



July 22, 2020

The Honorable Ron Wyden
U.S. Senate
Washington, DC 20510

Dear Senator Wyden:

On behalf of the American Academy of Family Physicians (AAFP), which represents 136,700 family physicians and medical students across the country, I write to share our organization's support for your legislation, the [Telehealth Expansion Act of 2020](#) (S.4230). This legislation ensures that Medicare beneficiaries can continue to access critical primary care and mental health services via telehealth beyond the current public health emergency.

We appreciate Congress' swift action granting 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. 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. An automatic return to pre-COVID telehealth policies would mean that millions of Medicare beneficiaries lose access to telehealth and would squander the time and resources that family physicians have invested integrating telehealth within their practices.

Your legislation eliminating the current section 1834(m) geographic restriction and adding home as an eligible originating site for evaluation and management (E/M) services would allow all Medicare beneficiaries to access the most common primary care services via telehealth from their homes. The COVID-19 pandemic has demonstrated that enabling physicians to virtually care for their patients at home can not only reduce patients' and clinicians' risk of exposure and infection but also increase access and convenience for patients, particularly those who may be homebound or lack transportation. Telehealth visits can also enable physicians to get to know their patients in their home and observe things they normally cannot during an in-office visit, which can contribute to more personalized treatment plans and better referral to community-based services.

The AAFP appreciates that your legislation requires qualified telehealth providers to have recently cared for the Medicare beneficiary. Any permanent expansion of telehealth services should promote coordinated and continuing care provided by the patient's medical home, as outlined in the [joint principles for telehealth policy](#) put forward by the AAFP, the American Academy of Pediatrics and the American College of Physicians.

There is ample evidence that greater care continuity leads to higher quality of care and lower health care utilization and costs.¹²³ Telehealth technologies can enhance patient-physician collaborations, increase access to care, improve health outcomes by enabling timely care interventions, and decrease

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costs when utilized as a component of, and coordinated with, longitudinal care as well as an existing physician-patient relationship. Responsible care coordination is necessary to ensure patient safety and continuity of care for the immediate condition being treated, and it is necessary for effective longitudinal care. Additionally, a nationwide survey found that patients prefer to use telehealth with their own physician or another provider from the same organization.⁴

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.

We are pleased to support this important legislation and look forward to working with you to advance sustainable, long-term telehealth policies that support high-quality patient care provided by the medical home. If you have any questions, please contact Erica Cischke, ecischke@aafp.org.

Sincerely,



John Cullen, M.D.
Board Chair

¹ Bentler, S. E., Morgan, R. O., Virnig, B. A., & Wolinsky, F. D. (2014, December 22). The Association of Longitudinal and Interpersonal Continuity of Care With Emergency Department Use, Hospitalization, and Mortality Among Medicare Beneficiaries. *PLoS One*, 9(12), e115088.

<https://pubmed.ncbi.nlm.nih.gov/25531108/?dopt=Abstract>

² Bazemore, A., Petterson, S., Peterson, L. E., Bruno, R., Chung, Y., & Phillips, R. L. (2018, November). Higher Primary Care Physician Continuity is Associated with Lower Costs and Hospitalizations. *Annals of Family Medicine*, 16(6), 492-497. <https://www.annfammed.org/content/16/6/492.full>

³ Saultz, J. W. & Lochner, J. (2005, March 1). Interpersonal Continuity of Care and Care Outcomes: A Critical Review. *Annals of Family Medicine*, 3(2), 159-166.

https://www.annfammed.org/content/3/2/159?ijkey=acdd3fdabd29f352be2091d193a50609dab93f35&keytype2=tf_ipsecsha

⁴ Welch, B. M., Harvey, J., O'Connell, N. S., & McElligott, J. T. (2017, November 28). Patient preferences for direct-to-consumer telemedicine services: A nationwide survey. *BMC Health Serv Res*, 17, 784.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5704580/>

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