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*Providing Leadership in  
Health Policy and Advocacy*

**Statement of the California Hospital Association for the  
Subcommittee on Health of the Committee on Energy and Commerce  
of the U.S. House of Representatives  
“How COVID-19 is Changing the Delivery of Virtual Care”  
March 2, 2021**

On behalf of our more than 400 member hospitals and health systems, the California Hospital Association (CHA) thanks the Subcommittee on Health of the Committee on Energy and Commerce for holding a hearing on “How COVID-19 is Changing the Delivery of Virtual Care,” and for the opportunity to provide written comment for inclusion in the record.

During the COVID-19 public health emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) extended significant regulatory flexibilities that allowed hospitals and health systems to greatly expand the use of telehealth and other virtual services. These flexibilities include the removal of geographic, originating site, and provider type restrictions; the ability to see both new and established patients via telehealth; and equivalent provider reimbursement for services provided via telehealth and in-person. They have been critical to maintaining access to care for patients while preventing the spread of COVID-19.

As we begin to look beyond the PHE, it is clear from the expansion of these innovative modes of virtual care to new patient populations that telehealth will continue to be an important method for improving access to care and reducing barriers to entry for some of our most vulnerable populations. After a year of experience with increased telehealth utilization, clinicians have become comfortable with telehealth and virtual visits as an additional tool to evaluate patients, manage chronic conditions, and provide follow-up care. Patients — including a significant number of Medicare beneficiaries — have also come to expect telehealth visits as an option for care, and Congress must act to ensure they continue to have that option long after the COVID-19 PHE ends.

In particular, CHA recommends Congress address legislative and regulatory barriers in the following ways:

- **Eliminate geographic and originating site restrictions.** While CHA continues to believe that telehealth services are extremely important to addressing the unique challenges of rural communities, we also support access to telehealth for patients who reside in suburban and urban areas of the state. Expanded access to telehealth in these communities is particularly important for vulnerable patients who do not have reliable access to transportation, and for whom a virtual follow-up visit could be key to managing a chronic condition. The COVID-19 PHE telehealth waivers have also significantly contributed to an expansion in access to critical behavioral health services — a segment of our health care system where patients in all geographic locations often experience provider shortages. In addition, originating site

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restrictions must be lifted to ensure that patients can continue to utilize telehealth services from their homes.

- **Allow telehealth services for both new and established Medicare patients without a prior face-to-face visit.** Telehealth services can greatly expand access for both new and established patients. Clinicians are well trained to determine whether a telehealth or face-to-face visit would be more appropriate for every patient in any specific situation. Allowing clinicians the option to evaluate a new patient via telehealth is an important step to expanding access to these services.
- **Ensure appropriate reimbursement for telehealth services.** Telehealth services require significant investments in technology, as well as the time and expertise of clinicians providing the services. In addition, telehealth will never replace the need for in-person care, and hospitals must always maintain the infrastructure to support necessary in-person care. Reimbursement policies must recognize the costs associated with providing telehealth services and maintaining technology, and ensure that telehealth and virtual services provide payment equitable to in-person care.

We look forward to working with the Subcommittee on Health of the Committee on Energy and Commerce to advance initiatives that continue to improve access to care beyond the pandemic. If you have any questions, please do not hesitate to contact Anne O'Rourke, senior vice president of federal relations, at [aorourke@calhospital.org](mailto:aorourke@calhospital.org).