Americans benefit from access to care at home.

- During the COVID-19 public health emergency (PHE), access to telehealth services was expanded for Medicare patients. Congress has passed legislation to extend patient access to these key services, but only for a short term and those policies expire in December 2024.
- Advancements in telehealth and remote patient monitoring (RPM) technologies allow patients to receive care and transmit health information to their doctors from home.
  - 25% of adults report having utilized telehealth in the past month.
  - 91% of patients utilizing telehealth report having a favorable experience and 78% are likely to complete a medical appointment via telehealth again.
- Medicare’s Hospital at Home (HaH) Initiative allows hospitals to provide acute care to seniors in their homes rather than in a hospital but also expires in December 2024.
  - 300 hospitals in 37 states now participate in HaH.
  - 99% of patients were “satisfied” or “very satisfied” with HaH.
- Remote care options especially help rural patients who otherwise have to travel twice as far, on average, than urban patients to reach their nearest hospital.

Rural hospital and ambulance bonus payments help maintain access to critical services.

- Nearly 4.5 million Americans live in counties without an acute care hospital.
- Rural hospitals have low patient volumes and rely more on federal health programs, contributing to unique care delivery and financial challenges.
  - Medicare’s Low Volume Adjustment (LVA) and Medicare-Dependent Hospital Program (MDH) provide needed bonus payments but expire in December 2024.
- 84% of rural counties and 77% of urban counties have “ambulance deserts” where access to an ambulance station is more than 25 minutes away.
  - Rural patients may wait up to 30 mins for emergency services after dialing 911.
  - Medicare bonus payments for rural ambulance services expire December 2024.

Solution: The Preserving Telehealth, Hospital, and Ambulance Access Act (H.R. 8261).

- Preserves Medicare patients’ access to vital telehealth through 2026 and HaH services through 2029.
- Improves telehealth experiences, makes important program reforms, and instills new integrity measures.
- Extends essential Medicare programs that sustain rural and low-volume hospitals through September 30, 2025.
- Extends essential Medicare add-on payments for urban, rural, and super-rural areas to preserve access to crucial emergency ambulance services.