



November 28, 2023

The Honorable Ron Wyden  
Chair  
Committee on Finance  
United States Senate  
Washington, DC 20510

The Honorable Michael Crapo  
Ranking Member  
Committee on Finance  
United States Senate  
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

The National Health Council thanks the Senate Committee on Finance for holding a hearing on November 14, 2023, titled, “Ensuring Medicare Beneficiary Access: A Path to Telehealth Permanency.” Access to telehealth is a significant issue from the patient’s perspective, and we appreciate the opportunity to provide this input in addition to the providers you heard from directly at the hearing.

Created by and for patient organizations more than 100 years ago, the NHC brings diverse organizations together to forge consensus and drive patient-centered health policy. We promote increased access to affordable, high-value, sustainable, equitable health care. Made up of more than 150 national health-related organizations and businesses, the NHC’s core membership includes the nation’s leading patient organizations. Other members include health-related associations and nonprofit organizations including the provider, research, and family caregiver communities; and businesses representing biopharmaceutical, device, diagnostic, generic drug, and payer organizations.

The COVID-19 pandemic highlighted and underscored the benefits of telehealth in providing increased access, ease of use, and comfort with the health care system for patients with chronic diseases and disabilities. To help quantify the patient needs in telehealth, the NHC conducted eight 30-minute listening sessions with staff from the NHC’s patient-organization members<sup>1</sup>. One of the key themes that arose during the listening sessions was that telemedicine can help reduce disparities; however, if it is done incorrectly, it can also exacerbate disparities. Another theme was that patients should be able to voice their preference for the type of provider visit they can have, whether it is in-person, on the phone, or virtually. Concerns over transportation, mobility, condition type, geography, and privacy could all change a patient’s preference.

While doctors’ offices are operating similar to before the pandemic, the promise of telehealth is as real as ever for patients living in rural and underserved communities, those with mobility and transportation limitations, people with rare diseases working with far away specialists, the immunocompromised, and many others.

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<sup>1</sup> [NHC-Telemedicine-Briefing-one-pager.pdf \(nationalhealthcouncil.org\)](https://www.nationalhealthcouncil.org/wp-content/uploads/2023/11/NHC-Telemedicine-Briefing-one-pager.pdf)

Telehealth should be an option for patients and providers, when preferred and clinically appropriate, and should not supplant in-person care. Making current Medicare telehealth authority permanent to ensure continuity of care and access to medically necessary services for Medicare beneficiaries should be a top priority for Congress before the current authorities expire next year. In addition, payment policies, including cost-sharing requirements, and provider networks must still support access and in-person availability.

During the pandemic, the NHC joined 34 other national patient advocacy and health organizations on a set of [Principles for Telehealth Policy](#). We urge you to use these principles as a guide for any telehealth legislation in order to ensure that the needs of patients are met.

First, we believe telehealth policy can improve access through equitable coverage, with services covered by all health plans including, but not limited to, Medicare, Medicaid, the ACA Marketplace, and other federal and state regulated commercial health plans.

Second, telehealth policy should ease technology barriers. Telehealth services should be equitably available through easily usable technologies that are accessible to people with disabilities, with limited English proficiency, and limited technology. The option of audio-only communication is especially important for rural and low-income populations, as many of these patients lack internet access.

Third, telehealth policy should preserve and promote patient choice. A patient should have the opportunity and flexibility to choose whether they will access care in-person or via telehealth technologies. In addition, patients should have limited out-of-pocket costs for telehealth services and be no more than what they'd pay for an in-person visit. Insurers should not incentivize nor disincentivize patients from using one care site over another — the choice should be based on the right care setting for the patient's individual needs.

Fourth, telehealth policy should remove geographic restrictions, which place a burden on and can limit both patients and providers when evaluating treatment options for optimal care. This includes allowing providers to practice across state lines through telehealth services increasing access to care and improve care coordination for patients, particularly in underserved areas.

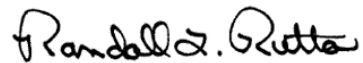
*Recommendation: Make the current Medicare telehealth flexibilities permanent. And address payment and regulatory barriers that limit access to telehealth while preserving access to in-person care when preferred and/or needed.*

We know that better access to health care equals better outcomes in the long run — ultimately reducing cost — and telehealth is proving to be a valuable tool that should be protected and enhanced in this regard.

National Health Council Statement for the Record  
United States Senate Committee on Finance Hearing  
“Ensuring Medicare Beneficiary Access: A Path to Telehealth Permanency”  
November 28, 2023

Please do not hesitate to contact Eric Gascho, Senior Vice President of Policy and Government Affairs, if you or your staff would like to discuss these issues in greater detail. He is reachable via e-mail at [egascho@nhcouncil.org](mailto:egascho@nhcouncil.org).

Sincerely,

A handwritten signature in black ink that reads "Randall L. Rutta". The signature is written in a cursive style with a large initial 'R'.

Randall L. Rutta  
Chief Executive Officer