



March 1, 2021

The Honorable Anna Eshoo
Chairwoman
House Committee on Energy and Commerce
Subcommittee on Health
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Brett Guthrie
Ranking Member
House Committee on Energy and Commerce
Subcommittee on Health
2322 Rayburn House Office Building
Washington, D.C. 20515

Re: MGMA Testimony – “The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care” Hearing

Dear Chairwoman Eshoo and Ranking Member Guthrie:

On behalf of our member medical group practices, the Medical Group Management Association (MGMA) would like to thank the Subcommittee for holding this important hearing on “The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care” and we appreciate the opportunity to provide feedback on this topic. Throughout the COVID-19 pandemic, MGMA members have embraced the telehealth flexibilities to safely care for their patients. In late March 2020, 97% of MGMA members reported that their practices expanded telehealth access due to COVID-19.¹ MGMA supports congressional efforts to ensure that Medicare beneficiaries have greater access to telehealth services but would like any future legislation to take into account the importance of the patient-physician relationship.

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 as the Subcommittee and lawmakers consider legislation to potentially extend telehealth flexibilities past the conclusion of the COVID-19 public health emergency (PHE).

Medicare telehealth policy recommendations for consideration:

I. Preserve the patient-physician relationship to promote high-quality care

MGMA supports the expansion of telehealth access, but believes it is critical to develop policies that would preserve and promote the patient-physician relationship. Policies should bolster care continuity within a medical practice setting and not encourage one-off fragmented care in the form of patients seeking services from outside vendors. Vulnerable Medicare patients must look to telehealth to support, not disrupt, the continuity of care they receive from their physicians.

¹ MGMA Stat, March 31, 2020

II. Remove geographic and originating site restrictions

To successfully expand telehealth services to Medicare beneficiaries, the geographic and originating site restrictions under current section 1834(m) should be permanently removed. Before the COVID-19 PHE, in 2016, only 0.25% of beneficiaries in fee-for-service Medicare utilized telehealth services.² After the telehealth waivers went into effect, from March 17, 2020 through June 13, 2020, over 9 million beneficiaries had received a telehealth service.³ Without the removal of existing geographic and originating site restrictions, telehealth utilization will drop significantly to the detriment of millions of Medicare beneficiaries who would otherwise continue to benefit from the increased access to their physicians.

III. Allow permanent coverage of audio-only services

Audio-only visits can provide a lifeline to patients who are unable to attend visits in person or participate in telehealth visits due to lack of broadband access or necessary equipment to facilitate the live video component of the visits. Throughout the COVID-19 PHE, MGMA has received feedback from group practices on the incredible value of audio-only services. In an August 2020 poll conducted by MGMA, 82% of respondents reported that they have billed an audio-only service during the PHE.⁴ MGMA members report that in some cases, these services are the only means of treating certain patients virtually. One 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. A 2019 Federal Communications Commission (FCC) report estimates that over 21 million individuals do not have access to broadband.⁵ Further, researchers have estimated that 41% of Medicare patients lack access to a desktop or laptop computer with a high-speed internet connection at home.⁶ The need for these services will not disappear upon the conclusion of the COVID-19 PHE, but the ability to deliver them to Medicare beneficiaries will without congressional action.

IV. Reimburse telehealth visits equally to in-person visits

Outside of the COVID-19 PHE, telehealth visits are reimbursed at the "facility rate" in Medicare, which represents a significant reduction in practice expense payments for overhead costs. However, MGMA has heard from member practices that the cost and administrative burden of providing care to patients is not significantly reduced when care is furnished via telehealth. Practices still must schedule visits, facilitate the visits, virtually check-in patients, document the visits, and schedule follow-up appointments. There is also the added expense of implementing a HIPAA-compliant IT infrastructure and troubleshooting technical issues. Practices have struggled to establish multiple workflows to accommodate both virtual and in-person visits. MGMA believes that for telehealth to be a viable option following the conclusion of the COVID-19 PHE, reimbursement should account for the many factors and costs that are involved in facilitating a telehealth visit.

Conclusion

We thank the Subcommittee for its leadership on this critical issue. We look forward to working with you and your congressional colleagues to craft sustainable telehealth policies that will allow medical group

² "Information on Medicare Telehealth," Centers for Medicare & Medicaid Services, Nov. 15, 2018

³ "Early Impact Of CMS Expansion Of Medicare Telehealth During COVID-19," Seema Verma, Health Affairs, July 15, 2020

⁴ MGMA poll, Physician Fee Schedule Q&A, Aug. 26, 2020

⁵ FCC, "2019 Broadband Deployment Report," May 19, 2019.

⁶ Eric T. Roberts, PhD; Ateev Mehrotra, MD, MPH, "Access Among Medicare Beneficiaries and Implications for Telemedicine," JAMA Internal Medicine, Aug. 3, 2020.

practices to continue providing virtual care to vulnerable patient populations following the COVID-19 PHE. If you have any questions, please contact Claire Ernst at cernst@mgma.org or 202-293-3450.

Regards,

/s/

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Senior Vice President, Government Affairs