ATA Action 119th Congressional Legislative Priorities

Policy	Current Status of Policy	Legislation Introduced	Summary of Legislation
Medicare Telehealth	The Medicare telehealth flexibilities have been in place since the beginning of COVID-19 pandemic including: • Geographic and originating site flexibilities • An expansion of eligible practitioners that are able to provide telehealth services, including physical therapist, speech therapist, occupational therapists (PT/OT/ST) • Allowing Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) to act as distant sites • Audio-only coverage • Waiver of the telemental health six month in-person requirement **These flexibilities are set to expire on September 30, 2025 unless Congress acts.**	Connect for Health Act (S.1261) Telehealth Modernization Act (soon to be reintroduced)	• Permanently remove all geographic restrictions on telehealth services and expand originating sites to the location of the patient, including homes; • Permanently allow health centers and rural health clinics to provide telehealth services; • Allow more eligible health care professionals to utilize telehealth services; • Remove unnecessary in-person visit requirement for telemental health services; • Allow for the waiver of telehealth restrictions during public health emergencies; and • Require additional published data to learn more about how telehealth is being used, impacts on quality of care, and how it can be improved to support patients and health care providers.

As of May 28, 2025

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First Dollar Coverage of HDHP-HSA	Since the beginning of the pandemic, Congress allowed employees with high-deductible health plans with health savings accounts (HDHP-HSAs) to obtain telehealth services pre-deductible. **This flexibility expired at the end of CY2024.**	Telehealth Expansion Act (H.R. 1650, S.763)	This legislation would permanently allow telehealth services in HDHP-HSAs to be offered pre-deductible.
Remote Prescribing of Controlled Substances	At the beginning of the COVID-19 pandemic, the Drug Enforcement Administration (DEA) waived the prior in-person requirement for the prescription of controlled substances via telehealth. **This flexibility is set to expire at the end of CY2025 unless DEA extends or Congress intervenes.**	Telehealth Response for E-prescribing Addiction Therapy Services Act (TREATS Act – H.R. 1627)	This legislation would permanently waive the in-person requirement for the remote prescribing of schedules II-IV controlled substances specifically for opioid use disorders and substance use disorders. While ATA Action is supportive of this legislation, if passed into law, a large cohort of patients relying on the DEA waiver for other clinically appropriate treatments through other controlled substances would be left behind.
Digital Therapeutics	Currently, there is no coverage and reimbursement pathways for prescription digital therapeutics.	Access to Prescription Digital Therapeutics Act (H.R.3288, S. 1702)	This legislation would require Medicare to cover and reimburse for prescription digital therapeutics.
Acute Hospital Care at Home Program	Under flexibility granted by Congress in 2020, CMS created the Acute Hospital Care at Home program, which allows hospitals to render at-home care and services to patients with acute conditions that would typically be treated in an inpatient setting by waiving CMS's 24-hour on-site nursing requirement for hospitals that participate in Medicare.	Hospital Inpatient Services Modernization Act (not yet reintroduced) ATA Action advocates that Congress should allow CMS to operate this program permanently.	N/A

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Virtual Foodcare	Currently, Medicare only covers medical nutrition therapy for individuals with diabetes or renal disease.	Medical Nutrition Therapy Act (soon to be reintroduced)	This legislation would expand the types of conditions eligible for coverage as well as the types of practitioners who can refer patients for medical nutrition therapy including nurse practitioners, physician assistants, clinical nurse specialists, and psychologists.
Telehealth as an Excepted Benefit	In 2020, the Departments of Labor, Health and Human Services (HHS) and Treasury ("tri-agencies") issued enforcement discretion policy allowing self-funded employers to offer basic virtual care services to part-time, seasonal and contract workers who were not eligible for comprehensive health insurance. **This expired at the end of CY2023.**	Telehealth Benefit Expansion for Workers Act (not yet introduced) ATA Action advocates that Congress should allow telehealth as an excepted benefit, which would allow employers to offer it as an additional benefit to their employees without it being classified as full health insurance coverage. .	N/A
Remote Monitoring	Medicare reimbursement for remote patient monitoring (RPM) is lowest in areas, specifically rural areas, where prevalence of heart failure, hypertension, and diabetes are well above the national average.	Rural Patient Monitoring Access Act (S.1535, H.R. 3108)	This legislation would set a floor for practice expense and malpractice geographic indices for RPM services at 1.00 allowing rural areas to be able to provide RPM services at the national average rate- essentially getting the same payment that clinicians in other areas receive.

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Online Booking Platforms	The Anti-Kickback Statue was written in 1972 - decades ago before today's prevailing digital technology, and in certain situations, may obstruct or delay care. Health information service providers (i.e., online appointment booking platforms) provide a crucial link between patients and providers to ensure seamless health care delivery. To be hosted on an online booking platform, providers typically provide compensation to the platform, which could implicate the AKS if services are provided to federal health beneficiaries. Under current law, there are no distinctions between illicit referral practices that incentivize fraud and waste in contrast to marketing and scheduling services that simply reduce patient barriers to accessing necessary and appropriate care.	Health Accelerating Consumer's Care by Expediting Self-Scheduling Act (S.1140)	This legislation would remove the regulatory ambiguity, allowing digital health and appointment booking platforms to work together to better serve patients. Doing so would improve access to care via user-friendly services, expand provider choice and scheduling availability, and enhance the overall health care experience and ecosystem.