

Congress of the United States
Washington, DC 20515

October 9, 2025

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

The Honorable Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Kennedy and Administrator Oz:

We write to you with serious concerns regarding access to essential health services for millions of Medicare beneficiaries and the Administration's failure to provide guidance to patients and providers. Our concerns follow recent actions taken by the Trump Administration that have sown chaos, created widespread disruption, and limited access to care for seniors, particularly for Medicare beneficiaries who rely on telehealth services. President Trump and Congressional Republicans have manufactured a health care crisis by waging a war on the American health care system. The Big Ugly Bill cut over one trillion dollars from our health care system—terminating health care coverage for 15 million Americans and pushing providers to the brink of closure.¹ Congressional Republicans' refusal to work with Democrats to stop their health care crisis is now harming seniors, with millions losing access to critical services.

During the COVID-19 public health emergency, Congress significantly expanded access to telehealth services for Medicare beneficiaries by waiving certain statutory requirements. Since then, Congress has expanded the scope and duration of these telehealth flexibilities. Access to telehealth services has been a lifeline for Medicare beneficiaries across the nation and has allowed seniors to continue to receive telehealth services without ever leaving their homes. This has been particularly essential for beneficiaries who experience barriers in accessing care, including people with disabilities, patients living in rural and underserved communities, and individuals residing in assisted living facilities or nursing homes. Telehealth

¹ Center on Budget and Policy Priorities, *By the Numbers: Harmful Republican Megabill Will Take Health Coverage Away From Millions of People and Raise Families' Costs* (Aug. 27, 2025) (<https://www.cbpp.org/research/health/by-the-numbers-harmful-republican-megabill-will-take-health-coverage-away-from>).

remains an important care pathway for Medicare beneficiaries with more patients using it post-pandemic than pre-pandemic.²

The expiration of these telehealth flexibilities on September 30, 2025 has created uncertainty for Medicare beneficiaries across the country—with the Trump Administration’s lack of preparedness plunging our health care system into further turmoil. Instead of providing early guidance to providers and patients detailing what to expect if Congress failed to extend telehealth flexibilities, the Centers for Medicare & Medicaid Services (CMS) waited until October 1 to issue guidance to Medicare Administrative Contractors (MACs).³ CMS then instructed MACs to implement a temporary hold on telehealth claims for 10 business days—the bare minimum under statute—even though all electronic claims are already held from processing for a 14-day minimum period under the statutory Medicare payment floor.⁴

The Trump Administration’s failure to provide certainty to providers is resulting in widespread disruption, chaos, and denial of health care services. Seniors and individuals with disabilities across the nation are having their telehealth appointments canceled or subject to unexpected out-of-pocket expenses, forcing some to forego necessary and lifesaving care.⁵ The Administration’s choice to deny claims at the earliest date—beginning October 15, 2015—squeezes providers and puts patients at risk, despite CMS having the authority to allow telehealth claims to be held for longer. On numerous occasions in the past, the agency has directed providers to hold claims for longer than 10 business days, including during the delay of the sustainable growth rate (SGR) cuts in 2010.⁶

² Kaiser Family Foundation, *What to Know About Medicare Coverage of Telehealth* (Oct. 2, 2024) (<https://www.kff.org/medicare/what-to-know-about-medicare-coverage-of-telehealth/>).

³ CGS, *Update on Medicare Operations: Telehealth, Claim Processing, and Medicare Administrative Contract Status During Shutdown* (Oct. 1, 2025) (<https://www.cgsmedicare.com/articles/cope187495.html>).

⁴ Center for Medicare & Medicaid Services, *Checking Medicare Claim Status* (Oct. 2024) (MLN3171902).

⁵ *Doctors Cancel Telehealth Appointments as Medicare Coverage Lapses*, Roll Call (Oct. 3, 2025).

⁶ AuntMinnie.com, *CMS Extends Medicare Claim Hold* (June 13, 2010) (<https://www.auntminnie.com/practice-management/article/15595533/cms-extends-medicare-claim-hold>); American Society for Anesthesiologists, *CMS Directs Carriers to Hold Claims Through June 17 While Congress Debates SGR Options* (June 14, 2010) (<https://www.asahq.org/about-asa/newsroom/news-releases/2010/06/cms-directs-carriers-to-hold-claims-through-june-17-while-congress-debates-sgr-options#:~:text=News%20June%2014%2C%202010,delay%20processing%20through%20June%2017.>); Letter from Amy Hall, Director, Office of Legislation, Centers for Medicare & Medicaid Services, to Congressional Health Staff (June 25, 2010); Abrams Fensterman, LLP, *CMS Issues Official Statement on April Claims Processing in Light of Congressional Failure to Delay 21% Decrease in Medicare Reimbursements* (<https://www.abramslaw.com/media/announcements/cms-issues-official-statement-on-april-claims-processing-in-light-of-congressional-failure-to-delay-21-decrease-in-medicare-reimbursements/>) (accessed Oct. 7, 2025); Precision Practice Management, *CMS Announces a Two Week Claims-Processing Hold* (<https://www.precisionpractice.com/01-05-15-cms-announcement.html>) (accessed Oct. 7, 2025).

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The Administration has also created confusion and care disruption by failing to provide hospitals with active Acute Hospital Care at Home (AHCaH) waivers with clear guidance and regulatory flexibilities. As you know, the AHCaH program allows Medicare beneficiaries to access inpatient hospital care in their homes and increases hospitals' capacity—yet hospitals are currently concerned about how they should manage their patients. To help alleviate confusion and care disruption, CMS should provide such guidance and lengthen the time it holds AHCaH claims. This would ensure that hospitals participating in AHCaH know that claims can be held up to a year before submitting to CMS for payment.

It is critical that you take action to prevent disruption to vital services that Medicare beneficiaries rely on. We strongly urge you to take steps to create clarity and certainty for providers and patients, including extending the current 10-day temporary hold and reminding health care providers that they have 12 months to submit Medicare claims after a service is furnished. This clarity will ensure that Medicare providers know they can hold their claims until an extension is resolved. CMS should also issue clear and timely guidance to providers and exercise maximum regulatory and enforcement flexibility so Medicare beneficiaries can continue to access essential services, including patients who rely on the hospital at home program. It is time for this Administration to recognize its failure to act is only making worse the health care crisis that it created—with millions of Medicare beneficiaries across the country paying the price.

Sincerely,



Frank Pallone, Jr.
Ranking Member
House Committee on Energy and Commerce



Richard E. Neal
Ranking Member
House Committee on Ways and Means