

Congress of the United States
House of Representatives
Washington, DC 20515

April 21, 2023

The Honorable Joseph R. Biden, Jr.
The White House
1600 Pennsylvania Avenue
Washington, DC 20500

Dear Mr. President,

On January 30, 2023, your Administration announced its plan to terminate the COVID-19 Public Health Emergency (PHE), which will impact the operations of our nation's health care system. As part of the Consolidated Appropriations Act of 2023, Congress extended many telehealth provisions and programs induced by the pandemic through December 31, 2024. Now, we urge your Administration to take all possible steps to protect additional telehealth flexibilities tied to the PHE through at least that same date.

Telehealth is an essential and transformative part of keeping Americans healthy. Since 2020, telehealth's use has expanded as a tool for patients seeking care, particularly mental health services. However, in the coming months, access could be in danger when PHE-related flexibilities end.

As some flexibilities have been extended while others have not, we fear a patchwork system will confuse consumers, decrease healthcare access, and endanger the telehealth system that has grown significantly over the past three years. It is essential for the efficient continuity of operations of telehealth that the Administration do everything in its power to protect the following expiring provisions:

1. **Provider Address/Enrollment**, allowing practitioners to work from home while conducting telehealth appointments, but listing their enrolled practicing location as the billing address.
2. **Virtual Prescriptions Flexibility**, allowing appropriate prescriptions to be delivered by DEA-registered practitioners.
3. **Licensure**, allowing out-of-state practitioners to practice telehealth across state lines, provided that they meet all requirements to practice medicine in the state in which the patient is located.

4. **Direct Supervision**, continuing to let healthcare trainees be supervised in academic medical settings remotely and allowing telehealth services to be included in definition of direct supervision services.
5. **Health Care Plan Mid-Year Changes**, allowing insurance companies to amend their policies twice in one year if the action expands telehealth coverage or increases telehealth usage.
6. **Telehealth as an Excepted Benefit**, designating telehealth as an excepted benefit for individuals, regardless of the hours they work or their title at the job and those who are ineligible for full employer-sponsored medical benefits.
7. **PHE Telehealth Billing Codes**, making permanent the Medicare billing codes that are currently set to expire at the end of 2023, which provide over 40 Medicare telehealth service codes that let patients take advantage of speech therapy, eye exams, nursing, and psychological services, among others.

Our goal is to provide everyone, particularly rural and underserved communities, veterans, and practitioners, the virtual options they need to stay healthy and the leeway for patients to receive care when and where they need it. And we believe that extending these telehealth flexibilities will prevent confusion and hardships in accessing healthcare services. Moreover, states across the country have changed their own laws to adapt to this virtualization of care under the pandemic flexibilities. Rescinding federal flexibilities will only add to a patchwork of state regulations, which have differing rules on telehealth flexibilities.

According to the CDC and NIH, telehealth has increased the likelihood of successfully prescribing prescriptions, decreased overdoses, and was a popular option to receive care.¹ Additionally, studies show that many Americans—particularly in rural communities, and particularly veterans—do not have convenient access to mental health professionals²³ and poor transportation options and a patient’s distance to a hospital can increase negative health outcomes.⁴ Telehealth has become a stable part of the U.S. healthcare system, benefiting patients and physicians alike.

We encourage the Administration to take swift action to protect expiring telehealth flexibilities beyond the PHE and continue to support telehealth expansion across all sectors of the US healthcare market. We also urge the various agencies of your Administration to work in lockstep to develop uniform, cohesive, and integrated guidance and telehealth provisions that do not harm the functioning of the overall healthcare system and ease access to healthcare professionals for all American patients.

¹ Centers for Medicare and Medicaid Services, “Increased Use of Telehealth for Opioid Use Disorder Services During COVID-19 Pandemic Associated with Reduced Risk of Overdose,” August 2022.

² University of Michigan, “Estimating the Distribution of the U.S. Psychiatric Subspecialist Workforce,” Behavioral Health Workforce Research Center, December 2018.

³ Patricia Kime, “VA to Congress: Keep Pandemic Rule Allowing Prescriptions Across State Lines,” military.com, January 2023.

⁴ National Institutes of Health, “Health in Rural America: Connecting to Care,” March 2022

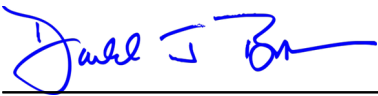
Sincerely,




Mikie Sherrill
Member of Congress



Gabe Vasquez
Member of Congress




Don Bacon
Member of Congress



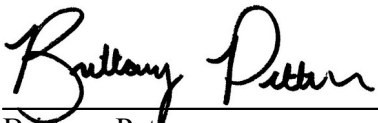
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