



ADVOCATES FOR
COMMUNITY
HEALTH



November 14, 2024

The Honorable Mike Johnson
Speaker of the House
United States House of Representatives
418 Cannon House Office Building
Washington, DC 20515

The Honorable Steve Scalise
Majority Leader
United States House of Representatives
2049 Rayburn House Office Building
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
United States House of Representatives
2433 Rayburn House Office Building
Washington, DC 20515

The Honorable Tom Emmer
Majority Whip
United States House of Representatives
464 Cannon House Office Building
Washington, DC 20515

The Honorable Katherine Clark
Minority Whip
United States House of Representatives
2368 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Johnson, Scalise, Jeffries, Emmer, and Clark:

The undersigned organizations, representing the nation's outpatient safety net providers, Rural Health Clinics (RHCs) and Community Health Centers (CHCs), write to express our strong support for the Telehealth Modernization Act (H.R.7623), as amended and passed unanimously by the Energy and Commerce Committee.

We urge the full House of Representatives to vote on this legislation at the earliest opportunity in order to give safety net providers and their patients confidence that Medicare telehealth flexibilities will not expire on January 1, 2025.

As you know, telehealth represents a massive, continued opportunity to improve access to care in rural and urban medically underserved areas. However, without Congressional action, we are rapidly approaching a devastating telehealth cliff.

RHC and CHC Current Telehealth Policy

Through December 31, 2024, RHCs and CHCs can provide telehealth services and be reimbursed, but only through the "special payment rule" established in the COVID-era CARES Act. This special payment rule pays RHCs and CHCs through a composite system that is based on the weighted average of physician fee schedule codes billable via telehealth. This policy was quickly established in early 2020 after HHS telehealth waivers did not include RHCs and CHCs.

Operationally, this means that RHCs and CHCs use one single code, G2025, which pays one single rate, \$96.87, for any and all of the over 220+ services that are billable via telehealth. This special payment rule presents two primary challenges:

- 1) This payment is significantly less than what most RHCs and CHCs would receive for providing the same service in person, disincentivizing safety-net providers from offering the service via telehealth. This stands in stark contrast to traditional physician offices, which have received payment parity between in-person and telehealth services since March 2020.
- 2) Limited data can be gathered from G2025 as it obscures and distorts claims data, preventing safety-net providers from properly tracking annual wellness visits and other services provided via telehealth, which hinders their ability to participate in Accountable Care Organizations and other quality programs.

Post-2024 Telehealth Policy

Many pieces of telehealth legislation have been introduced during this Congress, including several that provide RHC and CHC payment parity, and unfortunately a few that perpetuate the current disparity.

As mentioned above, the undersigned organizations were pleased to see the Energy and Commerce Committee markup and unanimously advance the amended Telehealth Modernization Act, establishing their support for a remedy for this imbalance and ensuring that the nation's CHCs and RHCs have the same incentives to invest in these important technologies as their peers in other outpatient settings. This legislation allows RHCs and CHCs to continue serving as distant site providers for two years and even more crucially, it also allows them to bill normally and be paid under their existing in-person visit methodology, i.e. receive parity between in-person and telehealth services.

Importantly, H.R. 7623 stands in contrast to the Ways and Means Committee advanced telehealth legislation, which simply extends current, flawed policy for RHCs and FQHCs for a two-year period. Members of Congress have been consistently aligned in stating that paying significantly less for telehealth services will disincentivize investment in these important technologies, and yet the Ways and Means Committee supported a policy that continues to do exactly this for our nation's outpatient safety-net providers.

Under your leadership, the House of Representatives has been a strong proponent of safety-net providers and telehealth, and this next extension serves as an ideal opportunity to fix the hastily established "special payment rule" created in the early days of COVID. Not only will this legislation remedy the existing payment disparity between traditional outpatient offices and RHCs/CHCs but will greatly increase the amount of data that we are able to collect on program utilization, allowing Congress to be better prepared for further discussions on telehealth permanence when that time comes.

As we look to bipartisan, bicameral negotiations on extending COVID-era telehealth flexibilities at the end of the year, we are deeply grateful for your understanding of the impact and value of Medicare telehealth policy, particularly for RHCs and CHCs, and request that you advocate for RHC and CHC payment parity in those conversations by bringing H.R.7623 to the House floor.



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Our members provide quality, comprehensive care to rural and urban medically underserved populations, the very populations that telehealth is intended to support, and we greatly appreciate all you are doing to ensure RHCs and CHCs can deliver, and their patients can access, the care that they need. Thank you for your consideration and your continued support of RHCs and CHCs across the country.

Please don't hesitate to contact Sarah Hohman (Sarah.Hohman@narhc.org) at the National Association of Rural Health Clinics or Stephanie Krenrich (skrenrich@advocatesforcommunityhealth.org) at Advocates for Community Health with any questions or to discuss this further.

Sincerely,

A handwritten signature in black ink that reads 'Nathan Baugh'.

Nathan Baugh
Executive Director
National Association of Rural Health Clinics

A handwritten signature in black ink that reads 'Amanda Pears Kelly'.

Amanda Pears Kelly
Chief Executive Officer
Advocates for Community Health