

## 2025 Issue Brief Telehealth Expansion

### Issue

AMGA member multispecialty medical groups and integrated systems of care have entered a new era of telehealth patient access. During the COVID-19 pandemic, AMGA members rapidly expanded their telehealth services to patients to ensure patient safety and continuity of care. This expansion is enabled by policymakers waiving certain Medicare requirements for telehealth during the public health emergency (PHE). In the five years since the onset of the pandemic, our members' patients have come to expect telehealth services as a standard option for care delivered by their provider. Congress needs to ensure that this service permanently remains available to all patients so that AMGA members can continue to use the technology as part of their innovative delivery models, promoting patient convenience and safety. AMGA recommends that policymakers address the following policies to improve and maintain patient access to telehealth services:

### **Permanently waive geographic limitations and originating site regulations**

Congress has continued to waive Medicare's telehealth originating site and geographic limitations regulations with the current expiration scheduled to occur on Sept. 30, 2025. 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. AMGA recommends that Congress permanently waive these regulations since Medicare beneficiaries expect telehealth services to remain an option for care. Providers should maintain their ability to leverage their investments in incorporating telehealth into their delivery model.

### **Maintain payment parity for in-office and telehealth services**

Over the past five years, AMGA members have invested significantly in telehealth modalities and platforms to ensure that their patients have access to care. In a survey of AMGA members, 92% said that a reduction in payments for telehealth visits would result in a decline in access to telehealth.<sup>i</sup> Also, 76% of survey participants reported that the cost to provide telehealth services was either the same as or more than the cost to provide a face-to-face visit. Congress must recognize the continued need for reimbursement policies that support the abilities of multispecialty medical groups and integrated systems of care to reach their patients via telehealth. Without payment parity between telehealth services and in-person care, telehealth will be disincentivized, even if the geographic and originating site restrictions are eliminated.

### **Continue separate payments for audio-only services**

Medicare should continue separate payments for audio-only (telephone) services. While we appreciate Congress' inclusion of a six-month extension of continued coverage for audio-only payments until Sept. 30, 2025, in the FY25 Continuing Appropriations and Extensions Act, AMGA supports a permanent extension. 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. Audio-only is crucial in addressing the current gaps in broadband availability. 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.

**Permanently extend the ability to prescribe controlled medication via telehealth**

The ability to prescribe controlled medications via telehealth has proven essential in expanding access to care, particularly for patients in rural or underserved areas and those managing chronic conditions, pain, or mental health needs. During the COVID-19 PHE, temporary waivers allowed telehealth prescribing without requiring an in-person evaluation, enabling patients to receive timely and necessary treatments. As virtual healthcare expands, permanently extending this ability to prescribe controlled substances during a virtual visit is critical to ensuring continuity, reducing barriers to care, and addressing provider shortages. Safeguards against misuse can be maintained while leveraging telehealth to meet the growing demand for accessible, patient-centered care.

**Remove state licensing restrictions for telehealth services**

AMGA members collaboratively provide care and need a standardized federal licensing and credentialing system for telehealth. This would ensure that the most suitable care team member can provide or recommend the most appropriate therapy to a patient, regardless of the state in which a provider or patient resides. Policymakers should establish a nationally standardized licensing and credentialing system for telehealth so patients can access care where quality, value, and cost are the main drivers.

**AMGA asks Congress to:**

- **Waive Medicare's geographic and originating site of service limit regulations permanently in order to ensure all patients have access to the best care.**
  - **Approve S.1261, The Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act, which both would permanently remove all geographic restrictions on telehealth services and expand originating sites to include the home and other sites.**
- **Promote policies that enable the use of audio-only services permanently.**
- **Permanently waive the prohibition against the prescribing of controlled substances during a virtual visit.**
- **Establish standardized federal licensing and credentialing standards for telehealth services.**

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<sup>i</sup> Siemsen, Elizabeth. AMGA Pulse Survey - Telehealth Payments. AMGA, 27 Jan. 2023.