Statement for the Record:
"Modernizing Care Coordination to Prevent and Treat Chronic Disease"

U.S. House of Representatives
Committee on Ways & Means (W&M), Subcommittee on Health

Alliance for Connected Care
1100 G Street NW, Suite 420, Washington, DC 20005
November 19, 2025

The Alliance for Connected Care (the "Alliance") appreciates the opportunity to submit testimony for this hearing on modernizing care coordination to prevent and treat chronic disease. The Alliance is dedicated to improving access to care through the reduction of policy, legal, and regulatory barriers to the adoption of telemedicine and remote patient monitoring. Our members are leading health care and technology organizations from across the spectrum, representing health systems, health payers, technology innovators, and patient and provider groups, including many types of clinician specialty and patient advocacy groups who wish to better utilize the opportunities created virtual care.

More than two-thirds of Medicare beneficiaries have two or more chronic conditions, and more than 15 percent have six or more. Medicare beneficiaries with multiple chronic conditions use more health care services than people who do not have them, and they account for a disproportionate share of health care spending. Telehealth can help reduce barriers to care by connecting Americans with chronic conditions to health care services and specialists. Several studies reveal that telehealth decreases travel time, improves communication with providers, increases access to care, and empowers patients to manage their chronic conditions.

Telehealth improves chronic care management by making continuous, proactive care possible for patients. Virtual visits allow clinicians to assess symptoms, adjust medications, and address concerns before they escalate, especially for conditions like heart failure, COPD, and diabetes. Telehealth also enables regular touchpoints with nurses, care managers, behavioral health providers, and pharmacists, strengthening adherence and closing care gaps. Additionally, remote patient monitoring gives clinicians real-time insight into changes in vitals or disease progression, allowing for early intervention that prevents hospitalizations.

Urgent Action is Needed

While we appreciate Congressional action to extend Medicare telehealth provisions through January 30, 2026, the lapse of access this fall makes clear the need for permanent telehealth legislation. We call on Congress to advance a permanent telehealth law in January.

Telehealth is a bipartisan policy, as demonstrated by the broadly supported 2022 legislation which extended telehealth flexibilities through 2024. While our priority is legislation that would establish permanent telehealth policies, we recognize achieving this goal could be a multi-year process. As such, we request your leadership, well in advance of September, in ensuring Americans are able to access the same telehealth that they were able to utilize in 2024 in the future. The Alliance convened 450 organizations on a letter, urging congressional leaders to act on a long-term telehealth fix to ensure stability and provide clarity for patients, providers, and the health care system as a whole.

Clinicians need digital health tools, like telehealth and RPM, to maintain continued care, support strong patient relationships, and create frequent touchpoints required for effective care coordination. Important safety net providers like community health centers and rural health clinics have depended on these flexibilities, as have clinicians such as physical therapists, speech therapists and occupational therapists to extend access to patients. Current telehealth flexibilities have played a critical role in promoting access to vital health care services including advanced specialists (e.g. oncologists) and mental health services without a previous in-person appointment. This is particularly true for patients in rural and underserved areas, patients with mobility issues, and patients with transportation or other limitations that prevent them from accessing in-person care in a timely manner.

Core Barriers to Virtual Care

Below, we outline several recommendations that Committee should consider to **permanently** expand access to telehealth, which has been imperative for patients with chronic conditions.

Several bills address many points on this list, including the CONNECT for Health Act of 2025 (S.1261 and H.R. 4206) led by Rep. Mike Thompson (CA-04), David Schweikert (AZ-01) and the Telehealth Modernization Act (H.R.5081) led by Rep. Buddy Carter (R-GA) and Rep Debbie Dingell (D-MI).

1. **Expand patient access to telehealth services by removing geographic and originating site limitations to enable patients to communicate remotely with their providers regardless of location.** The Alliance supports eliminating the originating site construct completely – rather than just adding the "home." Section 1834(m) of the Social Security Act has long been a barrier to expanding Medicare beneficiaries' access to telemedicine due to stringent originating site and geographic location restrictions. Evidence has shown that telemedicine is not only necessary in rural and underserved areas, but also in urban and suburban communities where health care may not be accessible, convenient, or affordable. Furthermore, Medicare/Medicaid populations traditionally face significant transportation barriers such as affordability and physical impairments, making it more difficult to get to an in-person location. **Telehealth allows homebound older adults suffering from complex chronic conditions to access care.** While requiring specific sites of care for telehealth may have made sense when technology was new and unreliable, clinicians today are effectively deploying telehealth nationwide. There is no reason for our most vulnerable populations to have less access to care. In addition to broader legislation, the Alliance supports legislation by Rep. Buchanan (R-FL) and Thompson (D-CA) bill, the Permanent Telehealth from Home Act (H.R. 1407), which would permanently remove geographic requirements and expand originating sites for telehealth services.

2. **Remove distant site provider list restrictions** to allow all Medicare providers who deliver telehealth-appropriate services to provide those services to beneficiaries through telehealth when clinically appropriate and covered by Medicare – including physical therapists, occupational therapists, speech-language pathologists, social workers, and others. We believe the distant site provider construct should be completely removed – it is a burdensome, unnecessary restriction with little purpose. The Alliance endorsed legislation by Reps. Mike Kelly (R-PA), Mike Thompson (D-CA), and Adrian Smith (R-NE) H.R. 1614, to would permanently expand the scope of practitioners eligible for payment for telehealth services under the Medicare program.

3. **Remove In-Person Requirements Under Medicare for Mental Health Services Furnished Through Telehealth and Telecommunications Technology.** The Alliance endorsed H.R. 3884, the **Telemental Health Care Access Act** to remove in-person requirements for mental health services. Requirements

for in-person visits prevent telehealth from helping those who often need it most – patients with transportation, mobility, frailty, or stigma barriers that prevent them from receiving in-person care. **For example, patients with diabetes, are 2-3 times more likely to develop depression than individuals without diabetes.** Mental health services need to be accessible to patients with chronic diseases.

4. **Ensure Federally Qualified Health Centers (FQHCs), Critical Access Hospitals (CAHs), and Rural Health Clinics (RHCs) can furnish telehealth in Medicare** and be reimbursed fairly for those services, despite unique payment characteristics and challenges for each. Current payment structures often do not capture the unique billing characteristics of telehealth and need to be updated to better align with the broader CMS payment environment. Legislation that addresses this concern includes the CONNECT for Health Act of 2025 and the Telehealth Modernization Act. The Alliance also supports Rep Arrington's H.R.2533, the Equal Access to Specialty Care Everywhere Act.

5. **Extend the Medicare Acute Hospital at Home (AHCaH) Waiver for at least Five years**. **The Alliance for Connected Care applauds Chairman Smith and the Ways and Means Committee for advancement of the Hospital Inpatient Services Modernization Act (H.R. 4313) led by Rep. Buchanan (R-FL). We call on Congress to pass this legislation this year.** Medicare beneficiaries need long-term access to ACHaH programs, which have been demonstrated to provide excellent clinical outcomes and lower the costs of care. The AHCaH program is a care delivery model that allows some patients to receive acute, hospital-level care in their homes, as opposed to a traditional, in-patient hospital setting. Hospitals that have a Hospital at Home program evaluate patients to determine whether in-home care is appropriate, and while the structure of each program differs, only patients that are stable enough for in-home monitoring are admitted to the home. Monitoring may happen via in-person visits, as well as through remote patient monitoring and telehealth visits. Patients can receive clinically appropriate care in the home, including but not limited to diagnostic procedures, oxygen therapy, intravenous fluids and medicines, respiratory therapy, pharmacy services and skilled nursing.

6. **Drive better and more coordinated care for those with chronic disease by ensuring adequate reimbursement for remote patient monitoring (RPM) technology.** Remote patient monitoring has a huge potential to reduce Medicare expenditures through better health and avoided hospital admissions. Geographic variation results in lower Medicare payments for remote patient monitoring in rural areas, despite many costs being higher in these areas where connectivity is more difficult. As outlined by an Alliance member before the Committee last year, a payment floor should be set for RPM, given that there are generally fixed costs in providing major components of these services. We support the bipartisan Rural Patient Monitoring Access Act (H.R. 3108), introduced by Representative David Kustoff (R-TN), which takes the first step in addressing this issue.

7. **Work with CMS to ensure providers rendering telehealth services to ensure coordinated care, such as from their home, are able to offer services without reporting their location address on their Medicare enrollment or billing paperwork.** CMS flexibility for practitioners to render telehealth services from another location without creating duplicate Medicare enrollment and billing paperwork will end on December 31, 2025. While these changes are within CMS's regulatory authority, we now need Congressional oversight to ensure CMS prioritizes the needs of telehealth providers in addition to patients. We remain concerned by the significant administrative burden of providers reporting their location that would lessen access to virtual care.

***

The Alliance greatly appreciates the Committee's leadership in working to ensuring permanent access to telehealth. We look forward to working with you to advance legislation extending Medicare telehealth and strengthening access to RPM for Medicare beneficiaries. If you have any questions or would like to hear from Alliance member experts on these topics, please do not hesitate to contact rikki.cheung@connectwithcare.org.

Sincerely,

Chris Adamec
Executive Director
Alliance for Connected Care