Dear Senate Members of the Congressional Telehealth Caucus:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) writes in support of the CONNECT for Health Act of 2019.

Currently, 76% of U.S. hospitals connect with patients and consulting practitioners at a distance through the use of live voice and video and other supporting technologies. Yet, systemic barriers to widespread adoption of telehealth in the Medicare program remain. We applaud the introduction of this bill, which proposes many changes that would allow for increased access to telehealth services for patients and remove barriers to adoption and use by hospitals and other providers.

Specifically, we support the expansion of telehealth for mental health services and emergency medical care, along with the ability to waive restrictions on the use of telehealth during national and public health emergencies. This legislation also would appropriately expand the ability of rural health clinics and federally qualified health centers to provide telehealth and access to these services for their patients. These sites are important partners to hospitals, particularly in rural and underserved areas.
Further, we support efforts to encourage the Centers for Medicare & Medicaid Services (CMS) to include telehealth waivers in the agency’s demonstrations and adopt a more flexible approach to adding new telehealth services to Medicare that more proactively consider the positive impact of telehealth on access to care. This bill takes important steps toward achieving these goals.

As legislation is considered, we feel it is important to note that current Medicare reimbursement for telehealth services does not provide adequate support to all sites of care. The professional providing the service, who is at a distant site, is paid under the Medicare fee schedule; however, the facility where the patient is located, known as the “originating site,” is paid only a small “originating site” facility fee. Given the costs incurred at the originating site, we urge Congress to include a provision to enhance support for all providers using telehealth to improve patient access to care and health outcomes.

We appreciate your leadership on this important issue and look forward to working together to ensure passage of the CONNECT for Health Act.

Sincerely,

/s/

Thomas P. Nickels
Executive Vice President