January 20, 2025

The Honorable Donald Trump
President of the United States
1600 Pennsylvania Avenue NW
Washington, DC 20500

The Honorable JD Vance
Vice President of the United States
1600 Pennsylvania Avenue NW
Washington, DC 20500

RE: Outlining ATA Action and American Telemedicine Association (ATA) Policy Priorities: Looking Ahead to Permanency

On behalf of American Telemedicine Association (ATA), the only organization that focuses entirely on telehealth, with a broad and inclusive member network of over 400 members representing all aspects of the healthcare industry, and ATA Action, the ATA's affiliated trade association, we offer our congratulations and thanks for your historical support of telehealth. As your new Administration works to determine healthcare policy priorities and goals for the next four years, we wanted to share with you our top priorities (below) as we face yet another looming deadline on March 31, 2025, for many of the critical Medicare telehealth flexibilities President Trump put in place in 2020.

1. ***Engage with Stakeholders on the Proposed Rule "Special Registration for Telemedicine and Limited State Telemedicine Registrations"***

   Within the last few days of the Biden Administration, a slew of draft and final rules were released including a proposed rule issued by the Drug Enforcement Administration (DEA) that would create a permanent framework for the remote prescribing of controlled substances through a telemedicine special registration process. ATA Action is committed to collaborating with the Drug Enforcement Administration (DEA) in good faith to refine the rule and ensure no patient is left behind. We urge the DEA to engage closely with telehealth community stakeholders to make the necessary improvements so that the final rule is both practical and effective in supporting providers, enhancing patient care, and serving the broader public interest.

2. ***Permanently Allow for the Remote Prescribing of Controlled Substances***

   During the COVID-19 Public Health Emergency (PHE), millions of patients were able to be prescribed controlled substances during a telehealth visit without having to see the provider in-person. We commend you for initially allowing this flexibility, which continues through the end of CY2025. As we move forward, we strongly urge your Administration to work with the DEA and outside stakeholders to propose a new

permanent rule that establishes a framework for remote prescribing of controlled substances, ensuring patients can continue to access lifesaving treatments without arbitrary barriers, such as in-person requirements. (See here for ATA Action's Special Registration recommendations)

3. ***Work with Congress to Make Permanent the Medicare Telehealth Flexibilities***

The ATA and ATA Action's top priority is to make permanent the Medicare telehealth flexibilities implemented during the PHE including:

- Removal of antiquated Geographic and Originating-Site Restrictions
- Ensure that Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) continue to furnish telehealth services and be reimbursed at a fair rate
- Expand the list of eligible Medicare providers
- Maintain audio-only coverage
- Repeal the telemental health in-person requirement
- Acute Hospital Care at Home Program

Telehealth plays a critical role in our evolving healthcare system and has proven to expand access to care, reduce costs, assist with provider shortages, and overall help the healthcare system become more efficient and effective.[1] While Congress must take action to make these policies permanent, we respectfully urge the Administration to collaborate with Members of Congress to provide the necessary data and research, enabling them to swiftly and effectively implement a permanent, comprehensive, and feasible telehealth framework.

4. ***Ensure Affordable Telehealth Services for the Commercially Insured***

Americans with high-deductible health plans coupled with Health Savings Accounts (HDHP-HSAs) must meet minimum deductibles that are defined by statute before the cost of telehealth can be covered by their employer or health plan. Congress took swift bipartisan action as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 (P.L. 116-136) to ensure that more workers could receive covered telehealth services by allowing employers and health plans to provide predeductible coverage for such services. This commonsense policy helped ensure that families could access vital telehealth services — including virtual primary care and behavioral health services — prior to having to meet their deductible. In fact, according to a survey by the Employee Benefit Research Institute (EBRI), about 96 percent of employers adopted pre-deductible coverage for telehealth services as a result of this provision. Unfortunately, this policy expired at the end CY2024. We urge Congress to permanently reinstate this policy in any upcoming legislative vehicle. While we wait for Congress to act, ATA Action kindly asks the Administration to work with the IRS to release a non-enforcement statement to ensure

[1] PRINT_ATA-TAW-Hill-Day-handout_9.11.23.pdf (americantelemed.org)

employees don't lose access to care during this time. It is imperative that the 32 million Americans with HDHP-HSAs continue to have access to these lifesaving services.

5. ***Ensure Affordable Telehealth Coverage for Part-Time, Contracted Workers Who Don't Qualify for Health Care Coverage***

   On June 23, 2020, the Labor, HHS and Treasury Departments jointly issued an FAQ pertaining to the Families First Coronavirus Response Act, the Coronavirus Aid, Relief, and Economic Security Act (CARES) and other health coverage issues.[2] Specifically, it stated that the agencies would take a non-enforcement position for employers wishing to provide telehealth or other remote care services to employees ineligible for any other employer-sponsored group health plan for the duration of the PHE. This flexibility expired on May 11, 2023, at the end of the PHE. We urge Congress to act swiftly and pass this bipartisan legislation, which would amend the Public Health Service Act, the Employee Retirement Income and Security Act of 1974, and the Internal Revenue Code of 1986, to treat telehealth services as excepted benefits. Since this flexibility expired, millions of workers have lost access to critical healthcare services. Therefore, we ask the Administration to allow for non-enforcement discretion of this policy until Congress acts. (See here for a stakeholder letter signed by over 30 organizations in support of this legislation).

6. ***Ensure All Provider Home Addresses Remain Confidential***

   As providers continue to render telehealth services from their homes, a top priority for ATA Action and the ATA is that their home addresses remain confidential. Over the past few years, the Centers for Medicare and Medicaid Services (CMS) has allowed providers rendering telehealth services from their homes to list their currently enrolled practice address on their enrollment and billing forms instead of their home address. This flexibility will remain in effect through CY2025, but we urge the Administration to work with CMS to make this provision permanent.

   Additionally, this flexibility doesn't alleviate barriers for virtual-only practitioners without a physical practice location to report other than their home address. ATA Action and the ATA believe that CMS should work with stakeholders to develop an alternate method of determining location for the purposes of payment that does not require the reporting of a home address. One potential option would be to allow a business address to be reported for purposes of enrollment, and a geographic indicator such as a zip code be reported for payment adjustment by geographic cost and wage index. We look forward to working with you on this over the next few years. (See here for stakeholder letter signed by over 200 organizations)

[2] FAQS ABOUT FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT IMPLEMENTATION PART 43 (cms.gov)

7. ***Expand the Medicare Diabetes Prevention Program***

   The Medicare Diabetes Prevention Program (MDPP) is a Medicare-covered initiative designed to help prevent or delay the onset of Type 2 diabetes in individuals at high risk. MDPP suppliers are organizations or entities that are approved by CMS to deliver the Diabetes Prevention Program (DPP), which typically involves group-based coaching, education, and support in areas such as nutrition, physical activity, and weight management.

   Currently, the MDPP has a restriction on the types of suppliers that can participate, excluding virtual-only suppliers. We urge the Administration to urge CMS to expand this program and allow all CDC-recognized delivery modalities, including virtual diabetes prevention platforms and suppliers, to participate in the Medicare Diabetes Prevention Program.

8. ***Reinstate Virtual Cardiopulmonary Rehabilitation Programs***

   During the COVID-19 pandemic, a critical flexibility was introduced by your first administration that allowed patients to complete cardiac and pulmonary rehabilitation (CR) programs from home, eliminating the need to travel to hospitals, rehab centers, or physician offices. This provision proved especially beneficial for individuals with chronic conditions who faced significant barriers to in-person visits, such as mobility challenges, transportation issues, or high-risk health statuses. According to a survey by the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), nearly 60% of patients reported that in-home CR services were essential for maintaining their rehabilitation regimen during the pandemic.

   However, with the expiration of this flexibility at the end of the PHE on May 11, 2023, many virtual CR programs were shut down. As a result, hundreds of thousands of patients who rely on these services have been left without access to this critical care. Unless Congress or CMS intervenes, these vital programs will remain unavailable. We strongly believe CMS has the authority to address this alone without Congress, by permitting virtual CR in outpatient settings. Please encourage CMS to address this in future rulemaking, to improve access for a broader range of patients, particularly those in rural or underserved areas, or those with mobility issues that make in-person participation challenging.

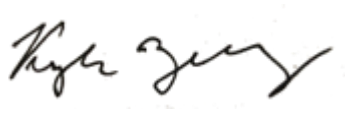
9. ***Release Updated Regulatory Guidance on Medicare Telehealth Flexibilities***

   Congress extended some of the Medicare telehealth flexibilities and the Acute Hospital Care at Home Program until March 31, 2025. ATA Action and the ATA encourage the Administration to work with CMS to release updated guidance to align with these Congressional telehealth extensions, ensuring stakeholders can bill appropriately and reducing industry confusion.

Thank you again for your strong and continued support of telehealth. We look forward to working with you, your staff, and the different agencies to make permanent these important

policies that would enable innovation and ensure that patients don't lose access to necessary and appropriate care in the future. Please reach out to me at kzebley@ataaction.org if you have any questions.

Kind Regards,



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