



**Statement by the Association of American Medical Colleges on
“Charting the Path Forward on Telehealth”
Submitted for the Record to the
Ways and Means Subcommittee on Health
United States House of Representatives
April 28, 2021**

The AAMC (Association of American Medical Colleges) thanks the Ways and Means Subcommittee on Health for convening the April 28 hearing, “Charting the Path Forward on Telehealth” and for the opportunity to provide written comments for inclusion in the public 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 that have improved access to health care. 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, including:

- Permanently removing patient location and rural site requirements to allow patients to access to telehealth visits in any location.
- Reimbursing providers the same amount for telehealth services as in-person visits.
- Permanently allowing Medicare payment for audio-only services.
- Allowing patients to access telehealth services across state lines as appropriate.
- Improving access to broadband technology.

Telehealth Expands Access to Care

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.

Telehealth provides both patients and providers with a variety of benefits and expands access to care, especially to those in rural and other underserved areas.

- **Increased Access for Patients Improves Care:** 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 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 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. Telehealth also protects patients from exposure to infectious diseases, including COVID-19 and the seasonal flu. 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.
- **Increased Access to Specialist Care:** 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. In addition, telehealth can be used effectively to provide asynchronous consultation for front line providers. Patients can benefit from more timely access to the specialist's guidance and payers benefit from a less costly service by avoiding the new patient visit with a specialist.
- **High Patient Satisfaction:** 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

We recognize that due to statutory limitations, most of the current flexibilities are only in place until the end of the PHE. We believe telehealth is an important way to deliver health care in many circumstances and urge Congress to make legislative changes that would make these waivers permanent to continue the progress that has been while ensuring that reimbursement remains at a level that supports the infrastructure needed to provide this level of telehealth services.

Specifically, the AAMC recommends the following:

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.

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

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.

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. The value of the care delivered is not different if the patient is seen via telehealth. In fact, more frequent monitoring of the patient in their home has provided insight to improved care in some case. 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.

Teaching hospitals and faculty practice plans have highlighted significant infrastructure costs to fully integrate their electronic health record systems with HIPAA-compliant telehealth programs. Physicians and hospitals 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. Before the virtual visit occurs, the physicians and other health care professionals must be provided the technology they need and acquire a platform to use for the visits. Other staff will contact patients to complete registration, obtain consent for a telehealth visit, and ensure that the patient receives the email with a link to participate in the virtual visit. In addition, staff will educate the patients on the use of technology as needed to ensure they are able to participate in the visit.

On the date of the visit, clinical staff reach out to the patient to provide intake services (e.g. ask for chief complaint, symptoms, weight, temperature and help the patient identify a review of current medications and therapies) prior to the patient visit with the physician or health care professional. The patient then participates in the visit with the physician, and at the conclusion of the visit, the physician must arrange any follow-up plan for the patient related to their care. Staff will follow-up as needed to schedule any additional visits for the treating physician or subspecialty referral, tests, or laboratory studies.

Without sufficient reimbursement, providers may no longer be able to continue to provide the current level of telehealth services to their patients.

Congress Should Allow Payment for Audio-Only Services

CMS established a separate Medicare payment for specific audio-only services to provide reimbursement at the same rates as in-person visits. However, the final 2021 physician fee schedule rule stated that this separate payment will no longer exist after the PHE ends since CMS does not have the statutory authority to allow coverage and payment for telephone evaluation and management services.

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 many 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. 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, the 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. We urge Congress to permanently make changes to allow coverage and payment for audio-only services.

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

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/>

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.

Congress Should Takes Steps to Improve Access to Broadband Technology

In many 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](mailto:lm Marquez@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>