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November 14, 2023

Senate Finance Committee, Subcommittee on Health Care
Summary | Ensuring Medicare Beneficiary Access: A Path to Telehealth Permanency Hearing

On November 14, 2023, **the Senate Finance Committee, Subcommittee on Health Care, held a hearing titled "Ensuring Medicare Beneficiary Access: A Path to Telehealth Permanency".** The purpose of this hearing was to discuss telehealth permanency, following the expiration of the COVID-19 waivers. Senator Ben Cardin (D-MD), Chair, Senate Finance Subcommittee on Health stated, "Telehealth has proven itself as a valuable tool in delivering essential care, and one that has helped address health disparities for populations with diminished access to care."

The Consolidated Appropriations Act, 2023, extended many Medicare telehealth flexibilities for people with Medicare through December 31, 2024. These waivers were put in place during the pandemic to increase access to care during the COVID-19 pandemic and shutdown. Waivers such as flexibility on geographic location, expanding from rural to anywhere, flexibility to allow for in-home visits vs. a medical facility, and flexibility to allow for audio-only telehealth as an acceptable modality for care. Telehealth and digital health technologies provided access to healthcare providers during a time when access was limited, unavailable, or unachievable.

Senator Cardin went on to explain that during the pandemic, there was a "63 fold-increase in telehealth services provided." While use of telehealth has decreased slightly since the pandemic, the overall use and benefits of its services has remained constant. Chad Ellimoottil, MD, Associate Professor of Urology and Medical Director of Virtual Care at the University of Michigan, who provided expert witness testimony, stated "telehealth constitutes 10% of office visits nationwide and has remained stable at this rate since July 2021."

When these waivers expire, thousands who use these services to seek, maintain, and monitor their care will be impacted. There are several barriers telehealth works to break down:

1. **Increased Access:** Access to specialty healthcare providers or services can be limited. Telehealth provides a network of healthcare providers, no matter the geographic location.
2. **Decreased Wait-Times:** The current healthcare provider shortage following the pandemic is a growing problem. Provider burnout is drawing providers away from clinical practice and many areas simply don't have the amount of staff to meet the demand.

Telehealth allows for providers to see an increased number of patients more efficiently, and without added barriers.

3. **Increased Conveniences and Flexibilities:** Taking time away from work or the home to seek medical care is not as easy as it sounds for all. Long drive times to healthcare centers, concerns about privacy, wait times, inconvenient work schedules, etc. are barriers to many to seek the care they need. Telehealth eliminates many of those barriers, bringing the provider to the patient on their available time, when and how they can make work.

Oftentimes, without the option of services provided via telehealth, patients are left with the "choice" of no care at all. Which isn't really a choice at all.

Senator Thune (R-SD) discussed the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act, a bill he co-sponsored in June 2023. A bi-partisan group of 60 senators developed and supported the bill which sought to expand coverage of telehealth services through Medicare, and make permanent COVID-19 telehealth flexibilities, improve health outcomes, and make it easier for patients to connect with their doctors. Now that these flexibilities are inching closer to their end, congress needs to move beyond the CONNECT act and make sure these services remain a foundational component of the healthcare system.

Expert Testimony was provided by four healthcare providers actively working in telehealth (listed in speaking order):

Nicki Perisho, BSN, RN
Principal Investigator & Program Director,
Northwest Regional Telehealth Resource Center

Eric Wallace, MD, FASN
Professor Of Medicine, UAB EMedicine, Medical Director, Co-Director Of Home Dialysis, Director Of Rare Genetic Kidney Disease Clinic, Division Of Nephrology, Department Of Medicine
University of Alabama at Birmingham

Chad Ellimoottil, MD, MS
Associate Professor, Medical Director Of Virtual Care
University of Michigan

Ateev Mehrotra, MD, MPH
Professor Of Health Care Policy, Department Of Health Care Policy
Harvard Medical School

Each witness outlined the key components of these flexiblites they deem essential to make permanent:

1. **Eliminate Geographic Location Restrictions:** Eliminate site-location requirements, allowing video visits for all conditions for all Medicare beneficiaries.
2. **Preserve Audio-Only:** allow physicians to provide care and services to patients via audio-only modalities, not requiring video components
3. **Expand Provider-Types:** Expand beyond qualified health care centers and allow qualified, licensed practitioners in the field of physical therapy, occupational therapy, and speech language pathology to utilize these services.

Chad Ellimoottil, MD an Associate Professor of Urology and Medical Director of Virtual Care at the University of Michigan, testified before the U.S. Senate Finance Committee to encourage each of the above be made permanent, but also highlighted his concern for the potential demise of telehealth if these flexibilities are not made permanent. Dr. Ellimoottil described a “fast death” for telehealth if original site and geographic restrictions are reinstated, and a “slow death” if patients and providers become frustrated with regulations and unexpected bills.

Eric Wallace, MD a Professor of Medicine and Medical Director of the UAB Health System Telehealth Program highlighted the significant impact of telehealth on improving access to care, particularly in rural areas. Bringing a clinical perspective to the conversation, Dr. Wallace discussed how telehealth enabled timely interventions, specifically for nephrology consultations, preventing unnecessary transfers and saving valuable time in critical situations. Bringing direct impact and cost savings to the health system, patient, and provider.

Nikki Perisho, Program Director at the Northwest Regional Telehealth Resource Center, emphasized the crucial role of telehealth services for Medicare beneficiaries and re-emphasized Dr. Wallace’s point of the positive impact of telehealth in rural areas, especially in providing access to specialized care like neurology and stroke treatment. “Rural patients who are suspected of suffering an acute ischemic stroke, an embolism, or a clot that stops the blood supply to brain tissue, might be candidates for tissue Plasminogen Activator(t-PA) which should be administered within four and a half hours of the onset of stroke symptoms. A neurologist can assess the patient over video alongside a local practitioner and can decide whether or not to administer tPA. At that point, the patient is transferred via flight to a qualified stroke center in a larger city”, said Ms. Perisho.

But what about the permanency of payment parity?

Payment parity ensures that telehealth services are reimbursed at the same rate as in-person, conventional office visits. Telehealth is often able to provide services virtually in an equivalent fashion to in-person office visits. Currently, there is a disjointed market of payment parity for telehealth services nationwide.

Witnesses disagreed whether payment parity for telehealth services should be made permanent. Dr. Ateev Mehrotra, Professor of Health Care Policy from Harvard Medical School,

cautioned against a “one-size-fits-all telehealth policy” and that we should recognize variations in benefits across clinical conditions, types of telehealth, and providers.

Dr. Mehrotra stated his belief that payment parity should not apply to telehealth service and recommended reimbursing these services at a lower rate to avoid market distortions. He continued to state telehealth services generally cost less to perform, are more efficient and less cost intrusive. “We should be efficient with our tax payer's dollars”, said Dr. Mehrotra.

The panelists disagreed with Dr. Mehrotra’s statements on payment parity and asserted that payment parity is the only way to encourage physicians to provide ample services via telehealth. There is growing fear that without payment parity, providers will no longer offer these services as their overhead has not changed, but their reimbursement rates will decrease for telehealth services.

CTeL’s Analysis: What’s Next?

The permanency of telehealth flexibilities is necessary to the continued confidence in care from the patient as well as the provider and health care system perspective. Without the knowledge that certain services will continue into the future, health care systems can not invest in new technologies, programs, or services to maximize the benefit. Patients will waiver between uncertainty of how they will continue to access the care they need with providers they trust and in manners in which are accessible to them.

Continuing the conversation on the PHE waivers is essential to the continued growth of telehealth and digital health services. Collaboration with congressional leadership to continue to push for expansive telehealth legislation is a step in the right direction and one CTeL will continue to spearhead.

For more information on the hearing, please visit here.

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