House Committee on Energy and Commerce, Subcommittee on Health
The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care
March 2, 2021
10:30 A.M., Virtual Hearing via Cisco WebEx

Purpose
The purpose of this hearing was for the Subcommittee to hear from witnesses on their experiences in telehealth and how the COVID-19 pandemic will shape the future of delivery and expansion of telemedicine.

Key Takeaways
- There seems to be broad support for telehealth expansion generally, and an understanding of the potential to continue to improve care post-pandemic;
- More data is needed to examine utilization and cost;
- There are concerns about the lack of broadband access and how this may lead to health inequities; and
- Members and witnesses acknowledged the potential for fraud, but largely acknowledged it is coming from "scammers" and not providers.

Members Present
Chairwoman Eshoo, Ranking Member Guthrie, Representatives Pallone, McMorris Rodgers, Matsui, Castor, Sarbanes, Welch, Schrader, Cárdenas, Ruiz, Dingell, Kuster, Kelly, Barragán, Blunt Rochester, Craig, Schrier, Trahan, Fletcher, Upton, Burgess, Griffith, Bilirakis, Long, Bucshon, Mullin, Carter, Dunn, Curtis, Crenshaw, Joyce, O'Halleran, Pence, Johnson, and Latta

Witnesses
Megan R. Mahoney, M.D., Chief of Staff, Stanford Health Care
Ateev Mehrotra, M.D., M.P.H, Associate Professor of Health Care Policy, Harvard Medical School
Elizabeth Mitchell, President and CEO, Purchaser Business Group on Health
Jack Resneck, Jr., M.D., Board of Trustees. American Medical Association
Frederic Riccardi, President, Medicare Rights Center

Opening Statements
Subcommittee Chairwoman Eshoo (D-CA) said that telehealth has been a longstanding bipartisan issue, and that reimbursement for telehealth services should be made permanent. A nonpartisan report found that more than 10.1 million traditional Medicare beneficiaries use telehealth thanks to waivers. There has been more extensive data on quality of telehealth, which can be used to address shortages in services. Telehealth can close gaps and address racial biases. Now that Medicare beneficiaries are receiving this benefit, Congress must figure out how these benefits can be made permanent.

Rep. Matsui (D-CA) said telehealth has been critical to preserving care during the pandemic, and that policy has been used to incentivize adoption. Changes made by the Centers for Medicare and Medicaid Services (CMS) to increase access were not new ideas, they are the same policy ideas Congress has proposed for years. Modernizing telehealth is one of the most important responsibilities Congress has to ensure safe and equitable access to care.

Subcommittee Ranking Member Guthrie (R-KY) said that the use of telehealth has substantially increased due to COVID-19. He said he was pleased that CMS and the Administration worked together to ensure that telehealth was available. More recently, there have been measures to increase mental health services via telehealth. He said there has been good progress so far, however, not every condition is eligible for telehealth services. He said that broadband continues to be a limiting factor, indicating the need to address infrastructure development. Alongside these barriers, scammers have taken advantage of telehealth services, indicating the need to prevent fraud and abuse. Three key areas of focus are quality, consent, and infrastructure. Congress must examine the need to address telehealth, but telehealth cannot replace all in-person visits.

Full Committee Chairman Pallone (D-NJ) said that over the course of the pandemic, many people have utilized telehealth services, resulting in expansion as the pandemic progressed. Medicare has since waived its originating site and rural requirements during the duration of the public health emergency, allowing more vulnerable populations to utilize telehealth services. Expanding access helped save lives and helped keep providers afloat. There have been many initiatives to expand access through bipartisan efforts. However, it is important that data continues to inform decisions going forward. Value must be considered, as telehealth can lead to low-value care and overutilization. Fraud has continued to be connected to telehealth schemes that pray on consumers. Equitable access to telehealth is also important to keep in mind, especially in using data to effectively reach areas and address barriers.

Full Committee Ranking Member McMorris Rodgers (R-WA) said that telehealth is a vital way for patients to access care, especially during a pandemic, and that addressing shortages must be a priority. Now is the time to plan for the future of telehealth and effective vaccine distribution. The pandemic has made clear that telehealth can be, and should be, a part of modernizing healthcare in America, which means examining where telehealth is *not* appropriate. With the rise in anxiety and suicide, she is especially interested in telehealth's use in mental healthcare. Fraud and cost are important to consider while expanding telehealth.

Testimony
Ms. Mahoney said the pandemic has accelerated broad adoption of telehealth, even after providers resumed offering in-person care. Providers are also able to deliver care across state lines through telehealth. This is much like when house calls were being delivered, allowing the provider to see the patient at home. There is a perception that telehealth may be overused and lead to increased healthcare costs. Fortunately, that has not been her experience. Large-scale studies must continue to be conducted in order to examine the long-term impacts of telehealth. All providers enrolled to bill for in-person services should also be able to bill for virtual care. Congress should recognize that care provided through video should be equivalently billed as in-person visits.

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Mr. Mehrotra said that telehealth's ability to make care more accessible may lead to overutilization. She added that a compromise between expanding telehealth coverage and value is important because value is an abstract idea, which is hard to measure. Low-value visits may decrease the level of care patients receive, which is why it is important to emphasize high-value care. Audio-only telehealth visits may be more suitable for communities where high-speed internet or a smart device is not available. However, some believe that this type of visit is more vulnerable for fraud. It is important to ensure all Americans have access to video telehealth services. He said he advocates for having low payment rates for telemedicine because in the long term, telehealth visits can lower overhead and spur competition.

Ms. Mitchell affirmed her support for patient-centered innovation. Telehealth is a highly useful tool to provide care for hard-to-reach areas. Telehealth can improve outcomes and can also be cost-effective by reducing overhead cost without sacrificing patient experiences. It has the potential to be a win for patients and providers. The primary barrier is payment, which must be changed to a value-based payment system. They must rapidly expand telehealth to value-based care by adopting payment models for quality patient experience and equity. Telehealth provides the unique opportunity to improve the outcomes for low-income and vulnerable communities.

Mr. Resneck said that telehealth has emerged as a critical tool during the pandemic, and that high quality care and improvements to quality of life have emerged from telehealth. Additionally, trust is also built through telehealth visits. Coordinated telehealth services have improved for both patients and providers. He urged Congress to address barriers to access for telehealth services. He also urged Congress to expand telehealth services, especially when the pandemic ends.

Mr. Riccardi said that Medicare beneficiaries are at high risk of health threats, but telehealth allows beneficiaries to obtain needed care. During the pandemic, Medicare allows more people to receive telehealth services and utilize more technology from the patient's home. However, there has been mixed feedback on the quality of telehealth services. Medicare's limitations on telehealth no longer match patient experience, but it is important to proceed with caution. Telehealth is a supplement to care and it is important to continue analyzing data. Increasing access to care and promoting health equity will allow the Medicare telehealth system to provide quality care for patients.

Questions and Answers

Chairwoman Eshoo said that at the heart of telehealth cost coverage is whether it will increase utilization and increase cost. She asked Ms. Mahoney what "utilization" means. **Ms. Mahoney** said that utilization refers to patient consumption of healthcare services, including the time that the physician spends seeing the patient. There is a concern that telehealth may be additive, but that is not something that she has observed. The time that the provider has is the rate-limiting factor. **Chairwoman Eshoo** asked what was meant by "cautionary." **Mr. Mehrotra** said that Congress must look at the period prior to the pandemic, and there is limited data on telehealth. **Chairwoman Eshoo** asked if anyone had looked at the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) Act and if it will accomplish what

Congress needs to. **Mr. Resneck** said that his organization is generally supportive, but prefer the Telehealth Modernization Act that adds permanent repeal of the rural site exclusions.

Ranking Member Guthrie commented that weighing potential vulnerabilities is important. He wants to balance the needs of a patient and clinical appropriateness, and asked how this should be addressed. **Ms. Mitchell** said that measuring the patient experience and outcomes of the practice when telehealth is integrated is important. There must be coordination across the system to analyze patient experience. **Ranking Member Guthrie** said that he would like to continue expanding telehealth, but asked how Congress should balance technology. **Mr. Riccardi** said that it is important that Health Insurance Portability and Accountability Act (HIPAA) rules must be applied to expanded telehealth services. **Ranking Member Guthrie** said that state medical boards play a critical role in patient safety and regulating healthcare. He asked what other safeguards are put in practice. **Mr. Resneck** said that states set regulation on healthcare that are enforced through licensure.

Chairman Pallone said that telehealth can be over utilized with the fee-for-service (FFS) system. He asked what the data before and during the pandemic says about telehealth service and overutilization. **Mr. Mehrotra** said that there has not been an increase in amount of services, but the use of telehealth has increased. He said that payment reform is important to address overutilization, such as moving to capitated or alternative payment models. **Chairman Pallone** asked about cost effectiveness of telehealth services compared to in-person services. **Mr. Mehrotra** said that there are some conditions under which telehealth is more cost effective. **Chairman Pallone** asked about FFS. **Ms. Mitchell** said that moving away from FFS is important and that telehealth must be within a total cost model. **Chairman Pallone** asked if there is a need for better data quality. **Ms. Mahoney** said yes, Congress can leverage the data collected over the duration of the pandemic and must continue to have access to telehealth.

Rep. McMorris Rodgers said that mental health and substance use has increased due to the pandemic. Telehealth has great potential to address behavioral and mental health challenges. She asked what the data is on patient outcomes with behavioral telehealth. **Mr. Mehrotra** said that this is an area of great need. The data shows that outcomes for patients who received their care through telehealth are generally the same as in-person. This is an area of high-value care. Addressing licensure and regulations on access to care are areas he would like to see Congress to focus on. **Rep. McMorris Rodgers** asked all the witnesses what they see as the future of telehealth and how they see patients utilizing the service. **Ms. Mahoney** said that the office space visit will be used for things such as physicals. It will be part of providers' toolkit and used when it is most appropriate, taking into consideration the needs of the patients. Remote patient monitoring (RPM) will be increasingly utilized.

Rep. Matsui said that breaking down mistrust within communities is important to deliver high quality care. She asked how the modality can impact new patients and how it can improve patient experience**. Ms. Mahoney** said providers are able to provide high quality care, even at the initial visit. She also said that they hope to continue to provide behavioral and mental health services, and have actually seen the number of patients increase utilizing these services through telehealth. **Rep. Matsui** asked about the clinical necessity of telehealth services. **Mr. Resneck** said that looking at specialties is important and they do not want to see a requirement for an in-

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person first visit frozen in statute. **Rep. Matsui** asked Mr. Riccardi about stopping the audio-only requirements. **Mr. Riccardi** said that audio-only has been a lifeline for many beneficiaries. There is data that shows that audio-only should be used for behavioral health services.

Rep. Upton (R-MI) said that telemedicine is a win-win. He asked about the possibilities of overutilization and how Congress can stop people who take advantage of the service. **Mr. Resneck** said that much of the fraud stems from marketing companies. Denying patients care due to a few of these fraud cases is not worth it. The Office of the Inspector General and the Department of Justice's ability to investigate these is the same as investigating other types of fraud. **Rep. Upton** said that job loss, isolation, and other factors have impacted mental health. It is important to expand telehealth services to mental health. **Ms. Mitchell** said that expanding access to mental health services is important; however the number of mental health providers is inversely related to the need. Addressing broadband and licensure are issues that are important to keep in mind.

Rep. Castor (D-FL) said that while CMS added new telehealth services for Medicare beneficiaries, they will not continue to cover these services after the pandemic due to the current lack of evidence that indicates their benefits. However, it seems like some services have been studied more than others. She said that moving forward, Congress must continue to fund and support this research and asked where Congress should prioritize additional research to build the evidence to ensure Medicare services. **Mr. Riccardi** said there must be an established period of time individuals can receive the services so researchers can adequately analyze the outcomes and spending. This also allows health disparities to be further examined. **Rep. Castor** asked where Congress should prioritize research. **Ms. Mahoney** said that conducting peer-reviewed research is important and they must better understand the association between access to internet and technology and clinical outcomes. **Rep. Castor** asked about Medicaid telehealth data. **Mr. Mehrotra** said that there is no Medicaid data yet.

Rep. Burgess (R-TX) said that he is concerned about cybersecurity. He asked about the cost effectiveness of telehealth. **Ms. Mitchell** said that alternative sites of care and reaching patents where they live can increase affordability and access for patients. They must increase the use of patient-recorded outcome measures for data collection. **Rep. Burgess** asked what Congress can do to ensure telehealth is not overly burdensome. **Ms. Mitchell** said that data must be effectively shared and services should be easy for patients to use. **Rep. Burgess** asked if there are any services that have been limited because of the virtual visit. **Mr. Resneck** said yes, but that is the nature of this evolving process.

Rep. Welch (D-VT) said that it appears that telehealth works for both patients and providers. Concerns about overutilization and fraud applies to every item in the healthcare system. The cost of healthcare is high and unless we address the cost, we will not have access to healthcare. He asked about FFS and if this system can alleviate costs and improve patient health outcomes. **Ms. Mitchell** said that accountability for spending is not embedded in the current system. Adding another service to the FFS is not optimal. **Mr. Mehrotra** said that the idea of RPM and moving away from in-person visits and other forms of communication is positive, but there needs to be a movement away from FFS and towards alternative payment models.

Rep. Griffith (R-VA) commented that many people cannot afford the technology that is associated with telehealth. He asked about audio-only services and when they are appropriate to use. **Mr. Resneck** said that audio-only has been important for rural communities and he is surprised about the lack of access to broadband. Native American reservations and black and brown communities have less access to broadband. **Rep. Griffith** asked if audio-only should be a lower reimbursement. **Mr. Resneck** said no, patients being taken care of via audio-only are just as sick. It is just another way to deliver healthcare to the patient.

Rep. Schrader (D-OR) said that telemedicine has increased accessibility and there has not been an increase in overutilization. He asked about the savings that is associated with telemedicine. **Ms. Mahoney** said that telehealth has the potential to reduce total cost because it provides more timely care for patients. There is no cost-saving data yet, but they are working to analyze cost-savings. **Rep. Schrader** said that in Oregon, there have seen some savings and telehealth allows for more flexibility. He said FFS is a bit constraining and outdated and that bundling payments may benefit some groups. He asked what policies could facilitate the transition from FFS to alternative payment models. **Mr. Mehrotra** said that providing flexibility is important, and it is best provided through alternative models.

Rep. Bilirakis (R-FL) said that access to appropriate care is important. He said that CMS has provided flexibilities for telehealth, but the video components may not be an option for low-income and rural areas. Seniors may have physical limitations that prevent them from using video, meaning audio-only may be the only option. He asked about these concerns and what guardrails should be put in place. **Mr. Riccardi** said they support the flexibilities and demonstration of alternative payment models. Audio-only has a role in access to services and should be considered.

Rep. Cárdenas (D-CA) said that COVID-19 has had a disproportionate impact on vulnerable communities. It is important that those who may benefit the most from telehealth have access. He asked what the barriers are and what can be done to address them. **Mr. Riccardi** said that investing in health outcomes is important. Communities of color are especially impacted by lack of access to healthcare, and investing in the infrastructure of broadband is crucial. **Rep. Cárdenas** remarked that the term "low-income" has a negative connotation, and that these people deserve the same opportunities to receive the same quality healthcare as others.

Rep. Long (R-MO) asked how telehealth can deliver value and lead to greater efficiency for patients. **Mr. Resneck** said that measuring the financial savings is part of the toolkit to evaluate value. Patients do not need to miss work to access healthcare. **Rep. Long** said that he has been focusing on closing gaps in healthcare. **Mr. Resneck** said that telehealth is unequally distributed in areas and that it is a piece of the puzzle for these communities to access care. **Rep. Long** asked what constitutes certainty for provider coverage. **Mr. Resneck** said that people must understand this is part of the future of healthcare delivery and removing restrictions is vital.

Rep. Ruiz (D-CA) said that Congress must look at how telehealth will impact equity. Reimagining and redesigning healthcare is vital for complex and chronic conditions. Home-based care with tailored protocols has improved patient outcomes and has been delivered with lower costs. He asked what the current barriers are to home-based care and addressing community needs. **Ms. Mahoney** said that meeting the needs of all patients is important,

particularly those who have been underserved. Utilizing community workers and other existing resources is valuable to understand the needs of patient populations. **Rep. Ruiz** said that home-based medicine with community health can transform the health of the country.

Rep. Bucshon (R-IN) said that in order for telehealth to continue to be effective, reimbursing for the standard of care is essential. He asked if doctors should be reimbursed at a similar rate for telehealth services as in-person visits. **Mr. Resneck** said yes. He said that on the ground, coverage and parity rates allow physicians to deliver quality care, and paying equitably is important. **Rep. Bucshon** said that provider liability is a serious issue to address. **Mr. Resneck** said yes, this is important to consider. Physicians are held at a level to provide a standard of care that applies to telehealth as it does in person.

Rep. Dingell (D-MI) said that telemedicine is here to stay and Congress must explore reforms moving forward. She asked how practicing telehealth across state lines can help veterans. **Mr. Mehrotra** said that Congress must address licensure reform so there is reciprocity across states. Making something more permanent will be important moving forward. **Rep. Dingell** asked what steps are being taken to strengthen Medicaid integrity. **Mr. Riccardi** said that drawing upon previous experiences can be used to strengthen integrity. Analyzing data, investigating current laws, and investing in infrastructure can also help.

Rep. Mullin (R-OK) said that the pandemic has allowed the country to embrace telemedicine. He asked if more can be done to deliver information to rural areas. **Mr. Resneck** said that there has been more initiative to deliver information out to these communities. **Rep. Mullin** asked if it would be beneficial for an elevated presence to coordinate telehealth. **Mr. Resneck** said there must be a continued conversation on a federal strategy to deliver quality healthcare.

Rep. Kuster (D-NH) said that in-person attendance to substance use disorder (SUD) appointments was difficult before COVID-19. She asked about expanding telemedicine benefits for treating opioid use and prescribing medication-assisted treatments. **Mr. Mehrotra** said that telemedicine has allowed for treatment and prescription for SUD patients. **Rep. Kuster** asked what can be done to encourage greater uptake of patients by providers. **Mr. Mehrotra** said that there is a wide variation in provider's feelings, but most are moving towards taking on SUD patients. **Rep. Kuster** asked about providing telehealth across state lines. **Mr. Mehrotra** said that it is difficult for many vulnerable communities to get treatment and more must be done to increase access.

Rep. Dunn (R-FL) said that meeting patients where they are is important for telehealth expansion. He said that audio-only should remain a backup option for hard-to-reach areas and said that telemedicine can bridge gaps in access to care. RPM can allow providers to monitor patients and decrease costs, and asked about the degree to which RPM can improve care and impact cost savings. **Ms. Mitchell** said that telehealth will enable much more patient-friendly care, but Congress must remove payment barriers. She said that satisfaction across telemedicine and in-person experiences are the same. There is no data that quantifies savings at this time, but if it decreases emergency room visits, telemedicine can result in cost reductions. More research must be done on the outcomes and costs.

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Rep. Kelly (D-IL) commented that states play a central role in licensing requirements and asked what states did before and during the pandemic, and if states should improve Medicare plans. **Mr. Resneck** said that the interstate compact can help with delivering care across state lines. He also said that state medical boards have involvement in local reciprocity. There is also a set of CMS billing codes, called inter-professional codes, that allow a provider to consult on a case, but the responsibility of care remains local. **Rep. Kelly** asked how inequities can be addressed. **Mr. Resneck** said fixing Medicare will improve health equity.

Rep. Curtis (D-UT) said that there is broad consensus on the bipartisan efforts on furthering telehealth. He asked how important is it for the Department of Health and Human Services to work with Congress to obtain better telehealth data. **Mr. Mehrotra** said there is a need for more data. For example, there is not enough data on the impact of telemedicine on the Medicaid patient population. **Rep. Curtis** asked what metrics Congress should use to help them make better decisions. **Mr. Mehrotra** said that an increase in evaluation measures across all areas of medicine is a key aspect. **Rep. Curtis** asked about cost-savings of telemedicine, especially in SUD. **Mr. Mehrotra** said that addressing the disease itself and time in treatment is important for SUD evaluation.

Rep. Barragán (D-CA) said she is concerned about equity and ensuring populations are not being left behind. She asked what can be done to ensure access to technology and broadband issues**. Ms. Mahoney** said compensation should be equal in telemedicine, and increasing access to broadband should be a priority. **Rep. Barragán** asked about the social determinants of health, indicating that internet connectivity is one of those determinants. She asked how Congress can support efforts to address these social determinants. **Mr. Resneck** said that broadband has been an issue and must be a priority moving forward.

Rep. Carter (R-GA) said that telehealth is one of the good things that has emerged from the pandemic. He asked about the current level of data on telehealth flexibilities. **Mr. Resneck** said he believes they have enough data to make telehealth permanent but there also should be continued efforts to collect data. **Rep. Carter** asked if telehealth has increased access to services and decreased costs. **Mr. Resneck** said that yes, it has increased access to care and in some instances, has decreased cost. Telehealth has improved equity.

Rep. Blunt Rochester (D-DE) said the country has been able to rapidly scale telehealth services. She asked how patients would be impacted if telehealth was taken away. **Mr. Resneck** said that he feels strongly that his patients would be negatively impacted if telehealth was no longer implemented. He said that social determinants are all the more important during this time. **Rep. Blunt Rochester** asked about broadband access and the impact on patients. **Mr. Resneck** said that this is an issue for many rural parts of the country in terms of access. Some urban communities experience barriers in accessing broadband as well.

Rep. Crenshaw (R-TX) said that simple rules for complex problems sometimes is the best approach. He asked what essential regulation should be focused on to properly monitor telehealth. **Mr. Mehrotra** said that a barrier of telehealth use is confusion. He also said that if there are limitations to telemedicine, focusing on one aspect of limitation would be important. **Rep. Crenshaw** asked about cost savings across all employers and what the best practices are that businesses can utilize and incorporate. **Ms. Mitchell** said that there is no data measured

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across other employers. There are barriers within the payment model and it is supported by many patients, providers, and employers. More flexibility, prospective payments and connecting with community health works is necessary in delivering optimal care, but the current FFS system creates barriers.

Rep. Schrier (D-WA) explained that telehealth has strengthened the provider-patient relationship. She asked how telehealth can be taken a step further and how it can improve medicine. **Ms. Mahoney** said that a barrier is scheduling between providers and synchronization of health records. **Rep. Schrier** asked about the positive and negative impacts on pediatric care. **Mr. Mehrotra** said kids are less exposed to illnesses and there has been a decrease in some conditions. However, there has been a decrease in preventive medicine and immunizations.

Rep. Joyce (R-PA) said dermatology is a very visual practice, but is not the case with other specialties. **Mr. Resneck** said that telemedicine can be utilized in many specialties and each is figuring out where telemedicine fits. Having a variety of tools is important. **Rep. Joyce** asked about training of residents in telehealth and if this training should be integrated. **Ms. Mahoney** said she endorses telehealth training for both residents and medical students. **Rep. Joyce** asked if this should be a requirement. **Ms. Mahoney** said she is supportive of this. **Mr. Mehrotra** said that this is already being integrated and is very enthusiastic about how telemedicine will be incorporated into training.

Rep. Craig (D-MN) said expanding access to mental health services through telemedicine is vital, especially for the Medicare beneficiary population. She asked what can be done to expand the reach of the workforce but also guard against overuse. **Mr. Mehrotra** said that rural areas see lower rates of care compared to urban areas. States play a role in expanding use but also prevent overuse. **Rep. Craig** asked about the differences in broadband access in rural areas compared to urban areas, and what can Congress do to close these gaps. **Mr. Riccardi** said expansion of telehealth must also consider the types of facility people receive care from. They must look into the cost-sharing of telemedicine services to create parity to avoid incentivizing one type of care over another. Looking into the appropriate payment model is vital for delivering the highest quality of telemedicine care.

Rep. Latta (R-OH) said the Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act was introduced to provide relief for providers and patients. He asked if waiving state licensure temporarily would allow patients to receive the needed care. **Ms. Mahoney** said there should be an evaluation of the system to allow providers to treat patients in any state. **Rep. Latta** asked about examples of licensure. **Ms. Mahoney** said their providers received patients from all states in the country once the COVID-19 pandemic hit. **Rep. Latta** asked if the severity of the pandemic addresses licensure issues. **Mr. Mehrotra** said there is an issue of medical licensure compact and that very few providers utilized it to provide care across state lines.

Rep. Trahan (D-MA) said tele-dermatology may play an important role in no-show rates for vulnerable populations. She asked if these findings are applicable to all specialties. **Mr. Resneck** said that some of the highest no-show rates are in minority populations and telemedicine has helped no-show rates. **Rep. Trahan** said telehealth has allowed black and brown communities to meet with providers who look like them. She asked about telemedicine making a case for

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investing in a more diverse workforce. **Ms. Mahoney** said access to telehealth will improve the trust and the connection a patient has with a provider.

Rep. Johnson (D-GA) said Congress should make telehealth permanent. He asked about accessing mental health services for rural communities where telehealth could be a lifeline and the importance of addressing issues early. **Mr. Mehrotra** said telemedicine in skilled nursing facilities allows people to stay in a facility and can save money. **Rep. Johnson** asked about broadband access for all. **Mr. Riccardi** said it is important to ensure a system to implement broadband access, especially for beneficiaries in rural communities.

Rep. Fletcher (D-TX) said that the need for pediatric behavioral health is more important than ever, and telemedicine has helped. She asked about reimbursement for behavioral telehealth**. Ms. Mahoney** said that having the interstate restrictions waived has been helpful to providing care across state lines for pediatric patients. **Rep. Fletcher** asked about access to telehealth services for those with disabilities and complex medical conditions. **Mr. Riccardi** said that lack of transportation or access to facilities is an issue. People with chronic conditions have been able to receive telemedicine, but access to in-person care must also be kept in in mind going forward.

Rep. Pence (R-IN) said telehealth benefits will address care for patients in rural communities. These services, however, are not useful for those who do not have access to broadband. He asked about limitations of telehealth on traditional care for rural patients with chronic health conditions. **Mr. Mehrotra** said allowing rural communities to access care across all states is important for health care access.

Rep. O'Halleran (D-AZ) commented that the lack of providers in hard-to-reach areas is crucial to address. Tribal areas are extremely expansive and they have difficulties in accessing healthcare. Telemedicine is a piece of this puzzle. He asked if there are specialists that are harder to access with lack of access to broadband. **Mr. Resnick** said that telehealth will be a large component of solving healthcare issues and increasing broadband will be a part of this.

Rep. Sarbanes (D-MD) said steps have been taken to increase the usage of telemedicine, and that schools play a critical role in achieving health equity through school-based health centers. He argued Congress should be looking at how school-based health centers can utilize telemedicine for younger patients and asked what can be done to expand access. **Mr. Resnick** said that in-person visits should still be made available. **Ms. Mahoney** said school-based health centers allow communities to overcome the issue of access to broadband.