urgent need to extend the following telehealth policies that are set to expire at the end of this month:

- Waiving geographic and originating site restrictions so that urban, suburban, and rural Medicare patients can continue to receive telehealth services at any location, including their home as the “originating site” rather than have to travel to a brick-and-mortar healthcare facility;
- Expanding the list of telehealth practitioners to include qualified occupational therapists (OTs), physical therapists (PTs), speech-language pathologists (SLPs), and audiologists;
- Continuing payment for telehealth services delivered in rural health clinics (RHCs) and federally qualified health centers (FQHCs);
- Waiving the in-person requirement for telehealth treatment of certain mental health conditions;
- Permitting use of audio only technology when broadband is insufficient or unavailable to support a video visit;
- Allowing recertification of a patient’s need for hospice to occur via telehealth; and
- Continuing the Acute Hospital Care at Home (AHCAH) initiative, which allows certain Medicare-certified hospitals to treat patients with inpatient-level care at home from participating hospitals.

The Drug Enforcement Administration (DEA) and the U.S. Department of Health and Human Services (HHS) released a temporary rule extending the current policy flexibilities regarding telemedicine prescribing of controlled substances through the end of 2025. Congress should act now to ensure alignment with the DEA's flexibilities for prescribing to patients via telehealth.

In summary, extending telehealth policies is not just a matter of convenience; it is a necessity for ensuring affordable access to healthcare for patients. We strongly urge you to support the extension of these vital services to continue providing high-quality, accessible healthcare to patients across the country.

Thank you for your leadership on this issue. Should you have questions about our position or require additional information, please contact Cassie Ballard, CHIME’s Director of Congressional Affairs, at [cballard@chimecentral.org](mailto:cballard@chimecentral.org).

Sincerely,

Advocate Health  
American Association for Homecare  
American College of Physicians  
American Health Care Association/National Center for Assisted Living  
American Nursing Informatics Association  
Ann & Robert H. Lurie Children's Hospital  
Aspirus Health  
athenahealth  
Atlantic General Hospital  
Baptist Health of NE Florida

Bayhealth Medical Center  
Black River Health  
Blanchard Valley Health System  
Borland Groover Clinic PA  
Bryan Health  
Care Dimensions  
Carteret Health Care  
CentraCare  
Children's Hospital Colorado  
Children's Nebraska  
City of Hope  
College of Healthcare Information Management Executives (CHIME)  
Community Hospital - McCook  
Cook Children's Health Care System  
Corewell Health  
Dayton Physicians, LLC  
EvergreenHealth  
Faith Regional Health Services  
Fisher-Titus Medical Center  
Franciscan Missionaries of Our Lady Health System  
Genesis HealthCare System  
Group Health Cooperative of South Central Wisconsin  
H.B. Magruder Memorial Hospital  
Healthlink Advisors  
Hendrick Health  
Henry Mayo Newhall Hospital  
Hyro  
Inova Health  
KapsConsulting  
Kettering Health  
KeyCare, Inc.  
Lakeland Regional Health Systems, Inc.  
Lakewood Health System  
LCMC Health  
LeadingAge  
Lee Health  
Loma Linda University Health  
MaineGeneral Health  
MaineHealth  
Marshfield Clinic Health System  
Mass General Brigham  
McLeod Health  
MedStar Health  
Mount Sinai Health System  
Mt. San Rafael Hospital and Clinics  
Nemours Children's Health  
Neteera  
NorthBay Health  
Northeastern Vermont Regional Hospital  
Northern Arizona Healthcare  
OCHIN

Open Door Family Medical Center  
Optimum Healthcare IT  
Oswego Health  
Panda Health Inc.  
Prairie Lakes Healthcare System  
ProMedica  
Rady Children's Health  
Riverside Medical Center  
Saint Francis Health System  
San Ysidro Health  
Seattle Indian Health Board  
Southcoast Health  
Southwest General Health System  
SSM Health  
St. Luke's Health System  
Stanford Medicine Children's Health  
Stormont-Vail Healthcare, Inc.  
Tanner Health  
Teledigm Health  
The Guthrie Clinic  
The University of Kansas Health System  
Tower Health  
Trinity Rehabilitation Services  
UCHealth  
United Regional Health Care  
Valley Diabetes & Obesity  
Valley Regional Hospital  
Vandalia Health  
Ventura County Health Care Agency  
Verato  
Virtua Health  
WVU Medicine  
Yakima Valley Farm Workers Clinic