January 30, 2023

The Honorable Brian Schatz	The Honorable Mike Thompson
722 Hart Senate Office Building	268 Cannon House Office Building
Washington, DC 20510	Washington, DC 20515

Re: Request for Information about the CONNECT for Health Act

Dear Senator Schatz and Representative Thompson:

On behalf of our member medical group practices, the Medical Group Management Association (MGMA) would like to thank you for the opportunity to provide input on the potential reintroduction of the CONNECT for Health Act (CONNECT Act). Senator Schatz and Representative Thompson have been longtime champions of implementing commonsense telehealth reforms that are sorely needed to expand low-cost, high-quality care to patients and provide certainty to practices. MGMA is grateful for your leadership, as well as the hard work of both the Senate Telehealth Working Group and House Telehealth Caucus, in expanding telehealth flexibilities throughout the COVID-19 Public Health Emergency (PHE).

With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 medical groups in which more than 350,000 physicians practice. These groups range from small private practices in rural areas to large regional and national health systems and cover the full spectrum of physician specialties and organizational forms. MGMA's members saw the positive impact of the temporary flexibilities instituted following the COVID-19 PHE on practices' ability to serve patients wherever they may be located. In a November 2022 poll of MGMA members, 72% of medical groups indicated they expected patient demand for telehealth to stay the same or increase in 2023.[1] Enacting an updated version of the CONNECT Act following Congress' and the Administration's recent telehealth extensions would help foster a robust health system.

In response to your offices' request for information, we consulted with MGMA members and incorporated their feedback into the following suggestions:

Remove geographic and originating site restrictions

The last version of the CONNECT Act introduced in the 117th Congress removed geographic and originating site restrictions, and we urge your offices to continue including these vital provisions in future legislation. Before the COVID-19 PHE, in 2016, only 0.25% of beneficiaries in fee-for service Medicare utilized telehealth services.[2] Without the removal of the geographic and originating site restrictions under section 1834(M), following the end of the extension of telehealth flexibilities related to the COVID-19 PHE, telehealth utilization will significantly drop. Telehealth should not be constrained to Medicare beneficiaries in facilities located in rural areas, as required prior to the flexibilities afforded by the COVID-19 PHE waivers. Medical groups must have the ability to virtually treat patients, when appropriate, regardless of their location. Eliminating these barriers would allow patients with limited mobility to receive critical and necessary care. For instance, Medicare beneficiaries might not have

[1] MGMA Stat, Nov. 3, 2022.
[2] Centers for Medicare & Medicaid Services, "Information on Medicare Telehealth," Nov. 15, 2018.

access to the necessary transportation needed to attend these visits or live hours from their providers and are unable to spend half of their day traveling to these appointments.

Allow permanent coverage of audio-only services

Audio-only visits can be critical to patients who are unable to seek treatment in person or participate in telehealth due to a lack of broadband access or necessary equipment to facilitate a telehealth visit. The availability of audio-only services likely has an outsized impact on rural communities and the recent extension of telehealth coverage for audio-only visits has been a lifeline for certain areas. An MGMA member in Oregon reported that 80% of the practice's virtual visits were audio-only due to the majority of their population not having access to video capabilities. Further, a 2021 Federal Communications Commission (FCC) report estimates that nearly 14.5 million individuals do not have access to broadband.[3]

MGMA appreciates that the last version of the CONNECT Act included a study on telehealth utilization during the pandemic that reviewed the usage of audio-only services. Permanently adding audio-only codes and removing unnecessary restrictions would be go a long way to facilitating quality care as the need for these services will not disappear upon the conclusion of the COVID-19 PHE.

Reimburse telehealth visits at an appropriate rate

The Centers for Medicare and Medicaid Services (CMS) extended the current payment parity policy for in-person and telehealth visits in the most recent Medicare Physician Fee Schedule. Outside of the COVID-19 PHE, telehealth visits are reimbursed at the "facility rate," which is a signification reduction in practice expense payments for overhead costs. MGMA has heard from members that the cost and administrative burden of providing care to patients is not commensurately reduced when care is furnished through telehealth.

There are many facets to providing high-quality telehealth care: practices must still schedule, facilitate, and document the visits, virtually check-in with patients, and schedule follow-up appointments; HIPAA-complaint IT infrastructure must be installed; and practices must troubleshoot technical problems while establishing multiple workflows for both virtual and in-person visits. One member detailed all the competing administrative concerns with running a large practice and tracking the changing coverages not only in Medicare but also the commercial space, while another member highlighted that "every node, modifier, and place of service has to be looked at by a coder." Reimbursement must appropriately account for the myriad factors and costs associated with facilitating a telehealth visit following the COVID-19 pandemic.

Preserve the patient-physician relationship

Promoting high-quality care in the patient-physician relationship is essential, and the CONNECT Act should bolster care continuity within a medical practice setting so that telehealth is able to support, not disrupt, care for beneficiaries. Installing guardrails to discourage fragmented care from patients seeking services from outside vendors is important to a strong telehealth system. Coverage could be improved by removing administrative burdensome billing requirements, like the requirement to collect co-pays for virtual check-ins. One MGMA member explained the importance of telehealth reimbursement

[3] Federal Communications Commission, "Annual Broadband Deployment Report," Jan. 19, 2021.

continuity in their ability to provide telehealth services to patients: "If CMS reimbursement continues, we will stay the same or increase. If there is no reimbursement, we will be forced to scale back."[4]

Eliminate the in-person requirement for mental telehealth services

The expansion of telehealth services for mental health treatment has helped avoid harmful disruptions to lifesaving care during the COVID-19 PHE. The Consolidated Appropriations Act, 2021, implemented flexibilities in Medicare allowing practitioners to provide telehealth services to patients in non-rural areas and in their homes for the purposes of diagnosis, evaluation, or treatment of a mental health disorder other than for treatment of a diagnosed substance use disorder (SUD) or cooccurring mental health disorder. Initially, upon conclusion of the PHE, continued Medicare coverage would have been contingent on there being an initial in-person visit within six months of the telehealth service and an in-person visit within 12 months of each mental telehealth service furnished. Subsequent legislation provided additional clarity by setting implementation of the in-person visit requirements for January 1, 2025 (or the expiration of the PHE in the event it extends beyond this date). MGMA believes permanently eliminating the six month in-person visit requirement would promote equitable access to care for patients without creating unneeded barriers.

Provide training and resources to practices

Our members have expressed confusion and frustration about not only the varying administrative requirements, but also the varying deadlines for current telehealth extensions throughout the pandemic. Section 203 of the CONNECT Act provides education to providers and beneficiaries to help improve understanding of telehealth. Reinforcing this section by including resources CMS should make available, like webinars and MLN Connect articles, would help improve comprehension of the telehealth landscape, but is ultimately not a substitute for transparent and clear requirements on the front end.

Conclusion

We thank you for your leadership on this vital issue and for your receptiveness in listening to our suggestions. We believe that the CONNECT Act would make critical improvements to the telehealth system and promote efficient care for patients. We look forward to continued collaboration crafting sustainable telehealth policies that will allow medical group practices to continue providing virtual care to vulnerable patient populations. If you have any questions, please contact James Haynes at jhaynes@mgma.org or 202-293-3450.

Sincerely,

/s/

Anders Gilberg
Senior Vice President, Government Affairs

[4] MGMA Stat, Oct. 20, 2021.