



February 28, 2025

The Honorable John Thune  
Majority Leader  
US Senate  
Washington, DC 20510

The Honorable Mike Johnson  
Speaker of the House  
US House of Representatives  
Washington, DC 20515

The Honorable Chuck Schumer  
Minority Leader  
US Senate  
Washington, DC 20510

The Honorable Hakeem Jeffries  
Minority Leader  
US House of Representatives  
Washington, DC 20515

*RE: Extending the telehealth policies contained in the Consolidated Appropriations Act of 2023*

Dear Majority Leader Thune, Minority Leader Schumer, Speaker Johnson & Minority Leader Jeffries:

On behalf of the Long-Term Post-Acute Care Health Information Technology (LTPAC Health IT) Collaborative and the members we serve, we write to urge Congress to extend by at least two more years the telehealth policies contained in the *Consolidated Appropriations Act of 2023*, which are scheduled to end on March 31, 2025. Without Congress' immediate action, millions of Medicare's most vulnerable beneficiaries will lose access to care made more easily accessible and affordable by telehealth policies established during the recent national Public Health Emergency (PHE). The LTPAC sector has been the hardest hit by the COVID-19 pandemic and the ongoing workforce challenges are severe. Thus, the continuation of these flexibilities is essential for maintaining the quality of care and ensuring that healthcare remains accessible and affordable, especially in the current economic climate.

The LTPAC Health IT Collaborative was formed in 2005 to advance health IT issues by encouraging coordination among national associations representing physicians, nurses, pharmacists, therapists, and others with specific expertise in long-term post-acute care, a critical part of our nation's healthcare system. Our mission is to support providers and other stakeholders serving patients with chronic and/or complex needs. Collectively, our members represent providers that care for millions of Medicare beneficiaries in America's long term nursing homes, assisted living communities, skilled nursing facilities (SNFs), long-term care hospitals (LTCHs), inpatient rehabilitation facilities (IRFs), and by home health and Program of All-Inclusive Care for the Elderly (PACE) providers.

The needs of Medicare beneficiaries are diverse as are the settings where they receive their care. Medicare beneficiaries cared for in LTPAC settings are more likely to have multiple chronic conditions and co-morbidities that require the care of various types of providers. Specifically, providing specialty and/or behavioral health care is very difficult without the use of telehealth. Often these Medicare beneficiaries experience significant mobility challenges, so bringing care to their home or bedside is less disruptive, reduces challenging transportation issues, and can help avoid costly hospital readmissions. LTPAC clinical and facility providers leverage telehealth to monitor patients' progress, provide timely interventions, ensure continuity of care, and avoid risks from frail



patients having to travel long distances.

Telehealth often delivers important economic benefits to patients. By reducing the need for in-person visits, telehealth helps lower healthcare costs for patients who save on travel expenses and time away from work. Telehealth also allows providers to better optimize their schedules and extend their services beyond their physical location which maintains and increases access to patients. Equally important, extending the telehealth PHE policies reduces the tremendous pressure on our nation's severely strained workforce where clinicians are experiencing alarming levels of burnout.

We urge Congress to act now to extend the following telehealth policies that have enabled better access to care among Medicare beneficiaries, including:

1. Expand the scope of telehealth originating sites for services provided via telehealth to include any site in the U.S. where the patient is located at the time of the telehealth service, including a person's home.
2. Exemption to the geographic and originating site restrictions so that urban, suburban, and rural Medicare patients can continue to receive telehealth services rather than travel perhaps hours away to a brick-and-mortar healthcare facility.
3. Continuing the expanded list of telehealth providers to include qualified occupational therapists (OTs), physical therapists (PTs), speech-language pathologists (SLPs), and audiologists.
4. Continuing payment for telehealth services delivered in rural health clinics (RHCs) and federally qualified health centers (FQHCs).
5. Waiving the in-person requirement for telehealth treatment for certain mental health conditions.
6. Permitting the use of audio only technology when broadband is insufficient or unavailable to support a video visit; and
7. Allowing recertification of a patient's need for hospice to occur via telehealth.

Extending telehealth flexibilities is a necessary step to ensure Medicare's most vulnerable, frail patients have access to high-quality healthcare regardless of their location or economic status.

We strongly urge you to support these policy extensions and help us continue to provide essential healthcare services to those who need them most. If you or your staff would like to discuss in further detail, please contact Michelle Dougherty at [mvidougherty@gmail.com](mailto:mvidougherty@gmail.com) as she is the facilitator of our Collaborative.

Thank you for your consideration.

Sincerely,

The LTPAC Health IT Collaborative

For a list of LTPAC Health IT Collaborative members, please visit us at [www.LTPACHIT.org](http://www.LTPACHIT.org).