



Avoiding the Telehealth Cliff: ATA Federal Policy Priorities 2021

As the only organization exclusively devoted to expanding access to care through telehealth, the American Telemedicine Association (ATA) is dedicated to ensuring Medicare beneficiaries do not go over the “telehealth cliff” at the end of the COVID-19 public health emergency (PHE). **Unless Congress acts before the end of the PHE, telehealth access will vanish overnight for the over 60 million Medicare beneficiaries.** Below are the ATA’s top legislative priorities that, if enacted, would ensure we avoid the telehealth cliff.

ATA’s Top Legislative Priorities	
Telehealth Modernization Act (S. 368 , H.R. 1332)	Introduced by Senators Tim Scott (R-SC) and Brian Schatz (D-HI) and Representatives Buddy Carter (R-GA) and Blunt Rochester (D-DE), The Telehealth Modernization Act cleanly amends 1834(m) of the Social Security Act to remove the originating and geographic site restrictions, give HHS secretary authorities to expand types of providers, allow telehealth to meet face-to-face requirements for hospice care and home dialysis, enable CMS to continue to use sub-regulatory authority to add telehealth services, and extend FQHC and RHCs distant site ability as authorized under the CARES Act.
CONNECT for Health Act (S. 1512 , H.R. 2903)	Introduced by longstanding bipartisan, bicameral telehealth champions, the CONNECT for Health Act is consensus legislation to support telehealth permanence with support of 60 United States Senators. CONNECT permanently reforms the geographic and originating site restrictions and provides the Secretary of HHS authority to waive telehealth restrictions in statute.
Telemental Health Care Access Act (S. 2061 , H.R. 5201)	Introduced by Senators Cassidy (R-LA), Smith (D-MN), Thune (R-SD), and Cardin (D-MD) in the Senate and Representatives Matsui (D-CA) and Johnson (R-OH) in the House. This essential legislation will ensure Medicare beneficiaries can access telemental health services post-pandemic without satisfying the arbitrary and restrictive in-person requirement that was passed into law at the end of 2020.
The Protecting Access to Post-COVID-19 Telehealth Act (H.R. 366)	Introduced by the bipartisan House Telehealth Working Group, H.R. 366 makes permanent changes to 1834(m) including removal of the geographic restriction, adding home and any location as determined by the Secretary as originating site, names FQHCs/RHCs as distant sites, and extends PHE authority for future emergencies.



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The ATA urges Congress to support permanent telehealth reform and to specifically:

Avoid in-person restrictions	Remove provisions in law that mandate, for telehealth delivery of care or reimbursement, a prior in-person relationship between practitioner and patient.
Allow states to determine practice standards	Allow state licensing boards and practitioners to determine the appropriate standards of care for patients. This includes removing the in-person requirement for telemental health services in the recently signed Consolidated Appropriations Act.
Remove arbitrary location-based restrictions	Permanently remove the geographic and originating site barriers in statute.
Allow patients to access care anywhere	The originating site should be wherever the patient is located, including but not limited to a patient’s home.
Untie HHS’s and providers’ hands	Enhance HHS authority to determine appropriate telehealth services and providers.
Empower safety net providers	Ensure Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can furnish telehealth and receive equitable reimbursement.
Be prepared for the next emergency	Make permanent HHS’s temporary waiver authority for future emergencies.
Support program integrity	Support existing fraud, waste, and abuse resources within HHS, including the Health Care Fraud and Abuse Control Program.

The ATA’s policy development and ultimate recommendations are guided by a specific set of [policy principles](#) which all support the goal of promoting a healthcare system where people have access to safe, effective, and appropriate care when and where they need it. For more information on how to address the telehealth cliff, please see [ATA’s Permanent Policy Recommendations](#) and [ATA’s Federal Legislative Priorities](#).

ATA POLICY PRINCIPLES

- 1 Ensure Patient Choice, Access, and Satisfaction
- 2 Enhance Provider Autonomy
- 3 Expand Reimbursement to Incentivize 21st Century Virtual Care
- 4 Enable Healthcare Delivery Across State Lines
- 5 Ensure Access to Non-Physician Providers
- 6 Expand Access for Underserved and At-risk Populations
- 7 Support Seniors and Expand “Aging in Place”
- 8 Protect Patient Privacy and Mitigate Cybersecurity Risks
- 9 Ensure Program Integrity