



**April 1, 2019**

**Representative Mike Thompson**  
406 Cannon HOB  
Washington, DC 20515

**Representative Peter Welch**  
2187 Rayburn HOB  
Washington, DC 20515

**Representative David Schweikert**  
1526 Longworth HOB  
Washington, DC 20515

**Representative Bill Johnson**  
2336 Rayburn HOB  
Washington, DC 20515

**Senator Brian Schatz**  
722 Hart Senate Office Building  
Washington, DC 20510

**Senator Roger Wicker**  
555 Dirksen Senate Office Building  
Washington, DC 20510

**Senator John Thune**  
S-208, The Capitol  
Washington, DC 20510

**Senator Ben Cardin**  
509 Hart Senate Office Building  
Washington, DC 20510

**Senator Mark Warner**  
703 Hart Senate Office Building  
Washington, DC 20510

**Senator Cindy Hyde-Smith**  
702 Hart Senate Office Building  
Washington, DC 20510

**Re: Telehealth Request for Information**

Dear Members of the Congressional Telehealth Caucus,

The Medical Group Management Association (MGMA) is pleased to submit the following response to the Congressional Telehealth Caucus's Request for Information (RFI) on recommendations to expand access to telehealth to improve patient outcomes. We commend this caucus for recognizing the importance of expanding telehealth to patients who can greatly benefit from it and for seeking stakeholder feedback on how this can be done.

The Medical Group Management Association (MGMA) is the premier association for professionals who lead medical practices. Since 1926, through data, people, insights, and advocacy, MGMA empowers medical group practices to innovate and create meaningful change in healthcare. With a membership of more than 45,000 medical practice administrators, executives, and leaders, MGMA represents more than 12,500 organizations of all sizes, types, structures and specialties that deliver almost half of the healthcare in the United States.

Telehealth utilization among Medicare fee-for-service (FFS) beneficiaries is low. In 2016, only 0.25% of more than 35 million Medicare FFS beneficiaries utilized telehealth services.<sup>1</sup> Like the members of the Telehealth Caucus, MGMA believes there are opportunities to increase access to care by leveraging telehealth services and makes the following recommendations as the caucus begins crafting its comprehensive telehealth legislation.

Expanding Telehealth Coverage by Redefining Geographic Restrictions

The Social Security Act currently prohibits Medicare reimbursement of telehealth services except when the eligible telehealth individual is located at a qualifying "originating site," that is (1) located in an area

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<sup>1</sup> The Centers for Medicare & Medicaid Services (CMS), Information on Medicare Telehealth Report, November 15, 2018



that is designated as a **rural** health professional shortage area (HPSA);<sup>2</sup> (2) located in a county that is not included in a Metropolitan Statistical Area; or (3) participates in a Federal telemedicine project.<sup>3</sup> To qualify under the first option describing HPSAs, the statute requires that an individual be located in a HPSA and in a rural area, which unnecessarily restricts access to telehealth services that individuals with limited access to in-person care could otherwise benefit from. MGMA is aware of instances where hospitals and/or nursing facilities qualified as HPSAs, but since they were not located in rural areas, they did not meet statutory geographic requirements—leaving their patient populations without the ability to benefit from convenient telehealth services.

Congress has expressed an understanding of the burdens that geographic restrictions put on access to care and implemented improvements to this policy through legislation that removes the geographic requirements for home dialysis end-stage renal disease and telehealth treatment (effective January 1, 2019) as well as for substance abuse treatment (effective July 1, 2019). MGMA commends Congress for removing the geographic requirements to expand telehealth in those situations but believes that the geographic requirement exceptions should extend further than those limited scenarios. To that end, **MGMA strongly suggests that Section 1834(m) of the Social Security Act be amended to allow an “originating site” to consist of either a rural or urban HPSA.** By making this small technical change to permit an originating site to be a non-rural HPSA, Congress can expand telehealth access to beneficiaries who otherwise might go without medical attention in underserved areas, regardless of whether they reside in a rural setting.

#### Conclusion

MGMA appreciates the opportunity to provide recommendations on ways to expand telehealth and is committed to engaging with Congress to find ways to further expand patient access to telehealth services. Should you have any questions or would like to discuss MGMA’s suggestions further, please contact Claire Mansbach at [cmansbach@mgma.org](mailto:cmansbach@mgma.org) or 202.293.3450. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Anders Gilberg", is written over a light gray horizontal line.

**Anders Gilberg**  
Senior Vice President, Government Affairs  
Medical Group Management Association

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<sup>2</sup> 42 U.S. Code § 254e

<sup>3</sup> Section 1834(m) of the Social Security Act (42 U.S.C. 1395m)