



Advancing High Performance Health

January 30, 2023

Dear Congressional Telehealth Caucus,

On behalf of AMGA and its members, I am grateful for the opportunity to provide input as you seek to update the *CONNECT for Health Act of 2021 (CONNECT Act)* for the 118th Congress. The Congressional Telehealth Caucus played a vital bipartisan role in ensuring that providers, medical groups, and integrated systems of care throughout the country could successfully pivot to telehealth modalities by creating extensive telehealth waivers during the height of the COVID-19 public health crisis. The expansion of telehealth services ushered in a new era of care delivery that connects patients to their providers wherever they are, building stronger relationships and continuity of care. We are concerned that if these waivers expire next year, there would be a significant negative impact on access to healthcare for vulnerable communities that rely on telehealth.

Founded in 1950, AMGA is a trade association leading the transformation of healthcare in America. Representing multispecialty medical groups and integrated systems of care, we advocate, educate, innovate, and empower our members to deliver the next level of high-performance health. AMGA is the national voice promoting awareness of our members' recognized excellence in the delivery of coordinated, high-quality, high-value care. Over 177,000 physicians practice in our member organizations, delivering care to more than one in three Americans.

AMGA believes telehealth is an essential tool that our medical groups and patients rely on for improved access to care. However, we remain concerned that many of the telehealth waivers advocated by the caucus are set to expire next year, creating substantial uncertainty among patients and providers about whether these services will be allowed to continue. To that end, we propose the following updates to the *CONNECT Act* to ensure that providers can continue these vital services:

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- Permanently waive geographic limitations and originating site regulations
- Ensure payment parity for in-office and telehealth services
- Continue payment for audio-only services
- Remove state licensing restrictions for telehealth services

Permanently Waive Geographic Limitations and Originating Site Regulations

Through the *Consolidated Appropriations Act of 2023*, Congress waived Medicare's telehealth originating site and geographic limitations regulations for an additional two years, through December 31, 2024. The waiving of the geographic limitations and originating site regulations starting in 2020 opened a new avenue for AMGA members to connect with their patients throughout the pandemic. Under the existing waiver, AMGA members expanded their telehealth services to patients, often increasing from 10 telehealth visits per month to an average of 2,000 telehealth visits per week. A September report by the Department of Health and Human Services found that "in total, Medicare beneficiaries used 88 times more telehealth services during the first year of the pandemic than they did in the prior year."¹

AMGA recommends that Congress permanently authorize this expansion, as the pandemic has created a new normal for care delivery. Medicare beneficiaries expect telehealth services to remain beyond this pandemic and other temporary extensions. Providers should maintain their ability to leverage their investments in telehealth to further incorporate it into their delivery model.

Ensure Payment Parity for In-Office and Telehealth Services

Congress must recognize the need for reimbursement policies that support the abilities of medical groups and integrated systems to reach their patients via telehealth. Throughout the pandemic, AMGA members have made significant investments in telehealth modalities and platforms to ensure that their patients have access to care. Without payment parity between telehealth services and in-person care, telehealth will be disincentivized, even if the geographic and originating site restrictions are eliminated, potentially leading to less access to care.

A recent AMGA telehealth survey confirms the need for permanent telehealth expansion. Ninety-two percent of survey participants stated there would be a decline in telehealth access if payments were reduced. Sixty-eight percent of survey participants also cited limited to no difference in expense to provide telehealth visits than in-person visits.² It is imperative that providers have consistent reimbursement to maintain quality and patient access.

Continue Payment for Audio-Only Services

To ensure equitable access to care, Medicare should continue separate payment for audio-only (telephone) services permanently. We appreciate Congress' inclusion of a two-year extension of continued coverage of audio-only payments in the *Consolidated*

Appropriations Act of 2023. Reimbursement for these services should be equivalent to video telehealth and in-person care, as the resources needed to deliver this care are the same. The use of audio-only is crucial in addressing the current gaps in access to digital health and is a key to addressing health equity. The aforementioned report by the Department of Health and Human Services Office of the Inspector General found that the use of audio-only programs was extremely popular among older Medicare beneficiaries, who “have greater difficulty accessing audio-video technology than their younger counterparts. In addition, dually eligible beneficiaries and Hispanic beneficiaries were more likely to use these audio-only services than other beneficiaries.”⁴ Ensuring that audio-only care remains an option will guarantee more Medicare beneficiaries will have increased access to care and management of their health, no matter the modality.

In addition, it is essential that audio-only visits satisfy the face-to-face requirement for collecting diagnoses for risk-adjustment and care coordination purposes. Risk adjustment gives providers a clear picture of a patient based on accurate diagnoses, leading to a more patient-centered approach to care.

Remove State Licensing Restrictions

Telehealth services enable patients and providers to access the best and most appropriate care available, regardless of state boundaries. Certain state licensure and credentialing policies restrict how and where providers can deliver care. AMGA members provide care in a collaborative manner and need standardized federal licensing and credentialing for telehealth services to ensure that the best provider can provide or prescribe the most appropriate therapy to a patient, regardless of which state a provider or patient resides. Superior healthcare delivery involves a team-based, collaborative approach, where providers who provide the best overall value are utilized, regardless of their U.S. location. Policymakers should establish a national standardized licensing and credentialing system for telehealth so patients can have access to care where quality, value, and cost are the main drivers.

We applaud the efforts of the Congressional Telehealth Caucus and welcome the opportunity to assist you as you develop legislative solutions. Please let us know how we can be helpful in your pursuit to ensure that all patients gain access to the most effective therapies facilitated by a robust telehealth system.



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AMGA

References

1. “Certain Medicare Beneficiaries, Such as Urban and Hispanic Beneficiaries, Were More Likely Than Others To Use Telehealth During the First Year of the COVID-19 Pandemic.” *OEI-02-20-*

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<https://oig.hhs.gov/oei/reports/OEI-02-20-00522.asp>.
2. Siems, Elizabeth. "AMGA Pulse Survey- Telehealth Payments." AMGA, 27 Jan. 2023.
 3. "Certain Medicare Beneficiaries, Such as Urban and Hispanic Beneficiaries, Were More Likely Than Others To Use Telehealth During the First Year of the COVID-19 Pandemic." *OEI-02-20-00522 09-02-2022*, U.S. Department of Health and Human Services, 2 Sept. 2022,
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