

**Committee on Energy and Commerce**  
**Opening Statement as Prepared for Delivery**  
**of**  
**Full Committee Ranking Member Frank Pallone, Jr.**

***Hearing on “Legislative Proposals to Support Patient Access to Telehealth Services”***

**April 10, 2024**

I would like to start by saying a few words about Representative Kuster. For the last decade here in the House, Annie has fought for the people of the Granite State. When it comes to health care, she founded and has co-chaired the Bipartisan Addiction and Mental Health Task Force – working for bipartisan solutions to addressing the substance use crisis that has been particularly devastating in her home state.

She’s always looking for bipartisan solutions, something that has also served her well as the Chair of the New Democrat Coalition. Annie’s been an outstanding member of this Committee and she will be missed when she leaves the House at the end of this term. I wish her nothing but the best in the future.

Today’s legislative hearing builds on the Committee’s critical bipartisan work to expand telehealth services and access to care for Medicare beneficiaries.

Telehealth has many tangible benefits and research has shown that telehealth has clinical benefits for patients. It can also help provide critical services to hard-to-reach populations and help underserved communities access health care providers.

We have a long history of leading the way to expand access to telehealth services in the Medicare program. The Bipartisan Budget Act of 2018 expanded access to telestroke services and provided additional flexibility for Accountable Care Organizations (ACOs) to expand use of telehealth. The SUPPORT Act expanded access to substance use disorder services delivered through telehealth, and the Consolidated Appropriations Act of 2021 permanently expanded access to telemental health services.

During the COVID-19 public health emergency, this Committee led efforts to significantly expand access to telehealth. We moved quickly to waive statutory requirements with respect to telehealth services under Medicare for the duration of the COVID-19 public health emergency. This was critical since seniors were some of the most vulnerable to COVID-19.

We also expanded the scope and duration of the Medicare telehealth flexibilities in the Consolidated Appropriations Act of 2023 and extended many telehealth flexibilities through the end of this year.

Expanding access to telehealth services during the COVID-19 public health emergency helped save lives, and preserved access to necessary care for millions of seniors. The expansion

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of telehealth flexibilities has allowed Medicare beneficiaries nationwide to continue to receive telehealth services, including audio-only services, without ever leaving their homes.

These expansions have resulted in millions of seniors accessing care. The Medicare Payment Advisory Commission, better known as MedPAC, has found that telehealth utilization and spending in Medicare has increased substantially. The use of telehealth services among Medicare beneficiaries has also continued to remain high and far above pre-pandemic levels.

I believe that any further expansions of telehealth flexibilities in Medicare must meaningfully increase patient access to care and ensure high quality care for seniors.

As Congress considers further expansions of the telehealth flexibilities in Medicare, we must continue to assess and monitor the quality of these services, including audio-only services, to ensure that Medicare beneficiaries are accessing high-value, high quality care. It is also vital that the Centers for Medicare & Medicaid Services (CMS) has the tools and data necessary to monitor the quality of telehealth services that beneficiaries are receiving. I am interested in hearing from the witnesses today on how telehealth policies can encourage the use of high-value care, while, at the same time, discouraging potential low-value care in the Medicare program.

While there are significant benefits to telehealth, Congress must ensure that additional expansions of telehealth policies do not limit access to in-person care. It is important that we preserve patient choice and that Medicare beneficiaries continue to have access to high quality in-person care and robust consumer protections, including network adequacy standards. For example, telehealth should not be used to undermine network adequacy standards in the Medicare Advantage program. In providing increased access through telehealth, we also need to ensure that we are not further fragmenting care and that telehealth is being used in a way that facilitates coordination. Congress also needs to continue to monitor any program integrity risks associated with telehealth billing, such as those identified by the HHS Office of Inspector General.

Finally, I understand some of these legislative proposals are likely to have major scoring implications and we still need the Congressional Budget Office's feedback on their costs. I would like to better understand the offsets for these proposals and want to ensure that it would not result in significant funding cuts to the Medicare program or raise health care costs for seniors.

Today's hearing is an important step in our continued efforts to make health care more accessible for seniors. I look forward to hearing from the witnesses today on the impact of the telehealth flexibilities on our health care system.

I thank all of our witnesses for being here today, and I yield back the balance of my time.