

# Congress of the United States

Washington, DC 20515

January 19, 2024

The Honorable Xavier Becerra  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, D.C. 20201

Dear Secretary Becerra:

As 2024 begins, we urge you to work with Congress to ensure that all Medicare beneficiaries have permanent access to telehealth services before the temporary waivers expire on December 31, 2024. We appreciate the U.S. Department of Health and Human Services' (HHS) efforts to implement telehealth flexibilities that Congress authorized over the past four years. With the expiration of temporary waivers rapidly approaching, we strongly encourage you to make telehealth a priority. We stand ready to work with you to ensure Medicare beneficiaries maintain access to telehealth services.

Congress has recognized the critical role of telehealth in health care delivery by expanding coverage during and after the COVID-19 public health emergency. Most recently, the Consolidated Appropriations Act, 2023 extended several Medicare telehealth flexibilities through December 31, 2024. Among these was a provision allowing patients to use telehealth regardless of where they are located. These short-term extensions have been important to allow continuity of care and provide time for experts to evaluate the benefits of expanded telehealth services.<sup>1</sup> The data is clear: Permanent policy is necessary, such as the policies in our consensus bipartisan bill, the CONNECT for Health Act.

Enacting permanent telehealth legislation will require collaboration between HHS and Congress in the year ahead. We urge you to communicate to Congress and the public the authorities, appropriations, resources, and other supports needed to achieve this goal. Ideal channels for these communications include the President's Fiscal Year 2025 Budget, the Calendar Year (CY) 2025 Medicare Physician Fee Schedule, and upcoming testimonies before Congressional committees. We also request timely technical assistance and data sharing to support Congress' legislative work. To address any outstanding implementation questions related to permanent policy, including those outlined in the CY 2024 Physician Fee Schedule, we strongly encourage you to solicit information from stakeholders.

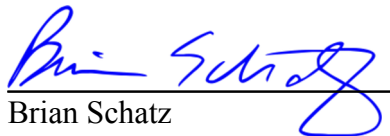
This is a pivotal year for telehealth policy, and it is critical that we enact long-term legislation in 2024. Telehealth is a cost-effective way to improve access to care, especially for rural and underserved communities.<sup>1</sup> Telehealth also allows patients to choose a medical provider that


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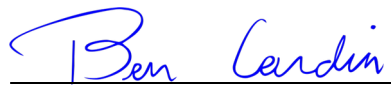
<sup>1</sup> Lok Wong Samson et al. "Updated Medicare FFS Telehealth Trends by Beneficiary Characteristics, Visit Specialty, and State, 2019-2021," Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, July 2023.


best suits their personal medical needs. Medicare beneficiaries have come to rely on expanded access to telehealth and are satisfied with the care they have received.<sup>2</sup> We must provide patients and clinicians long-term certainty about access to care through telehealth. We appreciate your collaboration on this important issue and look forward to working with you to ensure access to telehealth services is available on a permanent basis.


Sincerely,

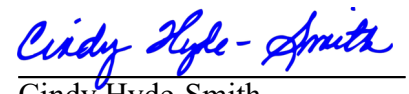
  
Brian Schatz  
United States Senator


  
Roger F. Wicker  
United States Senator


  
Benjamin L. Cardin  
United States Senator

  
John Thune  
United States Senator

  
Mark R. Warner  
United States Senator

  
Cindy Hyde-Smith  
United States Senator

  
Mike Thompson  
Member of Congress

  
David Schweikert  
Member of Congress

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<sup>2</sup> Medicare Payment Advisory Commission. *Mandated Report: Telehealth in Medicare*. June 2023.



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Doris Matsui  
Member of Congress



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Bill Johnson  
Member of Congress

CC:

The Honorable Chiquita Brooks-LaSure, Administrator, Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services

The Honorable Robert Gordon, Assistant Secretary for Financial Resources, U.S. Department of Health and Human Services