

Advocating for Access: Protecting Telehealth Coverage in Medicare

Telehealth saw a surge of over 28 million Medicare users during the COVID-19 pandemic, made possible by the temporary lifting of statutorily mandated restrictions.¹ Absent Congressional intervention, waivers that enabled expanded access to telehealth services are set to expire on September 30th – threatening to cut off a vital care option for millions of seniors and patients. Congress can prevent this disruption by passing legislation either temporarily extending the waivers and, ideally, making Medicare telehealth coverage permanent. Legislation is required as the Centers for Medicare and Medicaid Services (CMS) have already indicated they lack the statutory authority to extend the waivers administratively.

What Medicare Telehealth Means for Patients and Providers

Medicare patients rely on telehealth for a wide range of services, including mental health care, chronic disease management, follow-up visits, and consultations that would otherwise require burdensome travel. Under current statute, access to Medicare covered telehealth services is restricted to patients in rural areas and those patients are required to travel to an acceptable distant health care site, such as a physician's office or critical access hospital, to receive those services. These antiquated requirements, commonly referred to as the "geographic" and "originating site" restrictions, are a relic from when satellites were the only remote two-way audio-video technology available. Recent technological advancements have rendered the statute obsolete.

Unfortunately, to date, Congress has not passed a permanent solution to the historical barriers to telehealth access for Medicare beneficiaries. As a result, patients and physicians have relied solely on temporary extensions of these flexibilities, which, if eliminated, threaten to cut off vital care options for millions of seniors and patients.

In the past five years, telehealth has become an effective and essential part of modern-day medicine for urban, rural, and suburban patients. Medicare now covers more than sixty telehealth-enabled services, and the list is growing. It is long past due that Congress updates the law and repeals the "geographic" and "originating site" statutory restrictions on the telehealth modality. Telehealth improves continuity, reduces no-show rates, and enables more equitable care delivery, especially in mental health and specialty access across underserved areas.

Legislative Solutions

The AMA strongly supports the "Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2025," bipartisan, bicameral legislation to permanently lift antiquated restrictions on Medicare beneficiary access to Medicare covered telehealth services. It allows for expanded telehealth access regardless of geographic location, supports originating site flexibility, and authorizes expanded services delivered by Federally Qualified Health Centers and Rural Health Clinics. The legislation also repeals a yet-to-be implemented requirement for Medicare beneficiaries seeking tele-mental services to complete an inperson visit within six months of the initial visit to a mental health professional. The bill is endorsed by a broad coalition of provider, patient, and industry groups, reflecting the success and demand for permanent telehealth infrastructure.

• The CONNECT for Health Act of 2025 (S. 1261/H.R. 4206) was introduced by Sens. Brian Schatz (D-HI) and Roger Wicker (R-MS), as well as Reps David Schweikert (R-AZ), Mike Thompson (D-CA), Troy Balderson (R-OH), and Doris Matsui (D-CA)

^{1.} Office of Inspector General, U.S. Department of Health and Human Services. Telehealth Use in Medicare Increased During the Second Year of the Pandemic, But Beneficiaries' Access Varied. OEI-02-22-00150. May 2023

ACTION REQUESTED

In a letter/email ask your Representative and Senator to support:

• S. 1261/H.R. 4206, the CONNECT for Health Act of 2025, and preserve access to virtual care for millions of Medicare beneficiaries.