



**Statement by the Association of American Medical Colleges on
“The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care”
Submitted for the Record to the
Energy and Commerce Subcommittee on Health
United States House of Representatives
March 2, 2021**

The AAMC (Association of American Medical Colleges) thanks the Energy and Commerce Subcommittee on Health for convening the March 2 hearing, “The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care” and for the opportunity to provide written comments for inclusion in the record.

The AAMC is a not-for-profit association dedicated to transforming health through medical education, health care, medical research, and community collaborations. Its members are all 155 accredited U.S. and 17 accredited Canadian medical schools; more than 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America’s medical schools and teaching hospitals and their more than 179,000 full-time faculty members, 92,000 medical students, 140,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

The AAMC appreciates the work that Congress and the Centers for Medicare and Medicaid Services (CMS) have done to provide important flexibilities around telehealth during the COVID-19 pandemic. The AAMC strongly supports the telehealth waivers and regulatory changes established by Congress and CMS in response to the public health emergency (PHE) that have facilitated the widespread use of telehealth and other communication technology-based services. We support additional efforts by Congress to ensure that Medicare beneficiaries and other patients can continue to have access to telehealth services beyond the pandemic.

Telehealth Helps Expand Access to Care for Patients and Providers

Teaching hospitals, faculty physicians, and other providers have responded to the PHE and the waivers and flexibilities provided by Congress by rapidly implementing telehealth in their settings and practices in order to provide continued access to medical care for their patients. Physicians have been able to monitor non-critically ill COVID-19 positive patients, follow-up on patients with chronic disease who can be cared for without risking a visit to the hospital or clinic, and provide care for many Medicare beneficiaries and other patients without imposing the burden of travel.

Data from the Clinical Practice Solutions Center (CPSC),¹ which contains claims data from 90 physician faculty practices, shows that in March and April 2020, faculty practices on average

¹ The Clinical Practice Solutions Center (CPSC), owned by the Association of American Medical Colleges and Vizient, is the result of a partnership that works with member practice plans to collect data on provider practice patterns and performance. This analysis included data from 65 faculty practices.

were providing approximately 50% of their ambulatory visits via telehealth, a dramatic increase from the use of telehealth prior to the pandemic. This is consistent with reports from CMS regarding telehealth services provided to Medicare beneficiaries during that time frame.²

The use of telehealth provides many benefits to patients, especially during the PHE. It expands care for the frail or elderly, for whom travel to a provider or facility is risky or difficult even when there is no pandemic. Physicians can effectively use telehealth to monitor the care of patients with chronic conditions, such as diabetes and heart conditions, reducing their risk of hospital admissions. Telehealth also protects patients from exposure to infectious diseases, including COVID-19 and the seasonal flu. The use of telehealth enables specialists, such as pediatric specialists and critical care physicians, to bring their skills to rural areas and other areas that may not have subspecialty care in their communities. Immediate availability of a pediatric infectious disease specialist or a stroke critical care physician via telehealth can be life saving for those in remote, rural, or small size communities.

At the same time, it must be recognized that the development of telehealth capabilities has required investing significant resources in technology, training, and infrastructure. The flexibilities provided by Congress for telehealth coverage and payment have enabled teaching hospitals, teaching physicians, other health care providers, and their patients to experience the benefits of telehealth. Analyses of surveys of more than 30,000 patients conducted by Press Ganey for services in March and April 2020 show that patients feel overwhelmingly positive about their virtual interactions with health care providers.³ Beyond aiding with the COVID-19 response, telehealth offers the long-term promise of expanding quality health care in the future, particularly to individuals with limited access to services, individuals with disabilities, and elderly patients who have difficulty traveling.

We recognize that due to statutory limitations, most of the current flexibilities are in place only during the PHE. However, it is imperative that the progress that has been made since March 2020 continue when the PHE ends. **We urge Congress to make legislative changes that will allow the current changes to be made permanent while ensuring that reimbursement remains at a level that will support the infrastructure needed to continue to provide telehealth services at a level far above that of the pre-pandemic world.**

Specifically, the AAMC recommends the following:

Congress Should Remove Patient Location Restrictions and Rural Site Requirements

The AAMC strongly supports changes made by Congress that waived patient location restrictions that applied to telehealth service during the PHE. These changes have enabled CMS to pay for telehealth services furnished by physicians and other health care providers to patients located in any geographic location and at any site, including the patient's home, during the PHE.

² Health Affairs, Early Impact of CMS Expansion of Medicare Telehealth During COVID-19. July 15, 2020. <https://www.healthaffairs.org/doi/10.1377/hblog20200715.454789/full/>

³ Press Ganey, The Rapid Transition to Telemedicine: Insights and Early Trends. May 19, 2020. https://www.pressganey.com/resources/white-papers/the-rapid-transition-to-telemedicine-insights-and-early-trends?s=White_Paper-PR

This has allowed patients to remain in their home, reducing their exposure to COVID-19 and reducing the risk of exposing another patient or their physician to COVID-19. It also means that patients who find travel to an in-person appointment challenging can receive care that may be particularly important, especially for patients with chronic conditions or disabilities who need regular monitoring. The AAMC encourages Congress to remove the rural site requirements and allow the home to be an originating site.

Providers Should be Paid the Same Amount for Telehealth Services as Services Delivered In-Person

The AAMC strongly recommends that providers be paid the same for furnishing telehealth services as services delivered in person. Faculty practice plan leaders have highlighted significant infrastructure costs to fully integrate their electronic health record systems with HIPAA-compliant telehealth programs. Physicians employ medical assistants, nurses, and other staff to engage patients during telehealth visits and to coordinate care, regardless of whether the services are furnished in person or via telehealth.

We recommend Congress provide a facility fee under the outpatient prospective payment system for telehealth services provided by physicians that would have been provided in the provider-based entity. Similar to the physician office-based setting, the provider-based entity will continue to employ nurses, medical assistants, and other staff to engage patients during telehealth visits or to coordinate pre-or-post visit care. The provider-based entity incurs these costs associated with providing the telehealth service and should be reimbursed as if the services were provided in person.

Congress Should Allow Patients to Access Telehealth Services Delivered Across State Lines

As part of the COVID-19 response, Congress and CMS have allowed providers to be reimbursed by Medicare for telehealth services across state lines. This waiver creates an opportunity to improve patient access to services and to help improve continuity of care for patients who have relocated or who have traveled to receive their surgery or other services from a specialist in another state. While CMS has the authority to allow for payment under federal programs, states need to act to allow practice across state lines to occur.

The AAMC urges Congress to pass the Temporary Reciprocity to Ensure Access to Treatment (TREAT Act, S. 168, H.R. 708). This bipartisan, bicameral legislation would expand care for patients by creating a temporary uniform licensing standard for all practitioners and professionals that hold a valid license in good standing in any state to be permitted to practice in every state – including in-person and telehealth visits – during the COVID-19 public health emergency.

The TREAT Act provides important flexibility during an emergency to ensure that patients receive the care they need. This would have many important benefits for patients, including providing access and continuity of care for mental health treatment, oncology patients, and others with serious or life-threatening conditions. It would also allow health systems to draw on available licensed clinicians to meet the demands of a surge as outbreaks continue to arise.

Congress Should Allow Payment for Audio-Only Services

In the March 31 COVID-19 Interim Final Rule with Comment Period, CMS established separate payment for audio-only (i.e. telephone services) for specific services (telephone evaluation and management, behavioral health counseling, or educational services). The audio-only services are reimbursed at the same rates as in-person services. CMS stated in its final 2021 physician fee schedule rule that when the PHE ends, there will be no separate Medicare payment for telephone-only visits. CMS explains that once it no longer can exercise the waivers that are allowed under the PHE, it does not have the statutory authority to allow coverage and payment for the telephone evaluation and management services under the telehealth benefit because section 1834(m) of the Social Security Act requires Medicare telehealth services to use video technology.

Audio-only calls improve access to virtual care for patients who do not have access to the devices or broadband for audiovisual calls, are not comfortable with digital technology, or do not have someone available to assist them. During the PHE, coverage and payment for audio-only calls has been critical to ensure access to care for some patients. Physicians have been able to provide a wide array of services efficiently, effectively, and safely to patients using the telephone.

Data from the CPSC shows that approximately 30% of telehealth services were provided using audio-only telephone technology in April and May 2020. The proportion of telephone/audio-only visits increased with the age of the patient, with 17% of visits delivered via audio-only interaction for patients 41-60 years of age, 30% for patients 61-80 years of age, and 47% of visits for patients over 81. CMS data show that nearly one-third of Medicare beneficiaries received telehealth by audio-only telephone technology from March through June 2020,⁴ which is consistent with CPSC data.

Many factors contribute to the high use of audio-only services. Patients in rural areas or those with lower socioeconomic status are more likely to have limited broadband access and may not have access to the technology needed for two-way audio-visual communication. The Pew Research Center found that about a third of adults with household incomes below \$30,000 per year do not own a smartphone and about 44% do not have home broadband services.⁵

Some providers report that even when their patients have access to technology that would allow for audio-visual communication, they may be unable to use the technology without assistance, thus limiting them to telephone use. For these patients, their only option to receive services remotely is through a phone. Without coverage and payment for these audio-only services, there will be inequities in access to services for these specific populations. Therefore, we urge Congress to make changes to allow coverage and payment for audio-only services.

⁴ ASPE Issue brief: Medicare beneficiary use of telehealth visits: Early Data from the Start of the COVID-19 Pandemic (7/18/2020); Health Affairs Blog; Early Impact Of CMS Expansion Of Medicare Telehealth During COVID-19. July 15, 2020. <https://www.healthaffairs.org/doi/10.1377/hblog20200715.454789/abs>

⁵ Pew Research Center, Digital divide persists even as lower-income Americans makes gains in tech adoption. May 7, 2019. <https://www.pewresearch.org/fact-tank/2019/05/07/digital-divide-persists-even-as-lower-income-americans-make-gains-in-tech-adoption/>

Congress Should Takes Steps to Improve Access to Broadband Technology

In some parts of the country, providers and their patients have limited access to broadband connectivity, which has been a major barrier to use of telehealth. This is particularly true for rural areas and underserved communities. The Federal Communications Commission has reported that 30% of rural residents lack broadband services.⁶ Also, racial and ethnic minorities, older adults, and those with lower levels of socioeconomic status are less likely to have broadband access. We recommend that Congress take steps to increase funding for broadband access and infrastructure development to enable expansion of telehealth services to these populations.

Conclusion

The use of telehealth services has expanded access to care for patients throughout the public health emergency. We appreciate the significant actions that Congress and CMS have taken to support patients, hospitals, and physicians by providing important relief through waivers and other regulatory changes that have promoted the widespread use of telehealth and other communication-based technologies. Thank you again for examining these important issues during today's Subcommittee hearing. Please feel free to contact AAMC Chief Public Policy Officer Karen Fisher, JD (kfisher@aamc.org) or AAMC Senior Director of Government Relations Leonard Marquez (lmarquez@aamc.org) with any questions or if we can provide more information. We look forward to continuing to work with you on this important issue.

⁶ Federal Communications Commission, 2018 Broadband Deployment Report, February 2, 2018. <https://www.fcc.gov/reports-research/reports/broadband-progress-reports/2018-broadband-deployment-report>