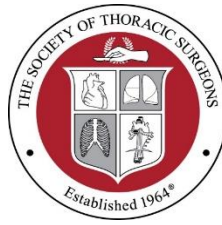


STS Headquarters
633 N Saint Clair St, Suite 2100
Chicago, IL 60611-3658
(312) 202-5800
sts@sts.org



Washington Office
20 F St NW, Suite 310 C
Washington, DC 20001-6702
advocacy@sts.org

November 14, 2023

The Honorable Benjamin L. Cardin
Chairman
Senate Committee on Finance
Subcommittee on Health Care
Washington, DC 20510

The Honorable Steve Daines
Ranking Member
Senate Committee on Finance
Subcommittee on Health Care
Washington, DC 20510

Dear Chair Cardin and Ranking Member Daines,

On behalf of The Society of Thoracic Surgeons (STS), I write to provide feedback on the important issues raised during the Subcommittee's hearing "Ensuring Medicare Beneficiary Access: A Path to Telehealth Permanency". Founded in 1964, STS is a not-for-profit organization representing more than 7,700 surgeons, researchers, and allied healthcare professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lungs, and esophagus, as well as other surgical procedures within the chest.

We thank you for holding this hearing to address the critical issues facing physicians and patients, including increasing access to care through telehealth expansion. We appreciate the opportunity to share our perspective on the interventions needed to ensure the proven benefits of telehealth services continue to be available for patients when appropriate.

Data collected during COVID-19 demonstrates the positive impact telehealth has had on both patient clinical outcomes and patient experiences. A 2020 study by the National Institutes of Health (NIH) found telemedicine to be beneficial in both acute care and chronic disease management. Results from the study suggest that it is equivalent to in-person care for health outcomes in certain conditions and may also decrease short-term hospital and emergency department utilization. Additionally, research shows that the use of telehealth provides access to care despite geographic barriers, reduces burden on medical infrastructure, and lessens exposure to infectious diseases for all participants. Advances in technology and the advent of more sophisticated equipment has increased the extent of patient monitoring via telemedicine and has resulted in increased physician and patient satisfaction. Enacting permanent telehealth policy will help provide more predictability and help foster greater investment into this critical tool.

Currently, many essential Medicare telehealth flexibilities are set to expire on December 31, 2024. The **STS encourages Congress to enact a permanent extension of these flexibilities to ensure that patients can maintain a stable relationship with their health care provider via telehealth services, which is especially important for rural and underserved communities.** The STS appreciates the Committee's long-time leadership on this issue, including during the COVID-19 pandemic, and even earlier in the 2018 CHRONIC Care Act. Going forward there are two legislative proposals that STS would like to bring your

attention to: S. 2016, the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act, and S. 1636, the Protecting Rural Telehealth Access Act.

STS supports the CONNECT for Health Act to ensure that Medicare patients can maintain a stable relationship with their health care provider via telehealth services, which is especially important for rural and underserved communities. Given the uncertainty of whether the Centers for Medicare and Medicaid Services (CMS) will extend telehealth provisions past 2024 independently, this legislation is necessary to facilitate that connection. Additionally certain barriers are rooted in statutory restrictions that require action by Congress, such as geographic and originating site restrictions. Nearly two-thirds of the Senate has cosponsored this legislation, showing the broad consensus around these important issues.

We also support the Protecting Rural Access to Telehealth Act. This legislation would make permanent Medicare coverage of telehealth services allowed during the COVID-19 pandemic and specifically recognizes the important and unique role of audio-only services. In many situations, audio-only telehealth provides the only means for essential care, especially for those who do not have adequate internet coverage or have difficulty operating a computer.

Lastly, we want to highlight our concerns over provider safety for those offering telehealth services. The provision of remote health care services offers great benefit to patients receiving the services and to the providers offering them. Allowing appropriately licensed and credentialed providers to practice telehealth from their home improves patient access to healthcare services, reduces healthcare costs, while maintaining and meeting patient demand for care. However, **it is not practical, workable, or safe to require a provider to publicly report their home address as their practice location.** Medicare providers should not be compelled to share their personal information, especially when it relates to their home addresses. In an environment in which threats against healthcare professionals have markedly increased, the safety and privacy of physicians must be paramount. During the pandemic, CMS allowed providers to report their practice address instead of their home address when billing telehealth services. In the 2024 Medicare Physician Fee Schedule final rule, CMS extended these protections until December 31, 2024. However, to continue the goal of ensuring safety for providers, we believe this provision needs to be extended indefinitely. **We urge the Committee to consider the Telehealth Privacy Act of 2023 which would directly address these concerns.**

Thank you for the opportunity to provide these comments. Please contact Molly Peltzman, Associate Director of Health Policy, at mpeltzman@sts.org or Derek Brandt, Vice President of Government Affairs, at dbrandt@sts.org, should you need additional information or clarification.

Sincerely,

A handwritten signature in black ink, reading "Thomas E. MacGillivray". The signature is written in a cursive, flowing style.

Thomas E. MacGillivray, MD
President