Resolution: 227  
(A-24)

Introduced by: Missouri

Subject: Medicare Reimbursement for Telemedicine

Referred to: Reference Committee B

Whereas, during the COVID-19 pandemic, Medicare billing rules were revised to enable and facilitate reimbursement to clinicians for services rendered by telemedicine links to their patients; and

Whereas, these rules were adopted during the COVID-19 pandemic, and did not differentiate reimbursement rates for office-based vs telemedicine-based patient care; and

Whereas, commercial insurers have generally adopted Medicare’s methodology for reimbursement; and

Whereas, reimbursement for telemedicine services has had two salutatory effects: 1) greater convenience for patients, and 2) decreased need to utilize petroleum-powered vehicles for patients’ and doctors’ transit from their homes to physicians’ offices; and

Whereas, for mobility-challenged patients telemedicine links offer an increased level of convenience; and

Whereas, American Medical Association Policy D-135.966, “Declaring Climate Change a Public Health Crisis”, states that a goal for America’s health care sector is to decrease its greenhouse gas emissions by 50% by 2030, and to achieve “carbon neutrality” by 2050; and

Whereas, under Medicare, through December 31, 2024, Medicare will reimburse physicians for charges that accrue for the provision of medical care to patients via telehealth services; and

Whereas, the remission of the COVID pandemic has enabled much medical care to again be provided in “brick and mortar” offices, which makes it imperative that reimbursement rates for office-based care should be greater than reimbursement rates for telemedicine-based care, due to the greater overhead expenses associated with office-based care; and

Whereas, to extend indefinitely the policy of reimbursement to physicians for services provided via telemedicine links (at rates lower than provided for office-based care) would be salutary toward patient convenience and toward reducing the greenhouse gas emissions attributable to the healthcare sector, a previously-established goal of our AMA via its Policy D-135.9661; therefore be it

RESOLVED, that our American Medical Association support removal of the December 31, 2024 "sunset" date currently set for Medicare to cease reimbursement for services provided via telemedicine, such that reimbursement of medical services provided by telemedicine be continued indefinitely into the future, consistent with what would be determined by the Relative Value Update Committee ("RUC"). (New HOD Policy)
Fiscal Note: Minimal - less than $1,000

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