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**STATEMENT
of the
Federation of American Hospitals
to the
U.S. House of Representatives
Committee on Energy and Commerce
Subcommittee on Health
Re: “Legislative Proposals to Support Patient Access to Telehealth Services”
April 10, 2024**

The Federation of American Hospitals (FAH) is pleased to provide the following feedback to the Energy and Commerce Subcommittee on Health in response to the April 10th hearing entitled “Legislative Proposals to Support Patient Access to Telehealth Services.” We commend the Subcommittee’s leadership in examining legislative proposals to create a framework that maintains access to vital telehealth services in Medicare, while ensuring appropriate guardrails are in place to protect against fraud and abuse.

The FAH is the national representative of more than 1,000 leading tax-paying hospitals and health systems throughout the United States. FAH members provide patients and communities with access to high-quality, affordable care in both urban and rural areas across 46 states, plus Washington, DC, and Puerto Rico. Our members include teaching, acute, inpatient rehabilitation, behavioral health, and long-term care hospitals and provide a wide range of inpatient, ambulatory, post-acute, emergency, children’s, and cancer services. Tax-paying hospitals account for approximately 20 percent of community hospitals nationally.

Telehealth has transformed our health care system by utilizing technology to modernize and redesign how care is delivered, and hospitals have been at the forefront of making telehealth an integral part of our operations. We thank Congress for its swift action and leadership in expanding access to telehealth during the COVID-19 public health emergency (PHE) and maintaining access to telehealth coverage through December 2024 in the *Consolidated Appropriation Act of 2023*. Now, Congress must build on this progress and advance permanent telehealth policies that provide certainty to providers and patients alike and meet America’s future health care needs. The past four years of telehealth expansion has set in motion a large-scale transformation of our nation’s health care system and demonstrated strong patient interest and demand for continued telehealth access.

The FAH supports legislation that would make permanent the Medicare flexibilities implemented during the COVID-19 PHE, such as H.R.7623, the *Telehealth Modernization Act* and H.R.4189, the *CONNECT for Health Act*. These bills would remove geographic and originating site restrictions to ensure that all patients can access care where they are, rural or

urban. These bills are a critical solution for improving access to care in rural areas, where many patients can travel for over an hour for a routine doctor's appointment, and often much further to seek specialty care. Additionally, in many cases (particularly in rural areas where it is difficult to recruit physicians and other highly trained staff), telehealth and other remote technologies can help make up for staffing shortfalls or staff burnout, aiding rural hospitals struggling with recruiting and retaining qualified staff.

Telehealth also has proven critical to improving access to mental and behavioral health care delivery, acting as a lifeline to close significant gaps in patient access to these scarce and much-needed services. The FAH supports H.R. 3432, the *Telemental Health Care Access Act*, which would expand access to underserved and at-risk populations by removing the statutory requirement that Medicare beneficiaries be seen in-person within six months of being treated for mental health services via telehealth. Removing these restrictions on mental and behavioral health is a solution to a currently unmet need in our health care ecosystem.

Without action from Congress, Medicare beneficiaries could abruptly lose access to expanded coverage of telehealth in January 2025. This would have a chilling effect on access to care across the entire health care system. Telehealth has brought our health care delivery system into the 21st century, and the foregoing permanent telehealth policies would foster further innovation and long-term investment in advanced technologies. Congress should provide certainty to providers and patients that access to care when and where they need it via telehealth will be a permanent part of our nations' health care delivery.

We commend the Subcommittee's interest in advancing telehealth legislation and look forward to working with the Subcommittee on this critical issue.