

September 11, 2025

The Honorable John Thune
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Hakeem Jeffries
Minority Leader
House of Representatives
Washington, DC 20515

Re: Maintaining Telehealth Flexibilities

Dear Majority Leader Thune, Minority Leader Schumer, Speaker Johnson, and Minority Leader Jeffries,

On behalf of the undersigned organizations representing obstetrician-gynecologists (ob-gyns), we thank you for the work you have done to ensure patients continue to receive vital health care through telehealth. The extension of provisions through the Full-Year Continuing Appropriations and Extensions Act, 2025 (H.R. 1968) is especially appreciated. However, with those provisions ending September 30, **we urge you to support permanent extensions of telehealth flexibilities for Medicare patients.**

While the COVID-19 pandemic launched widespread use of telehealth, even prior to the public health emergency ob-gyns were utilizing telehealth to provide consultations, observe ultrasound recordings, monitor prenatal and postpartum blood pressure, and, when appropriate, perform postoperative visits following gynecologic surgeries. Subsequently, data from the public health emergency found an 89 percent increase in visits between 2019 and 2020, and a 21 percent increase from 2020 to 2021, with over half of those visits in the fields of obstetrics and gynecology, psychiatry and family medicine.¹ Researchers have found that there were no significant differences in the rates of preterm birth, cesarean birth, neonatal intensive care unit admissions, or birth weight for women who received virtual prenatal visits in place of some in-person visits.^{2,3} A systematic review demonstrated improved rates of breastfeeding and smoking cessation as well as fewer high-risk obstetric office visits without increases in maternal or neonatal morbidity when some services were provided via telehealth.⁴ Remote patient monitoring and text message interventions have also been shown to improve the rate of adherence to blood pressure monitoring guidelines and reduce the number of unscheduled visits in the postpartum period.⁵ Thousands of women regularly seek telehealth services for acute conditions such as urinary tract infections and evidence indicates that telehealth visits are just as effective as in-person in determining accurate diagnoses.^{6,7} Further, telehealth has been shown to address and improve access to all forms of counseling, including behavioral health services and treatment for substance use disorder (SUD).^{8,9,10} Importantly, patient satisfaction has been reported to be higher among women with virtual visits.¹¹ In response, the American College of

Obstetricians and Gynecologists has further supported the utilization of telehealth services for nonurgent clinical care and prenatal and postpartum care when physical examinations are not needed.^{12,13,14}

The use of telehealth for mentoring, training and assessment provides supervised experiences where experts may not be available.¹⁵ This technology is especially useful for ultrasound training and it has been used internationally for laparoscopic simulation training.^{16,17} We are pleased that the Centers for Medicare & Medicaid Services (CMS) 2026 Medicare Physician Fee Schedule (90 FR 32352) has proposed to permanently allowing virtual direct supervision using real-time audio-video technology, except for services with high-risk surgical global indicators.

We believe that access to covered telehealth services should be maintained and should be considered a standard benefit for all patients. In addition to clinical efficacy and patient satisfaction, studies have demonstrated that telehealth visits lower health care costs.^{18,19} A study of 1.4 million telehealth encounters across the US found cost reductions from \$445,000 to \$33 million for Medicare.²⁰ The study noted the most cost-savings occurred in low-density, non-metropolitan areas and prevented avoidable hospitalizations. A permanent extension of telehealth for Medicare patients will conserve the fiscal stability of the Medicare program and improve the health outcome of an aging population.

For all of these reasons, we respectfully request that you act swiftly to enact permanent telehealth flexibilities in the Medicare program. If we can be of further assistance, please contact Sarah Bogdan, Director, Federal Affairs, at sbogdan@acog.org.

Sincerely,

American College of Obstetricians and Gynecologists (ACOG)
American Society for Reproductive Medicine (ASRM)
The American Association of Gynecological Laparoscopists (AAGL)
The Society of Gynecologic Oncology (SGO)
The Society for Maternal-Fetal Medicine (SMFM)

¹ Cengil AB, Eksioglu S, Eksioglu B, Eswaran H, Hayes CJ, Bogulski CA. Statistical Analysis of Telehealth Use and Pre- and Postpandemic Insurance Coverage in Selected Health Care Specialties in a Large Health Care System in Arkansas: Comparative

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- Cross-Sectional Study. *J Med Internet Res*. 2024 Oct 18;26:e49190. doi: 10.2196/49190. PMID: 39423000; PMCID: PMC11530737.
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- ³ Pflugeisen BM, Mou J. Patient satisfaction with virtual obstetric care. *Matern Child Health J* 2017;21:1544–51.
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- ⁵ DeNicola, N, Grossman D, et al. Telehealth intervention to improve obstetric and gynecologic health outcomes: a systematic review. *Obstet Gynecol* 2020;135(2)371-382.
- ⁶ Rastogi, R., Martinez, K.A., Gupta, N. *et al.* Management of Urinary Tract Infections in Direct-to-Consumer Telemedicine. *J GEN INTERN MED* **35**, 643–648 (2020). <https://doi.org/10.1007/s11606-019-05415-7>.
- ⁷ Hertzog R et al. Diagnostic accuracy in primary care e-visits: evaluation of a large integrated health care delivery system's experience. *Mayo Clinic Proceedings*. 2019;94(6)939-941. Retrieved from: <https://www.sciencedirect.com/science/article/pii/S0025619619302022>.
- ⁸ American College of Obstetricians and Gynecologists, Task Force on Collaborative Practice. “Collaboration in practice: implementing team-based care / developed under the direction of the Task Force on Collaborative Practice.” 2016. <https://www.acog.org/-/media/project/acog/acogorg/clinical/files/task-force-report/articles/2016/collaboration-in-practice-implementing-team-based-care.pdf>.
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- ¹⁰ American College of Obstetricians and Gynecologists, “Recommendations to the Indian Health Service on American Indian/Alaska Native Pregnant Women and Women of Childbearing Age with Opioid Use Disorder.” 2017. https://www.ihs.gov/sites/opioids/themes/responsive2017/display_objects/documents/acogguidelines2018.pdf.
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- ¹² Tailored prenatal care delivery for pregnant individuals. Clinical Consensus No. 8. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2025;145:565–577.
- ¹³ Ethical Considerations for the Delivery of Obstetric and Gynecologic Care During a Pandemic. Committee Statement No. 6. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2023;142:225–30.
- ¹⁴ Implementing telehealth in practice. ACOG Committee Opinion No. 798. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2020;135:e73–9.
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