



April 25, 2022

The Honorable Joe Manchin
United States Senate
306 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Joni Ernst
United States Senate
730 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Jeanne Shaheen
United States Senate
506 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Jerry Moran
United States Senate
521 Dirsken Senate Office Building
Washington, D.C. 20510

Dear Senators Manchin, Shaheen, Ernst and Moran:

On behalf of the American Academy of Family Physicians (AAFP) and the 127,600 family physicians and medical students across the country we represent, I write to offer our support for the *Protecting Rural Telehealth Access Act* (S. 1988).

Your legislation which permanently allows all Medicare patients to receive telehealth services at home, allows federally qualified health centers (FQHCs) and rural health clinics (RHCs) to continue providing telehealth services, and codifies coverage and payment for audio-only telehealth appointments will ensure continuity for patients and physicians when the public health emergency ends. Importantly, your legislation includes commonsense guardrails to protect the quality and continuity of care delivered virtually.

We appreciate Congress' swift action to grant the Centers for Medicare and Medicaid Services (CMS) the flexibility to expand Medicare coverage and reimbursement for telehealth during the COVID-19 public health emergency (PHE). These temporary changes enabled our physicians to rapidly pivot to providing virtual care to their patients. A recent survey of AAFP members found that more than 80 percent of physicians began providing virtual visits during COVID-19, and of those almost 70 percent would like to continue providing virtual care.

Your legislation to permanently eliminate section 1834(m) geographic restrictions and add the patient's home as an originating site would allow all Medicare beneficiaries to continue to access telehealth from their homes. Telehealth visits can reduce patients' and clinicians' risk of exposure to infection, increase access and convenience for patients, and enable physicians to get to know their patients in their homes and observe their surroundings, which can contribute to more personalized treatment plans and better referral to community-based services.

FQHCs and RHCs are essential sources of primary care for patients in underserved communities, including low-income individuals and those living in rural areas. During the pandemic, FQHCs and RHCs have made significant investments to integrate telehealth into their practices and ensure equitable access to telehealth services for their patient populations.

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Your legislation to ensure these facilities can practice telehealth after the PHE will improve equitable access to health care for historically underserved patients and preserve care continuity with their primary care physicians.

Patients must have access to modern high-speed internet in their homes and end-user devices such as a smart phone, tablet, or computer to benefit from video visits. The lack of modern broadband infrastructure has proven to be a primary barrier to equitable telehealth and digital health access for [rural](#), [Black and Latino](#) Americans. Video telehealth rates are lowest among those without a high school diploma, older adults, and Latino, Asian, and Black individuals.

A comprehensive [review](#) of literature comparing the effectiveness of video conference versus telephone in the delivery of health care found that patient outcomes were generally comparable between video conference and phone, with no consistent differences in patient mortality or satisfaction. These findings underscore that telephone can be an effective and appropriate means of providing telehealth care. However, face-to-face interactions between a physician and a patient are important components of a patient's care that allow a physician to gather a comprehensive understanding of the patient and their needs and build trust and communication. AAFP members sharing their experiences with telehealth said they feel much more comfortable evaluating patients they know over the phone. Therefore, in the absence of equitable, robust access to broadband internet and devices, permanent coverage of audio-only telehealth services for established patient relationships is vital for ensuring access to virtual care for all patient populations.

The AAFP appreciates that your legislation requires qualified telehealth providers to have an established relationship with the patient. Telehealth technologies can enhance patient-physician collaborations, increase access to care, improve health outcomes by enabling timely care interventions, and decrease costs when utilized as a component of, and coordinated with, longitudinal care as well as an existing physician-patient relationship. Moreover, patients [prefer](#) to use telehealth with their usual physician with whom they have an established relationship. The value of telehealth is optimized when virtual visits occur between patients and their primary care physicians – the doctors who know them best, have access to their complete medical records and can provide continuous, seamless services when face-to-face follow-up care is necessary.

Thank you for introducing legislation to advance sustainable, long-term telehealth policies that support equitable access to high-quality health care provided by the medical home. If you have any questions, please contact Erica Cischke, Director of Legislative and Regulatory Affairs, at ecischke@aafp.org.

Sincerely,

Ada D. Stewart, MD

Ada D. Stewart, MD, FAAFP
Board Chair, American Academy of Family Physicians