

December 3, 2024

The Honorable Chuck E. Schumer  
Majority Leader  
United States Senate  
Washington, D.C. 20510

The Honorable Mike Johnson  
Speaker of the House  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Mitch McConnell  
Minority Leader  
United States Senate  
Washington, D.C. 20510

The Honorable Hakeem Jeffries  
Minority Leader  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Majority Leader Schumer, Minority Leader McConnell, Majority Leader Johnson and Minority Leader Jeffries,

We write today to urgently request that Congress extend the telehealth flexibilities set to expire on December 31st for at least two additional years. Anything less than that will be highly disruptive to care delivery and will create an unnecessary level of uncertainty for clinicians and their patients.

Telehealth has revolutionized the way healthcare is delivered, offering a safe, reliable source of high-quality care for tens of millions of people. It has saved patients countless hours and dollars, has reduced the need for costly hospitalizations and transfers, and reduced the burden on clinicians. Patients living in rural and hard-to-reach areas have benefitted immensely as have those with mobility and transportation issues, and other barriers that have hindered access. The flexible telehealth policies put in place following the Public Health Emergency (PHE) have been nothing shy of a lifeline for millions of patients – they have increased virtual access to a wider array of clinicians and services, mitigated the clinician shortage, improved access to specialists, and shortened wait times to be seen. Importantly, as patients and clinicians navigate challenging economic conditions, the use of telehealth has provided affordable healthcare options.

Acting now to extend the policies initially enacted under the pandemic for an additional two years will bring much-needed stability to patients and clinicians. The deadline for the end of these policies comes at a time when patients are struggling with inflationary pressures, clinician burnout and recording setting Baby Boomer retirements. Medical price inflation is outpacing overall inflation creating cost pressures on both patients and clinicians. Experts report 11,000 Americans are turning 65 every day. And, studies find clinician burnout has topped 47 percent among physicians and 56 percent among nurses.

Healthcare organizations (HCOs) have made significant investments in telehealth and the data supports this. According to CHIME's 2024 Most Wired survey: 93% of HCO's operate a telehealth service; 80% of HCO's now offer asynchronous provider visits with 63% of those being fully adopted across their enterprise; 97% have adopted virtual patient and family visits; and 87% are utilizing remote patient monitoring integrated into the treatment plan.

We simply cannot return to pre-pandemic telehealth policies. There is an urgent need to extend the following telehealth policies that were included in the Consolidated Appropriations Act (CAA) of 2023 including:

- Waiving geographic and originating site restrictions so that urban, suburban, and rural Medicare patients can continue to receive telehealth services at any location, including their home as the “originating site” rather than have to travel to a brick-and-mortar healthcare facility;
- Expanding the list of telehealth practitioners to include qualified occupational therapists (OTs), physical therapists (PTs), speech-language pathologists (SLPs), and audiologists;
- Continuing payment for telehealth services delivered in rural health clinics (RHCs) and federally qualified health centers (FQHCs);
- Waiving the in-person requirement for telehealth treatment of certain mental health conditions;
- Permitting use of audio only technology when broadband is insufficient or unavailable to support a video visit;
- Allowing recertification of a patient’s need for hospice to occur via telehealth; and
- Continuing the Acute Hospital Care at Home (AHCAH) initiative, which allows certain Medicare-certified hospitals to treat patients with inpatient-level care at home from participating hospitals.

The Drug Enforcement Administration (DEA) and the U.S. Department of Health and Human Services (HHS) have already released a temporary rule extending the current policy flexibilities regarding telemedicine prescribing of controlled substances through the end of 2025. Congress should act now to extend and align the policies extended in the CAA for another two years.

In summary, extending telehealth policies is not just a matter of convenience; it is a necessity for ensuring affordable access to healthcare for patients. We strongly urge you to support the extension of these vital services to continue providing high-quality, accessible healthcare to patients across the country.

Thank you for your leadership on this issue. Should you have questions about our position or require additional information, please contact Cassie Ballard, CHIME’s Director of Congressional Affairs, at [cballard@chimecentral.org](mailto:cballard@chimecentral.org).

Sincerely,

College of Healthcare Information Management Executives (CHIME)