



January 9, 2025

House Speaker Mike Johnson
United States House of Representatives
Washington, DC 20515

Senate Majority Leader John Thune
United States Senate
Washington, DC 20510

House Democratic Leader Hakeem Jeffries
United States House of Representatives
Washington, DC 20515

Senate Democratic Leader Charles Schumer
United States Senate
Washington, DC 20510

RE: ATA Action Urges Permanency or Long-Term Extension of Telehealth Policies

On behalf of ATA Action, the American Telemedicine Associations affiliated trade association focused on advocacy, thank you for your ongoing and consistent support for telehealth. We applaud Congress for acting at the end of last year to continue to extend critical and lifesaving Medicare telehealth flexibilities through March 31, 2025. These vital provisions, in place for half of decade, include:

- Removing geographic and originating site restrictions.
- Expanding the Medicare practitioners list to include therapists.
- Waiving the in-person requirement for telemental health services.
- Allowing federally qualified health centers (FQHCs) and rural health clinics (RHCs) to continue furnishing telehealth services.
- Continuing the Acute Hospital Care at Home Program.
- Extending the use of telehealth for face-to-face encounters prior to recertification of eligibility for hospice care.

As we quickly approach this deadline and Congress begins to contemplate how to address these policies long-term, we urge you to make these provisions permanent or extend them for as long as possible. Doing this would ensure patients do not lose access to vital healthcare services and provide stability for providers and healthcare systems that have integrated telehealth into their operations.

In addition, we ask that you strongly consider acting on the telehealth policies outlined below that are top priorities for ATA Action and were left out of the most recent extension.

First Dollar Coverage of Telehealth in High Deductible Health Plans – Health Savings Account

As you know, 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 pre-deductible 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 met 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, extension of this policy was not included in the final package passed at the end of the 118th congress and expired on December 31, 2024. We urge Congress to reinstate this flexibility as soon as possible in any upcoming legislative package and include a retroactive provision dating back to January 1, 2025, to ensure continuous coverage. If this policy is not reinstated, over 30 million employees will lose access to telehealth services.

Reinstate the In-Home Cardiopulmonary Rehabilitation (CR) Services Flexibility

During the COVID-19 pandemic, a critical flexibility was introduced 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 public health emergency (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 intervenes, these vital programs will remain unavailable. We strongly urge Congress to reinstate the flexibility allowing for virtual CR services to ensure continued access for patients, particularly those in underserved areas or with limited mobility.

Expand the Medicare Diabetes Prevention Program (MDPP) Model

The Medicare Diabetes Prevention Program 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 the Centers for Medicare & Medicaid Services (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 Congress 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.

Removal of the In-Person Requirement for the Remote Prescribing of Controlled Substances

The Ryan Haight Act of 2008 requires a Drug Enforcement Administration (DEA)-registered practitioner to conduct at least one in-person exam of a patient before prescribing a controlled substance by means of the internet, including through telehealth. (See here for [more background information](#) on the Act.) During the pandemic, the DEA, in conjunction with Substance Abuse and Mental Health Services (SAMSHA), waived the in-person requirement for the remote prescribing of controlled substances. The agencies have extended the flexibility through the end of CY2025. While acknowledging that this falls under the DEA's jurisdiction, we strongly encourage Congress to urge the DEA to create a permanent and comprehensive solution on the removal of the in-person requirement for the prescribing of controlled substances. ATA Action believes these requirements act



as significant barriers to care, especially for those seeking mental health and substance use disorder treatment.

Thank you for your consideration of these critical issues. We look forward to working with you and your staff to ensure access is maintained to virtual care services. Please let us know if you have any questions and consider the American Telemedicine Association and ATA Action a resource for all matters related to telehealth and virtual care as we move forward in the 119th Congress. Feel free to contact me directly at kzebley@ataaction.org at any time.

Kind regards,

A handwritten signature in black ink, appearing to read "Kyle Zebley".

Kyle Zebley
Executive Director
ATA Action