

**Missouri State Medical Association  
House of Delegates**

Resolution # 22  
(A-24)

Introduced by: St. Louis Metropolitan Medical Society

Subject: Medicare Reimbursement for Telemedicine

Referred to:

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1 **WHEREAS**, during the COVID-19 pandemic, Medicare billing rules were revised to enable and facilitate  
2 reimbursement to clinicians for services rendered by telemedicine links to their patients; and,  
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4 **WHEREAS**, these rules were adopted during the COVID-19 pandemic, and did not differentiate  
5 reimbursement rates for office-based vs telemedicine-based patient care; and,  
6  
7 **WHEREAS**, commercial insurers have generally adopted Medicare’s methodology for reimbursement;  
8 and,  
9  
10 **WHEREAS**, reimbursement for telemedicine services has had two salutatory effects: 1) greater  
11 convenience for patients, and 2) decreased need to utilize petroleum-powered vehicles for patients’  
12 and doctors’ transit from their homes to physicians’ offices; and,  
13  
14 **WHEREAS**, for mobility-challenged patients telemedicine links offer an increased level of convenience;  
15 and,  
16  
17 **WHEREAS**, American Medical Association Policy D-135.966, “Declaring Climate Change a Public Health  
18 Crisis”, states that a goal for America’s health care sector is to decrease its greenhouse gas emissions  
19 by 50% by 2030, and to achieve “carbon neutrality” by 2050<sup>1</sup>; and,  
20  
21 **WHEREAS**, under Medicare, through December 31, 2024, Medicare will reimburse physicians for  
22 charges that accrue for the provision of medical care to patients via telehealth services<sup>2</sup>; and,  
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24 **WHEREAS**, the remission of the COVID pandemic has enabled much medical care to again be provided  
25 in “brick and mortar” offices, which makes it imperative that reimbursement rates for office-based  
26 care should be greater than reimbursement rates for telemedicine-based care, due to the greater  
27 overhead expenses associated with office-based care; and,  
28  
29 **WHEREAS**, to extend indefinitely the policy of reimbursement to physicians for services provided via  
30 telemedicine links (at rates lower than provided for office-based care) would be salutatory toward  
31 patient convenience and toward reducing the greenhouse gas emissions attributable to the healthcare  
32 sector, a previously-established goal of our AMA via its Policy D-135.9661; therefore, be it,  
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34 **RESOLVED**, that our Missouri State Medical Association will craft a Draft Resolution to submit to the  
35 American Medical Association’s House of Delegates’ Annual Meeting of June, 2024, consisting of the  
36 above “Whereas” statements, with the “Resolved” clause being that our Association supports removal  
37 of the December 31, 2024 “sunset” date currently set for Medicare to cease reimbursement for  
38 services provided via telemedicine, such that reimbursement of medical services provided by

39 telemedicine be continued indefinitely into the future, at a rate lower than characterizes  
40 reimbursement for office-based care, consistent with what would be advocated by the Relative Value  
41 Update Committee (“RUC”); and be it further,

42

43 **RESOLVED**, that our Missouri State Medical Association’s resolution, as described above, will be  
44 accompanied by lobbying efforts toward enabling this objective of indefinite continuation of  
45 reimbursement for medical services provided via telemedicine.

**Fiscal Note:     None**

**Current Policy:**

References:

1. Declaring Climate Change a Public Health Crisis D-135.966. AMA Policy Finder, Carbon Neutrality.  
[https://policysearch.amaassn.org/policyfinder/detail/carbon%20neutrality?uri=%2FAMA Doc%2Fdirectives.xml-D135.966.xml](https://policysearch.amaassn.org/policyfinder/detail/carbon%20neutrality?uri=%2FAMA%20Directives.xml-D135.966.xml) Accessed February 9, 2024
2. Your Medicare Coverage/[Telehealth. Medicare.gov](https://www.medicare.gov/coverage/telehealth).
3. <https://www.medicare.gov/coverage/telehealth> Accessed February 9, 2024.