



Permanently Expand Medicare Telehealth Coverage

During the COVID-19 public health emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) temporarily expanded coverage for services provided via telehealth. In 2022, Congress gave CMS the authority to further extend many of these telehealth flexibilities through 2024. With nearly 4 years of data to inform the decision and CMS's temporary flexibilities expiring later this year, it is now time for Congress to make these temporary telehealth flexibilities permanent.

ADCES has identified the following long-term telehealth priorities that are contained within the **CONNECT for Health Act** (S. 2016/H.R. 4189), which takes important steps to make these changes permanent and address these priorities:

- ❖ Remove geographic and originating site requirements to allow all Medicare beneficiaries to continue to access telehealth services from their homes.
- ❖ Expand telehealth provided by staff in Federally Qualified Health Centers and Rural Health Centers.
- ❖ Allow CMS to designate appropriate services—such as DSMT—to be provided in an audio-only format.

Thanks to changes by CMS made in the FY2024 physician fee schedule, all members of the DSMT care team including registered nurses, pharmacists, and registered dietitians, are now able to provide DSMT via telehealth from clinic settings meaning the policies found in the CONNECT for Health Act will now fully apply to DSMT. ADCES continues to work with CMS to ensure that DSMT delivered from the hospital outpatient department (HOPD) setting can continue past 2024 when it is currently set to expire even if the CONNECT for Health Act passes.

Take Action!

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