

The **UNITED STATES SENATE**
COMMITTEE *on* **FINANCE**
CHAIRMAN RON **WYDEN**, D-OREGON

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Contact: [Taylor Harvey](#) (202) 224-4515

Wyden Statement at Finance Committee Hearing on COVID-19 Health Care Flexibilities
As Prepared for Delivery

When COVID-19 hit, it was no longer safe to meet face to face, take a bus to the doctor's office or even walk into the hospital for care. Congress, federal agencies and health care providers had to act fast with bold changes to prevent a dramatic disruption of health care in America.

This morning's hearing is an opportunity to talk about the changes that ought to stick around post-pandemic, and there's no better example than telehealth. Right at the top, I want to thank Senator Crapo for proposing a hearing on this vital topic, where there's a big opportunity for the two sides to work together.

The telehealth challenge has always been about balancing the speed and efficiency of new technologies with the need for health care quality and accountability. During the pandemic, some patients have felt like they had to jump through too many hoops to get access to telehealth. My view is, as a general proposition, patients ought to have telehealth available as an option after seeing a provider for the first time.

In some cases, the right approach might be to give the green light for telehealth from the beginning. I hope today the committee is able to discuss how to go about striking that balance after a year of telehealth experience during the pandemic.

Last year, in the CARES Act, Congress allowed health care providers in Medicare to offer telehealth services to all seniors, regardless of whether they lived in the biggest city or the smallest rural town. That brought badly-needed health care safely into the homes of tens of millions of seniors nationwide.

The CARES Act also allowed Federally Qualified Health Centers, including community health centers, and Rural Health Clinics to receive Medicare payment for telehealth services, allowing more health care providers to help meet the overwhelming demand for remote health services.

Fortunately, the Finance Committee had already paved the way for a lot of these changes, which means they were a lot easier to adopt. Telehealth has been a Finance Committee priority for years, particularly when it's part of the effort to update the Medicare guarantee.

For many years, the Congress fell behind in terms of recognizing the transformation of this flagship health care program. When the Medicare program was designed, it was built to cover acute conditions – broken ankles under Medicare Part A, bouts of the flu under Part B. Modern-day Medicare is about cancer, diabetes, heart disease and more of the chronic health conditions that are a lot more complicated and more expensive to treat. Telehealth is going to be a bigger part of that transformation going forward.

The CHRONIC Care Act, passed by this committee in 2017, marked the very first time seniors could get telehealth at home, for kidney disease. The law also made it easier to use telehealth to diagnose and treat strokes. It allowed more flexibility for Medicare Advantage plans and Accountable Care Organizations. When the pandemic hit, CMS already had a head start for telehealth.

Federal agencies also took advantage of existing law to allow providers to care for their patients in fresh ways. For example, certain hospital doctors and nurses were able to travel out into their communities and provide services at home that would typically be reserved for inpatient care.

Others were able to set up temporary spaces like tents near hospitals themselves. That wasn't allowed in ordinary times pre-pandemic. These steps have increased capacity, kept patients safe and helped maintain care.

Today the committee will hear from physicians and hospitals who have been on the front lines, as well as health policy experts. They have seen how these fresh approaches transformed care. In my view, there is bipartisan interest in building on the changes that worked well for both seniors and providers.

That bipartisan work has already begun. At the end of last year, Congress passed legislation that allowed all seniors in Medicare to receive mental health services via telehealth, including at home. My view is, mental health services ought to be available via telehealth for all Americans. That provision was part of a bill I authored that would also permanently allow telehealth for routine health care visits in Medicare, known as evaluation and management services. I'm going to keep working to make that a reality.

So there's a lot for the committee to discuss today. I'd like to welcome the witnesses and again I want to thank Ranking Member Crapo for his partnership on this bipartisan issue.

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