

## Post-PHE Telehealth Policy for Rural Health Clinics

Dear \_\_\_\_\_,

Many have identified the growth of telehealth as a “silver lining” of the COVID-19 pandemic, and the just over 5,000 Rural Health Clinics (RHCs) across the country have embraced telehealth in their efforts to increase and enhance care for rural underserved communities.

The National Association of Rural Health Clinics (NARHC) is encouraged to see Congress moving to extend and improve telehealth beyond the PHE and we strongly support both S.3593, *Telehealth Extension and Evaluation Act*, and H.R.6202, *Telehealth Extension Act of 2021*, which create explicit payment parity between in-person visits and telehealth visits for RHCs.

Presently, RHCs are able to offer valuable telehealth services to their communities but are paid under a “special payment rule” that lowers reimbursement for safety net providers and unnecessarily adds administrative burden. Under this special payment rule, safety-net providers such as rural health clinics are not incentivized as much as their fee-for-service peers to invest in telehealth services for their patients.

NARHC strongly supports continued Medicare coverage of telehealth, but it is imperative that we eliminate the special payment rule as soon as possible and reimburse safety-net providers through their normal reimbursement structure.

As Congress considers extending Medicare coverage of telehealth this spring, NARHC would greatly appreciate the support of Sen. /Rep. \_\_\_\_\_ on this telehealth policy.

Please feel free to contact me if you would like to further discuss telehealth policy or if you have any questions about Rural Health Clinics.

Sincerely,

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