



**AARP
STATEMENT FOR THE RECORD
to the**

**UNITED STATES SENATE
COMMITTEE ON FINANCE
SUBCOMMITTEE ON HEALTH
on**

**ENSURING MEDICARE BENEFICIARY ACCESS:
A PATH TO TELEHEALTH PERMANENCY**

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AARP, which advocates for the more than 100 million Americans age 50 and older, appreciates the Senate Committee on Finance's effort to examine Medicare beneficiary access to telehealth services.

Access to telehealth provides convenience, protects against exposure to infection, improves treatment adherence, enables chronic disease management, and promotes independence and autonomy for people with Medicare. Telehealth benefits can be particularly significant for older adults in rural areas or underserved communities by reducing or eliminating travel and wait times, distance and transportation barriers, and certain travel or transportation costs. These individuals face added barriers to care, including long distances and additional costs, when visiting providers and specialists. In some cases, a specialist or provider may be so far away that the distance is prohibitive, in which case the person may forgo care altogether. Overall, telehealth services are an important care-delivery tool and a valuable complement for in-person care.

Telehealth can also support America's more than 48 million family caregivers in their efforts to take care of their loved ones. Telehealth may offer working or long-distance family caregivers an alternative way to participate in their loved one's medical care. By reducing travel, wait times, and costs associated with in-person care, telehealth can also allow caregivers more time to tend to their own needs, which can alleviate some of the stress linked to balancing caregiving responsibilities with other obligations. Research has shown that use of telehealth services by family caregivers results in better physical and mental health, improved caregiving knowledge and skills, and higher satisfaction in their caregiving roles.

The COVID-19 pandemic forced Medicare to quickly adapt to an increased need for telehealth, often relying on waivers to allow for otherwise impermissible care. AARP believes Medicare beneficiaries should continue to be able to access care via telehealth beyond the current December 31, 2024, waiver expiration. However, we urge Congress to act deliberately and thoughtfully, rather than making all waivers and flexibilities permanent with one fell swoop. Just because a service or provider was permitted during the public health emergency does not mean it should automatically continue without examination. We now have three years of data on which to evaluate the quality, value, and utilization of telehealth services in Medicare. Decisions should be made for each service code, each provider type, each modality, and each reimbursement amount independently of their in-person counterpart, not writ large.

We know that older Americans use and have a favorable opinion of telehealth. According to [recent AARP research](#), half of adults age 50-plus say they or a family member have used telehealth in the past two years. Yet a third of those who have experience with telehealth still expressed concern that the quality of care is not as good as with in-person care.¹ As the Committee and Congress work to address permanent access to telehealth in Medicare, we urge you to consider the perspective of people with Medicare.

¹ Keenan, Teresa A. *An Updated Look at Telehealth Use Among U.S. Adults 50-Plus*. Washington, DC: AARP Research, May 2022. <https://doi.org/10.26419/res.00535.001>

Geographic and Originating Site Restrictions

AARP firmly believes that removing telehealth restrictions related to location and geography are fundamental and foundational to increasing access to care in the modern age. These restrictions prevent telehealth from being used by people, providers, and facilities in urban and suburban areas and prevent people with Medicare from receiving care at home based on where they live. Similar restrictions placed on distant sites should be permanently removed as well, to allow patient engagement with Federally Qualified Health Centers and Rural Health Centers. Additionally, eliminating Medicare restrictions should be done in concert with reducing existing barriers to care elsewhere, such as through greater investment in broadband and workforce, to ensure the people and communities who have historically faced challenges accessing care and who can most benefit from telehealth have the opportunity to use it.

Telehealth Reimbursement

In general, payment for telehealth services should be sufficient to support telehealth use by providers and raise value for patients. Medicare and other payers should thoughtfully consider how to reimburse clinicians and other telehealth providers. This includes accounting for the cost of providing telehealth; the need to support patients' ongoing access to telehealth with compensation that fairly incentivizes its use; the need to avoid unnecessary additional costs; and the efficiencies telehealth may afford. Reimbursement for telehealth services should be independently calculated the same way as in-person services, taking into account the same relative value variables as in-person service codes. The cost of performing a telehealth service may not be the same as the cost of performing its in-person counterpart, thus it should not be reimbursed the same.

Quality and Program Integrity

AARP supports Congress removing statutory prohibitions to telehealth in Medicare and affirming the Centers for Medicare & Medicaid Services authority to implement telehealth coverage. But we believe that before CMS makes the expanded list of services and providers permanent, we must understand their impact on quality of care and outcomes, as well as on the program integrity and financial standing of Medicare. CMS has laid out a framework to do so through the Physician Fee Schedule regulatory process, and we urge both legislators and policymakers to not circumvent this and other processes intended to ensure quality and safety.

Relatedly, requiring a pre-existing relationship with a provider prior to a telehealth visit is an important patient safety standard. However, there are many instances in which the requirement becomes a barrier to care that can harm patients rather than protect them. Policy should be informed by clinical standards of care and determined for each service. Furthermore, many services, particularly mental health services, can be safely and effectively delivered via audio-only, rather than audio-video. Requiring a live video link can put an undue burden and create

barriers to care for Medicare beneficiaries. Many people with Medicare do not have the technological capacity or understanding to operate a live video link. Others do have the know-how, but are stymied by a lack of broadband, bandwidth, and connectivity needed to maintain a stable video connection. Overall, we caution against making straight comparisons between in-person services and telehealth services, between different modalities, and between the providers delivering in-person versus the providers delivering care remotely. Ensuring high-quality, high-value care requires a more nuanced approach.

Conclusion

The recent Medicare telehealth waivers and flexibilities have clearly demonstrated the usefulness and promise of health care delivered via telehealth. People with Medicare risk losing the convenience and reliability of telehealth services when coverage ends in December 2024. We are grateful that you are working to address Medicare telehealth coverage well in advance of the looming deadline. Fortunately, there is much to build on already. For instance, we have endorsed S. 2016, the *CONNECT for Health Act*. We recommend Congress take up this and other legislation that will allow older Americans access to the array of tools and services available for delivering high-quality, high-value care.

Thank you for the opportunity to provide AARP's perspective on improving Medicare's coverage of telehealth services. We look forward to working with you to address this important issue and ensure continued convenient access to quality health care for older Americans.