

September 5, 2025

The Honorable John Thune
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Re: Telehealth Flexibility for the Hospice Face-To-Face Recertification Visit

Dear Congressional Leaders:

Thank you for your leadership in ensuring patients and their families have access to high-quality health care through telehealth services. The flexibilities established during the COVID-19 Public Health Emergency (PHE) and subsequently extended have improved patient care delivery nationwide, especially for those in need of hospice and palliative care services. As organizations representing the full array of hospice and community-based palliative care providers, professionals, and volunteers, **we urge you to extend the telehealth flexibility for the face-to-face (F2F) encounter required for recertification of hospice eligibility.** This flexibility has yielded benefits for patients and providers, allowing hospices to focus on direct care by reducing unnecessary regulatory barriers all while improving patient and family satisfaction.

Hospice is holistic, interdisciplinary care, meaning beneficiaries receive visits and care from an interdisciplinary team consisting of a physician, nurse, hospice aide, social worker, chaplain, volunteer, and bereavement specialist. Together with the patient and family, this team constructs an individualized plan of care aligned with the patient's clinical needs and end-of-life goals. Based on that plan, hospice services are delivered around the clock wherever the patient calls home. The F2F requirement is an administrative component of the recertification process intended to collect clinical information to determine continued eligibility, making it an excellent candidate for telehealth. Multiple years of experience clearly confirm this process can be conducted successfully via telehealth with research concluding there were no "statistically significant differences in reauthorization

recommendations found between telehealth and in-person visits.”¹ Because F2F visits are not billable professional services, the flexibility eliminates travel time for physicians and nurse practitioners (NPs) who would otherwise spend hours commuting solely to complete this administrative step, particularly in rural areas or high-traffic urban centers.

By allowing this telehealth flexibility, physicians and NPs are able to spend more time delivering care and less time traveling between patient locations. Given that research and our members’ experience support that this visit is equally effective whether in person or virtual, this example of the importance of expediency should underscore the need for this flexibility to continue for the benefit of patients, families, and hospice providers alike.

The 119th Congress has already demonstrated broad bipartisan, bicameral support for extending this policy, with provisions included in the CONNECT for Health Act (S.1261/H.R. 4206) and Hospice Recertification Flexibility Act (H.R.1720). We strongly urge Congress to ensure the Hospice F2F telehealth flexibility is included in any appropriate legislative vehicle prior to its expiration on September 30, 2025. Failing to act would risk serious disruptions in care and decreased access to hospice. We look forward to working with you to support the needs of hospice patients, families, and providers across the country.

Sincerely,

LeadingAge

National Alliance for Care at Home

National Partnership for Healthcare and Hospice Innovation

¹ 1Moore, S. L., Portz, J. D., Santodomingo, M., Elsbernd, K., McHale, M., & Massone, J. (2020). Using Telehealth for Hospice Reauthorization Visits: Results of a Quality Improvement Analysis. *Journal of pain and symptom management*, 60(3). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7276118/>