



September 18, 2024

The Honorable Cathy McMorris Rodgers
Chair
Committee on Energy and Commerce
U.S. House of Representatives
2123 Rayburn House Office Building
Washington, DC 20215

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
2123 Rayburn House Office Building
Washington, DC 20215

Re: MGMA Statement for the Record — House Committee on Energy and Commerce Markup of 16 Bills

Dear Chair Rodgers and Ranking Member Pallone:

The Medical Group Management Association (MGMA) thanks you for holding this important markup examining legislation that would extend vital telehealth flexibilities for two years. The expansion of telehealth services over the past few years has provided a lifeline to patients across the nation. MGMA appreciates the Committee reviewing the *Telehealth Modernization Act of 2024* — we strongly urge the Committee to pass legislation to keep current telehealth policies in place to ensure stability within the Medicare program.

With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 medical group 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.

Maintaining access to telehealth services is essential to avoid unnecessary barriers to medical care such as a patient having to travel significant distances. The Centers for Medicare & Medicaid Services (CMS) implemented numerous temporary telehealth policies in response to the COVID-19 Public Health Emergency (PHE). Prior to these policies, telehealth services in Medicare were rarely used given geographic, originating site, and other restrictions. This expansion has been a demonstrable success and allowed medical groups to continue serving their communities through the appropriate utilization of telehealth services.

The *Consolidated Appropriations Act of 2023* thankfully extended many of these flexibilities through the end of calendar year 2024. CMS proposed to extend and permanently institute certain policies in its recently published 2025 proposed Medicare Physician Fee Schedule rule, but many of the central policies that have allowed telehealth to flourish will expire soon without congressional action.

It is essential to keep these flexibilities in place and permanently enshrine these policies as the value of telehealth to patients has been widely established. We again thank the Committee for the inclusion of the *Telehealth Modernization Act of 2024* in this markup, and offer our support of the following provisions:

Telehealth Modernization Act of 2024

Removing geographic and originating site restrictions for telehealth services

Before the COVID-19 PHE, in 2016, only 0.25% of beneficiaries in fee-for service Medicare utilized telehealth services.¹ Without the removal of the geographic and originating site restrictions under section 1834(M), following the end of the extension of telehealth flexibilities, telehealth utilization will significantly drop.

Telehealth should not be limited 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 Medicare beneficiaries with limited mobility to receive critical and necessary care. These patients may not have access to the transportation necessary to attend in-person visits, and those in rural locations may live hours from their providers and be unable to spend half a day traveling to appointments.

MGMA thanks the Committee for including sections in this bill that would remove restrictions on geographic location and originating site requirements for two additional years. We call for these policies to be permanently instituted to facilitate widespread access to telehealth services in the future.

Delaying the in-person requirements under Medicare for mental health services furnished through telehealth and telecommunications technology

Promoting high-quality care in the patient-physician relationship is essential, and legislation should bolster care continuity within a medical practice setting so that telehealth is able to support care for beneficiaries. The *Consolidated Appropriations Act of 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 implementing the in-person visit requirements on Jan. 1, 2025.

MGMA appreciates this bill for extending the current policy for two years, but believes permanently eliminating the six month in-person visit requirement would promote equitable access to care for patients without creating unnecessary barriers.

Expanding practitioners eligible to furnish telehealth services

Currently, there are a wider range of providers who may offer telehealth services compared to pre-PHE policy, such as Physical Therapists, Occupational Therapists, and Speech-Language Pathologists. Without congressional action before the end of 2024, the number of qualifying providers will shrink drastically, thereby hindering access to telehealth care. We support the extension of current flexibilities in the bill for

¹ Centers for Medicare & Medicaid Services, "[Information on Medicare Telehealth](#)," Nov. 15, 2018.

an additional two years to ensure there is minimal disruption to patients receiving these important services.

Clinical Laboratory Services

We welcome the inclusion of language that would delay the scheduled payment cuts to clinical laboratory services. For years, MGMA has advocated for updates to Medicare's payment system for clinical diagnostic lab services, ensuring seniors and patients have access to essential diagnostic tests. We recommend the Committee works to pass a long-term solution to stop these yearly cuts by enacting the *Saving Access to Laboratory Services Act (SALSA)*.

Conclusion

MGMA looks forward to working with the Committee to support legislation that will help ensure medical groups can continue offering telehealth services to patients across this country. We urge the Committee to pass these extensions as soon as possible and work toward permanently instituting many of the telehealth policies currently in place in a comprehensive fashion to help allow for appropriate access and continuity of care for patients no matter where they are located. If you have any questions, please contact James Haynes, Associate Director of Government Affairs, at jhaynes@mgma.org or 202-293-3450.

Sincerely,

/s/

Anders Gilberg
Senior Vice President, Government Affairs