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The AMA and more than 300 other physician, health care and patient organizations are calling on the U.S. Senate to follow the example set by a bipartisan 416–12 vote in the House of Representatives and continue regulatory and payment telehealth flexibilities for at least two years.

Access through telehealth “has been transformational—patients now expect and often prefer telehealth as a key component of our health care system,” says the letter (PDF), which notes that doctors and other health care organizations “have been able to reach many patients that previously had access barriers through virtual care.”

That was made possible by the flexibilities and the waivers under the current declaration of a public health emergency (PHE), but at the end of the COVID-19 PHE, “the clock begins to tick on the current 151-day statutory extension of telehealth waivers.”

That’s why the Senate should act this fall to follow the House’s lead and pass the “Advancing Telehealth Beyond COVID-19 Act” and also seek a permanent extension that includes provisions to:

- Lift limitations on the locations of patients and physicians or other clinicians.
- Remove in-person requirements for telemental health.
- Ensure continued access to clinically appropriate controlled substances without in-person requirements.
- Increase access to telehealth services in the commercial market.

Supporting telehealth is an essential component of the AMA Recovery Plan for America’s Physicians.

Telehealth is critical to the future of health care, which is why the AMA continues to lead the charge to aggressively expand telehealth policy, research and resources to ensure physician practice sustainability and fair payment.

Read about the AMA survey data that shows physicians’ steadfast commitment to telehealth.
Looking long term

Neither patients nor doctors can any longer abide short-term extensions. Physicians, practices and health care organizations “must weigh the costs of investing in the technological and clinical infrastructure required to maintain telehealth programs at scale against the uncertainty of when these telehealth policies may end,” says the letter.

Patients who use telehealth, meanwhile, “face the possibility of a forced return to in-person care.” That’s especially concerning for those using it “to reach experts at longer distances, for access to mental and behavioral health practitioners, and those receiving ongoing remote care for chronic conditions,” says the letter, signed by the American Psychiatric Association, American Telemedicine Association, and Diabetes Patient Advocacy Coalition, among many others.

“Virtual care is now a fundamental part of the U.S. health care system, and it will improve patient access to high quality care and strengthen continuity of care well beyond the COVID-19 pandemic,” says the letter from the AMA and others.

“While many of the most compelling clinical use cases for virtual care are only now emerging, more communities than ever have experienced the powerful impact telehealth has had in bridging gaps in care. Telehealth is helping to address the crisis-level mental health, primary care, and other workforce shortages.

“Many underserved communities that historically have had limited access to care may now beam in additional support for their workforce as well as top specialists to help save lives and treat critically ill patients,” the letter adds. “Unfortunately, without statutory certainty for remote care the hard work of building infrastructure, trust and relationships with these communities is beginning to stall.”

Discover nine key steps to advance equity in the emerging telehealth landscape.