

Opening Statement of The Honorable Brett Guthrie
Subcommittee Health Virtual Hearing
“The Future of Telehealth: How COVID-19 is Changing the Delivery of
Virtual Care”
March 2, 2021
As Prepared for Delivery

Thank you, Chair Eshoo, for holding this important hearing about telehealth.

Almost a year ago today, the public health emergency began, our lives changed, and we all had to adapt. Telehealth was rarely used prior to the public health emergency for many Americans but has since increased substantially due to COVID-19. I have also heard from mental health providers who have seen a huge growth in telehealth services. One mental health provider group has seen telehealth services grow from 5% to more than 80%. I also heard from a Kentucky provider, who expressed how helpful their over 600 telehealth visits have been to stay connected with medically fragile patients during COVID-19, especially pediatric patients. These patients are very vulnerable to infections and must continue having care they need to be protected from COVID-19. I am grateful for the providers who stepped up and worked hard to provide telehealth access to their patients.

I was very pleased that the Centers for Medicare and Medicaid Services (CMS), the Trump administration and Congress worked together to make sure telehealth was accessible and available during the pandemic. Quick action last year allowed for Medicare to waive many telehealth requirements including the originating site requirement for the duration of the public health emergency. Most recently, I was very supportive of the recent measure congress took to waive

originating site requirement for mental health services in the December COVID-19 relief package. These flexibilities are key to adapting to a COVID-19 world.

I've said before the "genie is out of the bottle" concerning telehealth flexibilities and expansion, and I continue to believe this. We have seen good development and progress so far, however, not everyone is a good candidate for telehealth or can access telehealth due to their disease or condition. In my district, broadband continues to be a limiting factor. In the five COVID-19 relief packages that were signed into law, Congress has worked to help resolve this issue, but our work is not done. I am committed to working with my colleagues on ways to address infrastructures limitations for telehealth access. Additionally, we must examine appropriate guardrails for telehealth services to combat bad actors who are taking advantage of this terrible circumstance. Criminals have gotten very creative with telehealth scams including cold calling Medicare beneficiaries, and using fraudulent overseas providers to bill for services, to name a few. I look forward to hearing from our witnesses and examining solutions today on ways to prevent fraud and abuse as well as ensure Americans have access to valuable telehealth services.

HHS OIG is currently conducting reports on telehealth during the pandemic. They are focusing on three key areas of telehealth, including quality of care and patient safety, verification of services and patient consent, and infrastructure. While more is to come from OIG's research, I believe we should fully examine these issues now and also revisit once the OIG investigations are complete. We examine ways to continue to allow telehealth, but there are several factors we need to consider and improve as we move forward. Telehealth can't replace all in-person visits, and we need to ensure quality of care is still given by the provider,

no matter the setting. Additionally, we need to make sure telehealth isn't being used for fraud and abuse.

I look forward to hearing from our witnesses and examining solutions today on ways to prevent fraud and abuse as well as ensure Americans have access to valuable telehealth services.. I yield back.