



Statement for the Record
American College of Physicians
Hearing before the House Energy and Commerce Subcommittee on Health
“Supporting Patients Access to Telehealth”
April 10, 2024

The American College of Physicians (ACP) is grateful for the opportunity to submit this statement on the following legislative proposals that would maintain access to essential telehealth services for Medicare patients across the country. We appreciate Chairman Guthrie and Ranking Member Eshoo for holding this hearing to examine the importance of telehealth and its role in improving patients’ access to care. We hope that this important discussion will provide a platform to act on bipartisan solutions to promote telehealth as an essential part of health care access and delivery and to improve the nation’s capacity to confront future national public health emergencies and improve access to care more broadly.

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.

The College supports the expanded role of telehealth as a method of health care delivery that may 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 serve as an alternative for patients who lack access to in-person primary or specialty care due to various social drivers 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. Telehealth flexibilities from the pandemic-era public health emergency (PHE) 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.

ACP believes that the following existing flexibilities should be continued – and not allowed to expire – to support making telehealth an ongoing and continued part of medical care now and in the future. We urge the subcommittee to make these existing flexibilities permanent or to provide long-term extensions for them.

- Expand originating sites and lift geographic requirements for telehealth services
- Allow federally qualified health centers (FQHCs) and rural health clinics (RHCs) to continue to provide and receive payment for telehealth services
- Allow the furnishing of audio-only telehealth services for evaluation and management services
- Remove the in-person visit requirement for behavioral/mental health furnished through telehealth services

Removing geographic requirements and expanding originating sites for telehealth

ACP has long-standing policy in support of lifting geographic site restrictions and expanding originating sites so that patients can receive virtual care at home based on their needs and clinical appropriateness. **Therefore, we support H.R. 134, which would remove geographic requirements and expand originating sites for telehealth services permanently. ACP has endorsed the CONNECT for Health Act in previous years and we continue to support it in this Congress.** H.R. 4189 would provide a comprehensive framework to permanently expand telehealth services in Medicare. We strongly support the provisions in the bill 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. The bill would allow for FQHCs and RHCs to provide telehealth services and would also establish a permanent waiver authority for the Secretary of Health & Human Services for future PHEs.

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 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 subcommittee discusses legislative proposals to improve telehealth, we urge you to explore policies 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. **The College supports H.R. 7623, the Telehealth Modernization Act of 2024 that would allow for audio-only telehealth reimbursement in Medicare.** This legislation would also make certain telehealth flexibilities that ACP supports permanent, including removing geographic restrictions and expanding originating sites required for telehealth visits in Medicare. Further, it would implement a permanent payment system for telehealth services furnished by FQHCs and RHCs. **We also support H.R. 5611, the Helping Ensure Access to Local TeleHealth (HEALTH) Act of 2023.** This bill would allow FQHCs and RHCs to continue to serve as originating sites for telehealth and would lift geographic site restrictions. These centers and clinics provide comprehensive care, including primary and preventive care services, for millions of Americans in medically underserved communities. Additionally, it would allow FQHCs and RHCs to be reimbursed permanently by Medicare for audio-only services.

Enhancing access to behavioral and mental health care

ACP's policy supports increasing availability and coverage for mental and behavioral health services. **We urge the subcommittee to support the removal of Medicare's requirement that**

patients undergoing behavioral/mental health treatment must have an in-person visit within six months of being seen virtually. Further, we recommend that the subcommittee ensure that the guardrails specified for patients to access tele-mental health services without an in-person visit to a physician do not impart a distinction via differing documentation requirements between mental health services provided via telehealth and those in the in-person setting. Generally, the College believes that the intent to treat documentation requirements for telehealth services differently than for in-person visits is misguided. This is because telehealth services are not different in terms of providing longitudinal care to patients. In addition, CMS has recently alleviated the administrative burden of evaluation and management services (E/M) documentation in 2021, so additional documentation requirements for telehealth would be contradictory to CMS' ongoing efforts to minimize documentation and focus on medical decision-making. Since medical record documentation continues to be an incredibly burdensome task for clinicians, ACP would be disappointed – and it would be a disservice to patients – to include any requirements that further complicate the provision of these services.

The College supports three additional bills that will be up for discussion in the hearing, H.R. 3432, Telemental Health Care Access Act, H.R. 7711, the Advancing Access to Telehealth Act, and H.R. 5541, the Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act. These bills aim to improve access to mental and behavioral health services. H.R. 3432 would eliminate the Medicare requirement for in-person visits, ensuring that patients will continue to receive access to mental and behavioral health services where they feel most comfortable. H.R. 7711 would allow patients seeking virtual care from FQHCs and RHCs to continue receiving access to tele-mental health services by eliminating Medicare's in-person visit requirement. Further, it includes other provisions that ACP supports such as removing geographic restrictions, expanding originating sites, and allowing for the use of audio-only telecommunications technology. And lastly, the TREAT Act would provide temporary licensing reciprocity for telehealth and interstate health care treatment during PHEs. This legislation would ensure that physicians will be able to treat patients who move across state lines during future national emergencies. This is especially critical for maintaining care for patients with long established relationships with their primary care physicians.

In conclusion, we appreciate this opportunity to offer our input and suggestions on evidence-based proposals to enhance telehealth's ability to reach patients in meaningful and effective ways. We stand ready to offer the perspective of internal medicine clinicians on future legislation or hearings, as they relate to the delivery of primary care and the patient-physician relationship. Should you have any questions, please contact Vy Oxman, Senior Associate of Legislative Affairs, at voxman@acponline.org.