

**Committee on Energy and Commerce**

**Opening Statement as Prepared for Delivery  
of  
Chairman Frank Pallone, Jr.**

***Hearing on “The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care”***

**March 2, 2021**

Over the course of this pandemic millions of Americans have used telehealth, some perhaps for the first time, to stay connected to their health care providers without increasing their risk of exposure to COVID-19.

When the pandemic was beginning to take hold in America, we moved quickly to significantly expand access to telehealth for Medicare beneficiaries. This was critically important because Medicare beneficiaries are some of the most vulnerable to COVID-19. Since then, Medicare has waived its originating site and rural requirements for the duration of the public health emergency. Medicare is also now covering an expanded list of telehealth services that beneficiaries across the country can access without ever leaving their homes. Most private insurers have also acted to expand coverage of telehealth benefits by allowing coverage of more services and reducing cost-sharing for telehealth services.

Expanding access to this critical tool early on helped save lives and also helped keep providers afloat during a time when patients are rightfully hesitant to receive health care services in person. Early data shows that telehealth utilization has skyrocketed not only in the Medicare program but also in Medicaid and private insurance plans. Unlike Medicare, private insurance plans and Medicaid do not have the same statutory restrictions on telehealth such as rural and originating site requirements.

Our Committee has a long history of working to expand access to telehealth services in the Medicare program. For example, the Bipartisan Budget Act of 2018 expanded access to telestroke services and provided additional flexibility for Accountable Care Organizations (ACOs) to expand telehealth. The SUPPORT Act expanded access to substance use disorder services delivered via telehealth. And most recently the Consolidated Appropriations Act, 2021 permanently expanded access to telemental health services in Medicare.

In each of those examples, Congress expanded access after carefully looking at the evidence and weighing trade-offs with respect to quality of care, access, and value. While I applaud the work that has been done so far to rapidly expand telehealth in Medicare and elsewhere during these unprecedented times, I think it’s important for the Committee to carefully consider the impacts of the current waivers. We must also ensure that the data being collected today informs our decisions going forward.

For example, there are several key areas for our Committee to consider. The first is value. While the convenience of telehealth can help provide critical services to hard-to-reach populations, it can also lead to overutilization or low-value care. It's important to consider how future policies can encourage the use of high-value care, while, at the same time, discouraging potential low-value care and overutilization in Medicare fee-for-service.

Second, it is important to consider ways to strengthen program integrity and prevent potential bad actors from taking advantage of the system and consumers. In recent years the Department of Health and Human Services' (HHS) Office of the Inspector General has warned of increased fraud connected to telehealth related schemes. While there are significant benefits to telehealth, we should not ignore the potential for illegitimate uses of telehealth and scams that prey on consumers, especially seniors.

Third, it's critical that we ensure equitable access to telehealth services. Ideally telehealth will help those areas that are already underserved and individuals who lack access to providers or individuals who are managing serious health conditions. Utilization data should be analyzed to ensure that we're effectively reaching those populations and to help identify any barriers in reaching them. We know that many Americans may lack the digital literacy, technology, or internet access needed to use telehealth as effectively as others. These are all issues Congress must work to address. And in providing increased access through telehealth, we need to ensure that we're not further fragmenting care.

These are just some of the many issues that warrant further consideration. Though we have all seen various tangible benefits to telehealth, particularly during the pandemic, it is important for us to continue to investigate the impact of these changes on our health care system before enacting permanent policies.

I look forward to working with members of the Committee to examine the data and ultimately provide certainty to patients and providers on future telehealth policy. We have a unique opportunity to use the lessons learned from this pandemic and translate them into legislation that ensures that these critical telehealth tools are used appropriately to advance health equity and improve quality of care for all Americans.