

**Statement
of the
American Hospital Association
for the
Committee on Energy and Commerce
Subcommittee on Health
of the
U.S. House of Representatives
“Legislative Proposals to Support Patient Access to Telehealth Services”**

April 10, 2024

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) writes to share the hospital field’s comments on legislative proposals for consideration before the Energy and Commerce Committee Health Subcommittee on April 10.

We share the committee’s commitment in ensuring that essential telehealth flexibilities are extended so that patients continue to receive access to high-quality care. The expansion of telehealth services has transformed care delivery, expanded access for millions of Americans and increased convenience in caring for patients, especially those with transportation or mobility limitations. Given current health care challenges, including major clinician shortages nationwide, telehealth holds tremendous potential to leverage geographically dispersed provider capacity to support patient demand. **We urge Congress to make these key telehealth flexibilities permanent before they expire on Dec. 31, 2024, and extend waivers for the Hospital at Home program.**



EXTENDING CRITICAL TELEHEALTH FLEXIBILITIES

H.R. 4189, the CONNECT for Health Act of 2023

The AHA supports the CONNECT for Health Act of 2023¹, which will increase patient access to telehealth services, while removing barriers preventing adoption of telehealth for hospitals and other providers. This bill would make permanent many of the telehealth waivers, including the removal of geographic restrictions and expanding originating site locations to include the patient's home; the removal of arbitrary requirements for in person visits for behavioral health treatment; and allow rural health clinics (RHCs) and federally qualified health centers (FQHCs) to serve as distant sites.

H.R. 7623, the Telehealth Modernization Act of 2024 and H.R. 7711, To amend title XVIII of the Social Security Act to make permanent certain telehealth flexibilities under the Medicare program

The AHA supports both H.R. 7623 and H.R. 7711, which would make permanent many telehealth waivers, including the removal of geographic originating site restrictions; the expansion of the types of providers eligible to provide telehealth services; and extend coverage for audio-only telehealth. Virtual care represents a spectrum of ways that telecommunications technologies can be used in care delivery, ranging from synchronous real-time video visits and audio-only phone visits to remote monitoring of patient vitals. These bills would continue to provide patients with a much-needed access point, particularly for those with bandwidth constraints, where data plans or devices to support video-based visits are lacking, or who otherwise are not able to participate in audio-visual encounters.

H.R. 134, To amend title XVIII of the Social Security Act to remove geographic requirements and expand originating sites for telehealth services

The AHA supports this bill to remove geographic requirements and permanently expand originating sites for telehealth services. Previously, patients had to be located in a rural designated area or health provider shortage areas; they also had to be physically located in a designated facility (like a physician's office or skilled nursing facility) to participate in a telemedicine visit. The removal of these requirements will continue to allow patients to access telehealth across geographies and settings, including from their homes and rural and urban locations. We would encourage eliminating originating and geographic site restrictions altogether.

H.R. 3432, the Telemental Health Care Access Act

The AHA supports the Telemental Health Care Access Act, which removes originating site restrictions for mental and behavioral health patients. This legislation would ensure that these patients, particularly those in rural and underserved

¹ <https://www.aha.org/lettercomment/2023-10-10-aha-letter-support-house-connect-health-act-2023-hr-4189>

areas, have access to these critical telehealth services. Behavioral health is one area that has seen sustained growth in telehealth utilization. Geographically dispersed patients have benefited from increased access to behavioral health services provided through telehealth, especially in areas that may have provider shortages, and where in-person visits are not possible. We would encourage removal of originating site restrictions beyond behavioral health alone, and across all clinical areas.

H.R. 3875, the Expanded Telehealth Access Act

To allow more types of providers to participate in administering telehealth services, **the AHA supports the Expanded Telehealth Access Act, which would expand the list of eligible telehealth practitioners** to include: physical therapists; occupational therapists; speech language pathologists; and audiologists. Historically, Section 1834 of the Social Security Act limited the types of providers who were able to administer telehealth services. Given the improved access and high levels of satisfaction with telehealth services, we encourage permanent expansion of eligible provider types able to perform telehealth services.

H.R. 5611, Helping Ensure Access to Local Telehealth (HEALTH) Act of 2023

The AHA supports this legislation that focuses on providing telehealth coverage and reimbursement for FQHCs and RHCs, including audio-only services.

Historically, restrictions have been made on allowed distant sites (the locations where providers administering telehealth could be located), which in some cases has limited patients' abilities to see their own provider. AHA supports allowing RHCs and FQHCs to serve as distant sites, so that these facilities may use the providers at their own sites to offer care to patients, ensuring patients remain connected to their primary providers. Furthermore, we support reimbursement at face-to-face rates and allocation of costs associated with administration of telehealth services to be considered allowable under FQHC prospective payment system and RHC All Inclusive Rate calculations.

H.R. _____, the Hospital Inpatient Services Modernization Act

The AHA supports the Hospital Inpatient Services Modernization Act, which would extend the hospital-at-home waiver for three years, through the end of 2027. The hospital-at-home (H@H) model — where patients receive acute-level care in their homes, rather than in a hospital — has emerged as a promising approach to provide high quality care to patients in the comfort of their home. Hospitals continue to see H@H programs as a safe and innovative way to care for patients in the comfort of their homes. A growing body of research shows that H@H is an effective strategy that improves all three components of the value equation — improve outcomes, enhance the patient experience, and reduce cost.

EXPANDING TELEHEALTH ACCESS TO PATIENTS WITH LIMITED ENGLISH PROFICIENCY

H.R. 6033, Supporting Patient Education and Knowledge (SPEAK) Act of 2023

This legislation would require the Secretary of Health and Human Services (HHS) to convene a task force consisting of representatives from the Centers for Medicare & Medicaid Services (CMS), Office of the National Coordinator (ONC), HHS Office of Civil Rights (OCR), and other industry professionals to improve access to telehealth services for patients with limited English proficiency. **The AHA supports the SPEAK Act, to identify best practices to reduce disparities in access to telehealth services for patients with limited English proficiency and help bridge the “digital divide.”**

H.R. 7863, To require the Secretary of Health and Human Services to issue guidance on furnishing behavioral health services via telehealth to individuals with limited English proficiency under Medicare program

This bill would require HHS to issue best practices for: integrating interpreters in telehealth encounters with behavioral health patients; teaching patients with limited English proficiency how to use technology; and providing patient materials in multiple languages. **The AHA supports this legislation, to identify best practices to reduce disparities in access to tele-behavioral health services.**

FRAMING TELEHEALTH FOR THE FUTURE

H.R. 1110, KEEP Telehealth Options Act of 2023

The KEEP Telehealth Options Act of 2023 would require HHS, MedPAC, and MACPAC to conduct studies to provide information about the expanded use of telehealth during the COVID-19 pandemic. **The AHA supports this bill, as additional data on telehealth uptake and usage is critical to help inform changes that will need to be addressed going forward to ensure patients can continue to access care through telehealth.**²

H.R. 5541, the Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act

The AHA supports the TREAT Act, which would create a licensure reciprocity process for tele-behavioral health services during public health emergencies. This legislation will allow health care workers the flexibility to cross state lines virtually to provide care to patients in future public health emergencies.

² <https://www.aha.org/lettercomment/2023-02-22-aha-expresses-support-hr-1110-knowing-efficiency-and-efficacy-permanent-keep-telehealth-options-act>

CONCLUSION

Thank you for your consideration of the AHA's comments on these telehealth legislative proposals. We look forward to continuing to work with you to form a permanent pathway for these vital telehealth flexibilities and the hospital-at-home program.