

June 30, 2026

The Honorable Michael Sarge Pollock
Chair
Health Insurance & Long-Term Care Issues Committee
National Council of Insurance Legislators
616 5th Avenue, Suite 106
Belmar, NJ 07719

RE: AMA comments on proposed changes to the Telemedicine Authorization and Reimbursement Act

Dear Chairman Pollock:

On behalf of the physician and medical student members of the American Medical Association (AMA), I write to offer comments on the proposed changes (dated June 16, 2026) to the National Council of Insurance Legislators' (NCOIL) Telemedicine Authorization and Reimbursement Act (model act).

The AMA appreciates NCOIL's, and specifically the Health Insurance & Long-Term Care Issues Committee's, continued attention to policies that support appropriate access to telemedicine services. As NCOIL deliberates proposed revisions to this model act, we respectfully encourage careful consideration of the potential implications of encouraging lower reimbursement rates for telemedicine-only providers under Section 4(D).

Payment structures, and thus patient coinsurance structures, that favor telemedicine-only arrangements could unintentionally incentivize some patients to interrupt an existing relationship with a physician or care team in order to obtain services from a lower-cost telemedicine-only provider. While telemedicine can be an important tool for improving access to care, coverage and payment policies should be evaluated with attention to preserving continuity of care and supporting the patient-physician relationship. Although we do not think the proposed language would necessarily require any specific payment structure or payment differentials between physicians offering both telemedicine and in-person care and telemedicine-only providers, we fear that it implies a policy goal in a widely used legislative model.

Continuity of care is central to high-quality, patient-centered medicine. An ongoing patient-physician relationship allows physicians to understand a patient's medical history, medications, care preferences, social circumstances, and evolving health needs, which can improve clinical

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decision-making and reduce fragmentation. Telemedicine services are most effective when they complement, rather than replace, established care relationships and are integrated into a patient's broader care plan. **For that reason, the AMA encourages NCOIL to consider if the proposed language in Section 4(D) might unintentionally disrupt patients' continuity of care or encourage episodic, disconnected encounters with the healthcare system.** We think NCOIL achieved a balanced policy with the original language and would welcome the opportunity to work with NCOIL to maintain that balance with any new language.

Thank you for the opportunity to provide comments on the proposed amendments to the Telemedicine Authorization and Reimbursement Act. We look forward to continuing to work with NCOIL as you refine this important model act.

Please reach out to me directly at 312-464-5288 or John.Whyte@ama-assn.org if you have questions or need further information.

Sincerely,

A handwritten signature in black ink, appearing to read "John Whyte". The signature is fluid and cursive, with the first name "John" being more prominent than the last name "Whyte".

John Whyte, MD, MPH