April 10, 2024

The Honorable Brett Guthrie
Chairman
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
2123 Rayburn House Office Building
Washington, DC 20215

The Honorable Anna Eshoo
Ranking Member
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
2123 Rayburn House Office Building
Washington, DC 20215

Re: MGMA Statement for the Record — House Committee on Energy and Commerce Hearing, "Legislative Proposals to Support Patient Access to Telehealth Services"

Dear Chairman Guthrie and Ranking Member Eshoo:

The Medical Group Management Association (MGMA) thanks you for holding this important hearing examining legislative proposals to support patient access to telehealth services. The expansion of telehealth services over the past few years has provided a vital lifeline to patients across the nation. Permanently instituting many of the telehealth policies currently in place in a comprehensive fashion would help allow for appropriate access and continuity of care for patients no matter where they may be located.

With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 group medical practices ranging from small private medical practices to large national health systems, representing more than 350,000 physicians. MGMA's diverse membership uniquely situates us to offer the following policy recommendations.

Maintaining access to telehealth services is essential to avoid instituting unnecessary barriers to medical care such as traveling significant distances. The Centers for Medicare and Medicaid Services (CMS) implemented numerous temporary telehealth polices in response to the COVID-19 Public Health Emergency (PHE). Prior to these policies, telehealth services in Medicare were rarely used given geographic, originating site, and other restrictions. This expansion has been a clear success and allowed medical groups to continue serving their communities through the appropriate utilization of telehealth services.

The *Consolidated Appropriations Act of 2023* thankfully extended many of these flexibilities through the end of calendar year 2024. It is essential to build upon this legislation, not allow these flexibilities to expire, and make permanent these policies as the value of telehealth to patients has been widely established.

While many of the bills in front of the Committee address specific policies related to telehealth, it is critical that a holistic approach is ultimately adopted to ensure there are no policy gaps in legislation that would prevent patient access to telehealth services moving forward. Many bills have overlapping policies

included in them — reconciling them into one vehicle would be helpful to avoid confusion and promote uniformity. MGMA offers the following policy recommendations for telehealth legislation:

Expand access to telehealth services under the Medicare program by permanently removing current geographic and originating site restrictions

Before the COVID-19 PHE, in 2016, only 0.25% of beneficiaries in fee-for service Medicare utilized telehealth services.[1] Without the removal of the geographic and originating site restrictions under section 1834(M), following the end of the extension of telehealth flexibilities, telehealth utilization will significantly drop.

Telehealth should not be limited to Medicare beneficiaries in facilities located in rural areas as required prior to the flexibilities afforded by the COVID-19 PHE waivers. Medical groups must have the ability to virtually treat patients, when appropriate, regardless of their location. Eliminating these barriers would allow Medicare beneficiaries with limited mobility to receive critical and necessary care. These patients may not have access to the transportation necessary to attend in-person visits, and those in rural locations may live hours from their providers and be unable to spend half a day traveling to appointments. We appreciate the Committee for including multiple bills that would remove these restrictions.

Permanently cover and reimburse audio-only visits at a rate that adequately covers the cost of delivering that care

Audio-only visits have proven to be a lifeline to patients who may not have access to broadband services and are unable to attend visits in person. During the COVID-19 PHE, a large majority of MGMA members reported billing audio-only services, and in some cases, these services were only means of treating certain patients virtually.[2]

The Federal Communications Commission (FCC) reported that more than 8.3 million homes and businesses do not have access to high-speed broadband, further exemplifying the need for audio-only services.[3] Permanently adding audio-only codes and removing unnecessary restrictions would go a long way to facilitating quality care as the need for these services will not disappear after 2024.

Appropriately reimburse medical practices for telehealth services to allow them to provide cost-effective, high-quality care

CMS extended payment parity for in-person and telehealth visits in the most recent Medicare Physician Fee Schedule through 2024 for practitioners using Place of Service Code 10. Under CMS policy prior to the COVID-19 PHE, telehealth visits were reimbursed at the "facility rate," which is a significant reduction in practice expense payments for overhead costs. MGMA has heard from members that the cost and administrative burden of providing care to patients is not commensurately reduced when care is furnished through telehealth.

There are many facets to providing high-quality telehealth care: practices must still schedule, facilitate, and document the visits, virtually check-in with patients, and schedule follow-up appointments; HIPAA-

[1] Centers for Medicare & Medicaid Services, "Information on Medicare Telehealth," Nov. 15, 2018.
[2] MGMA poll, Physician Fee Schedule Q&A, Aug. 26, 2020.
[3] Jessica Rosenworcel, Federal Communications Commission, "National Broadband Map: It Keeps Getting Better," May 30, 2023.

complaint IT infrastructure must be installed; and practices must troubleshoot technical problems while establishing multiple workflows for both virtual and in-person visits. Reimbursement must appropriately account for the myriad factors and costs associated with facilitating a telehealth visit in the long term.

Ensure continuity of care between a practice and its patients through telehealth

Promoting high-quality care in the patient-physician relationship is essential, and legislation instituting permanent policies should bolster care continuity within a medical practice setting so that telehealth is able to support care for beneficiaries. Installing guardrails to discourage fragmented care from patients seeking services from outside vendors is important to sustain a strong telehealth system. Coverage could be improved by removing administratively burdensome billing requirements, like the requirement to collect co-pays for virtual check-ins.

The *Consolidated Appropriations Act of 2021* implemented flexibilities in Medicare allowing practitioners to provide telehealth services to patients in non-rural areas and in their homes for the purposes of diagnosis, evaluation, or treatment of a mental health disorder other than for treatment of a diagnosed substance use disorder (SUD) or cooccurring mental health disorder. Initially, upon conclusion of the PHE, continued Medicare coverage would have been contingent on there being an initial in-person visit within six months of the telehealth service and an in-person visit within 12 months of each mental telehealth service furnished. Subsequent legislation provided additional clarity by implementing the in-person visit requirements on Jan. 1, 2025. MGMA believes permanently eliminating the six month in-person visit requirement would promote equitable access to care for patients without creating unnecessary barriers.

Allow practitioners offering telehealth services from their home to continue reporting their work address on their Medicare enrollment to avoid privacy and security concerns

During COVID-19, CMS allowed practitioners to offer telehealth services from their homes while maintaining Medicare enrollment from their work addresses. This policy was extended through the end of this year in the 2024 Medicare Physician Fee Schedule. MGMA believes that home reporting requirements for practitioners offering telehealth services from home should be eliminated so they may continue to report from their work address.

CMS' current policy mitigates significant privacy and security concerns as this information may be available to the public. It also alleviates the undue administrative burden of having to update Medicare enrollments for every practitioner that would divert critical medical group resources away from clinical care. Should CMS not permanently address the home reporting issue this year, we urge Congress to enact legislation to protect practitioners' privacy.

H.R. 4189, *CONNECT for Health Act of 2023*

The *CONNECT for Health Act of 2023* would accomplish many of our priorities such as permanently removing geographic and originating site restrictions, eliminating the six-month in-person requirement for telemental health services, and more. Enacting this bipartisan legislation would be a great step to advancing patients' access to care.

Conclusion

MGMA looks forward to working with the Committee to support legislation that will help ensure medical groups can continue offering telehealth services to patients across this country. If you have any questions, please contact James Haynes, Associate Director of Government Affairs, at jhaynes@mgma.org or 202-293-3450.

Sincerely,

/s/

Anders Gilberg
Senior Vice President, Government Affairs