

Telehealth connects patients to vital health care services through videoconferencing, remote monitoring, electronic consults and wireless communications. It increases access to physicians, therapists and other practitioners, helping ensure patients receive the right care, at the right place, at the right time. The critical flexibilities Congress and the Administration granted during the COVID-19 pandemic have been essential in allowing hospitals and health systems to react and adapt swiftly to patient care needs, demands and decisions. Our members have utilized these flexibilities and created new innovations to provide patients with high-quality outcomes, representing a shift in care delivery that could outlast the public health emergency if the appropriate statutory and regulatory framework is established.

To enable hospitals and health systems to continue providing critical high-quality virtual care for their patients and communities, we urge Congress and the Administration to ensure flexibilities remain in place after the public health emergency, as well as to reimburse virtual services on par with in-person care.

Making Telehealth Flexibilities Permanent

The AHA urges Congress to protect access to virtual services for all patients by enacting legislation that would enable the delivery of telehealth services in the long-term.

- **Remove geographic and originating site restrictions.** Eliminate the 1834(m) geographic and originating site restrictions to allow patients to receive telehealth services in their homes, residential facilities and other locations.
- **Allow Rural Health Clinics and Federally Qualified Health Centers as distant sites.** Allow RHCs and FQHCs to serve as distant sites for the provision of telehealth services.
- **Allow audio-only communication.** Allow, as clinically appropriate, Medicare coverage and payment for telehealth services conducted via audio-only communication.
- **Allow hospital outpatient department billing for virtual services.** Allow hospitals, including critical access hospitals, to bill and be paid for virtual services, such as therapy, education and training, as if they were provided in person.
- **Reimburse hospital costs for supporting telehealth services.** Permanently allow hospital outpatient departments to bill a Medicare originating site fee when patients are located in their homes.
- **Expand eligible practitioners.** Grant the Secretary of the Department of Health and Human Services (HHS) the authority to expand the types of providers that can deliver and bill for telehealth services to include, among others, physical therapists, occupational therapists and speech-language pathologists.
- **Allow telehealth for hospice and home health services.** Allow telehealth to be used to perform (1) face-to-face visits for the purpose of recertifying Medicare hospice services and (2) home health face-to-face encounters. In addition, allow professionals who provide home health and hospice services (including nurses and therapists) to do so via telehealth and bill accordingly.
- **Coordinate licensure requirements across state lines.** Implement a national approach to medical licensure to enable providers residing in one state to deliver telehealth services to patients in all other states.

- **Support access to broadband.** Improve access to broadband by providing additional funding for the Federal Communications Commission (FCC) Rural Health Care Program.
- **Support rural health care.** Continue the FCC COVID-19 Telehealth Program and direct the FCC to prioritize direct patient care facilities and expand the program to all hospitals, including for-profit facilities.

Paying Adequately for Telehealth Services

Telehealth is uniquely suited to reduce disparities in care by connecting patients all over the country with a variety of providers and services, regardless of their location or access to resources, such as transportation. However, to truly improve health equity and meet patient demand for high-quality virtual services, providers need support to build their capacity for the widespread use of remote care. Key to that support is parity, or ensuring payment for telehealth services is on par with payment for in-person services.

To secure access to virtual care for all patients, the AHA urges Congress to ensure that hospitals and health systems receive adequate reimbursement from the Centers for Medicare & Medicaid Services for the substantial upfront and ongoing costs of establishing and maintaining their virtual infrastructure. This includes:

- Secure Platforms;
- Licenses;
- IT Support;
- Scheduling;
- Patient Education; and
- Clinician Training.

Without parity, providers will be challenged to sustain the current significant shift of in-person care to virtual care and could be forced to decrease their telehealth offerings, returning to a system of unequal access to care for many patients. Adequate reimbursement for virtual services also is key to ensuring providers have the means to invest in HIPAA-compliant technologies and to deliver these services with the highest attainable quality of care.

To assist HHS in establishing Medicare payment parity for virtual services, we recommend Congress:

- Direct the Secretary to define payment parity for virtual services, including services delivered by hospital clinical staff as well as services delivered by physicians and non-physician practitioners. This definition must ensure that payment for virtual services furnished by hospital clinical staff is on par with payment for in-person services; and
- Require the Secretary before the public health emergency declaration expires to identify an initial set of services for which Medicare will pay at parity regardless of whether the service is delivered in-person or via remote connection and to add new services to that list at regularly defined intervals.