



November 14, 2023

The Honorable Benjamin Cardin
Chairman
Senate Committee on Finance
Subcommittee on Health Care
215 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Steve Daines
Ranking Member
Senate Committee on Finance
Subcommittee on Health Care
215 Dirksen Senate Office Building
Washington, DC 20510

Re: MGMA Statement for the Record – Senate Committee on Finance Subcommittee on Health Care’s Hearing, “Ensuring Medicare Beneficiary Access: A Path to Telehealth Permanency”

Dear Chairman Cardin and Ranking Member Daines:

On behalf of our member medical group practices, the Medical Group Management Association (MGMA) would like to thank the Subcommittee for the opportunity to provide the following feedback in response to your hearing, “Ensuring Medicare Beneficiary Access: A Path to Telehealth Permanency.” We appreciate your leadership in holding this hearing as permanent telehealth reform is critical to medical groups’ ability to continue providing high-quality care to beneficiaries nationwide.

With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 group medical practices ranging from small private medical practices to large national health systems representing more than 350,000 physicians. MGMA’s diverse membership uniquely situates us to offer the following policy recommendations.

MGMA has long supported commonsense telehealth policy reforms to expand access to care. Prior to the COVID-19 Public Health Emergency (PHE), the utilization of telehealth services was stymied by overly restrictive regulatory requirements — in 2016, only 0.25% of beneficiaries in fee-for service Medicare utilized telehealth services.¹ The flexibilities enabled by Congress and the Centers for Medicare and Medicaid Services (CMS) in response to the COVID-19 PHE facilitated patients access to critical care through telehealth during the pandemic.

We appreciate Congress stepping in and extending many important telehealth flexibilities that were implemented during the COVID-19 PHE until Dec. 31, 2024, as part of the *Consolidated Appropriations Act of 2023 (CAA, 2023)*. These policies have allowed practices to continue offering vital telehealth services to patients wherever they may be located. We offer the following recommendations on permanent reform that would build on telehealth’s demonstrable success over the past few years:

¹ Centers for Medicare & Medicaid Services, “Information on Medicare Telehealth,” Nov. 15, 2018, <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Information-on-Medicare-Telehealth-Report.pdf>.

- Expand access to telehealth services under the Medicare program by permanently removing current geographic and originating site restrictions for all services;
- Permanently cover and reimburse audio-only visits at a rate that adequately covers the cost of delivering that care;
- Appropriately reimburse providers for telehealth services to allow them to provide cost-effective, high-quality care;
- Support improving coverage of digital health by removing administratively burdensome billing requirements, such as the requirement to collect patient co-pays for virtual check-ins; and,
- Ensure continuity of care between a practice and its patients through telehealth.²

We propose the Subcommittee examine potential legislation to implement the policies listed above.

Pass the *CONNECT for Health Act of 2023 (CONNECT Act)*

The bipartisan *CONNECT Act* is supported by 60 senators including both Chairman Cardin and Ranking Member Daines. It would implement many important policies, such as permanently removing geographic requirements and expanding originating sites to include the patient’s home and other clinically appropriate sites. Sections of last Congress’ iteration of the bill were used in the *CAA, 2023*, to extend COVID-19 PHE policies through 2024.

MGMA thanks the Chairman and Ranking Member for their support of the *CONNECT Act* and urges the Subcommittee to pass the bill to make rational permanent reforms to telehealth.

Ensure Practitioners are Safe when Offering Telehealth Services from Home

In the recently finalized 2024 Medicare Physician Fee Schedule (PFS), CMS confirmed the continuation of its current policy of allowing practitioners to list their work address on their Medicare enrollment form while billing telehealth services from their home until Dec. 31, 2024. During the PHE, CMS allowed practitioners to render telehealth services from their homes without reporting their home addresses on their Medicare enrollment forms and allowed billing from their currently enrolled location. MGMA and other organizations raised the privacy, security, and administrative concerns with having practitioners report their home addresses as this information may be available to the public, and CMS responded by extending its current policy through 2024.

The House Committee on Energy and Commerce is holding a markup on the *Medicare Telehealth Privacy Act of 2023* tomorrow which would ensure CMS cannot make a practitioner’s home address available to the public if they offer telehealth services from home. **We recommend the Subcommittee work with its congressional colleagues to pass legislation, such as the *Medicare Telehealth Privacy Act of 2023*, to adequately safeguard practitioners from security and privacy concerns resulting from reporting their home addresses.**

Conclusion

MGMA thanks the Subcommittee for its attention to making permanent telehealth reforms. We look forward to collaborating with the Subcommittee and its colleagues to craft sensible policies that will bolster medical groups’ ability to offer high-quality telehealth care. If you have any questions, please

² MGMA, 2023 Digital Health Issue Brief, <https://www.mgma.com/getkaiasset/8bc9a2a9-0c0a-4526-b8ce-fb47520ed320/MGMA%202023%20Digital%20Health%20Issue%20Brief.pdf>.

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Sincerely,

/s/

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