Nos. 25A1207, 25A1208

In the Supreme Court of the United States

DANCO LABORATORIES, LLC, APPLICANT

v.

LOUISIANA, ET AL.

GENBIOPRO, INC., APPLICANT

v.

LOUISIANA, ET AL.

ON APPLICATIONS TO VACATE STAY PENDING APPEAL OF THE UNITED STATES COURT OF APPEALS FOR THE FIFTH CIRCUIT

BRIEF OF 175 PROFESSORS, HEALTH ORGANIZATIONS, AND HEALTH CARE PROVIDERS AS AMICI CURIAE IN SUPPORT OF APPLICANTS

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INTERESTS OF AMICI CURIAE[1]

Amici are professors of law, health sciences, health policy, public policy, epidemiology, sociology, bioethics, and medicine; they are physicians, providers, counselors, and researchers; they are leaders and organizations in medicine and public health.[2] Amici are united in the view that telehealth is a valuable tool that improves patients' access to health care services and promotes better health outcomes. Amici also agree that telehealth enables people to access high-quality care with safety and efficacy on par with in-person care.

This brief explains the extensive benefits of telehealth and encourages the Court to consider the negative effects that a ruling imposing medically unnecessary restrictions on the ability to access a particular kind of care via telehealth may have on telehealth services broadly. Imposing further barriers to telehealth would hamper patients' ability to obtain necessary health care services, reduce access to care, and worsen health outcomes for Americans of every age and across the country.

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[1] Pursuant to Rule 37.6, amici state that no counsel for a party authored this brief in whole or in part, and no person other than amici or counsel for amici made a monetary contribution to its preparation or submission.

[2] A full list of amici can be found in the Appendix.

INTRODUCTION AND SUMMARY OF ARGUMENT

Telehealth is "the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration."[3] These technologies include "videoconferencing, the internet, store-and-forward imaging, streaming media, and landline and wireless communications."[4]

Millions of Americans of all ages and in all communities use telehealth for diverse health needs, from pregnancy to palliative care. Telehealth has many benefits. Most fundamentally, it makes health care services more accessible for patients, removing the burden and expense of travel. Telehealth allows patients in remote and rural areas lacking adequate providers or pharmacies to see a provider, consult a specialist, and obtain medication; it helps parents of small children seek care without needing to find childcare or miss work; and for patients with rare diseases, it opens the door to accessing specialists across the globe. Indeed, telehealth makes it possible for many people to secure care they otherwise would not receive. For many kinds of routine and specialized services, health care provided via telehealth is as safe and good as in-person services—and in some instances, even *better*. During the COVID-19 pandemic, millions of Americans received health care through telehealth. After the pandemic, telehealth rates have remained high, and it has become a popular and accepted way to deliver care in virtually all specialties.

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[3] *Telehealth*, U.S. DEP'T. OF HEALTH & HUM. SERVS., https://www.hhs.gov/hipaa/for-professionals/faq/telehealth/index.html (last visited May 2, 2026).

[4] *Ibid.*

Telehealth has proven vital in expanding access to critical health care for Americans. The use of telehealth for reproductive health care is no different.[5] A ruling that limits the use of telehealth by requiring patients to come in person to pick up medication that an experienced medical professional has already deemed safe, effective, and clinically appropriate to prescribe following a telehealth consultation would undermine the standing of telehealth services more generally and harm the patients who have come to rely on them.

In considering these emergency applications, the Court should bear in mind the critical importance of telehealth and view with skepticism any suggestion that there is something suspect about care delivered that way—the weight of academic authority, practitioners' lived experience, and public opinion all prove otherwise.

ARGUMENT

I. TELEHEALTH IS AN INCREASINGLY POPULAR AND CRITICAL TOOL FOR PATIENT CARE

Long before the COVID-19 pandemic, health care providers realized telehealth's potential. In 1999, for example, practitioners began to provide time-sensitive therapies remotely to stroke patients.[6] Telehealth became increasingly popular as technological and medical innovations empowered patients and providers to respond promptly to urgent conditions.[7] For example, through patient video

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[5] Ushma D. Upadhyay, *Effectiveness and safety of telehealth medication abortion in the USA*, 30 NAT MED. 1191, 1192–93 (2024).

[6] E. Ray Dorsey & Eric J. Topol, *State of Telehealth*, 375 NEJM 154, 154 (2016), 2016 WLNR 21439651.

[7] Oliver T. Nguyen et al., *Impact of Asynchronous Electronic Communication–Based Visits on Clinical Outcomes and Health Care Delivery: Systematic Review*, 23 J. MED. INTERNET RSCH. e27531 (2021), https://doi.org/10.2196/27531.

assessments and improved brain imaging data, remote stroke specialists can reach patients hundreds of miles away to determine if a patient requires surgical intervention or intravenous treatment.[8] Improvements in video communications and medical equipment allow postpartum evaluations, such as cesarean scar exams and six-week postpartum visits, to be conducted through telehealth.[9] Between 2005 and 2017, patient use of telehealth grew an estimated 45% to 61% each year.[10]

Since the pandemic, the use of telehealth has accelerated rapidly. As of 2022, roughly 39% of U.S. adults reported using telehealth in the past year, with use rates "similar across age, race or ethnicity, income" and location.[11] In 2024, more than 71% of physicians reported using telehealth in their practice weekly—up from about 25% in 2018.[12] Medicare now covers a host of telehealth services, from cardiac rehabilitation to diabetes management to delivering care to America's veterans. In short, telehealth has become a bedrock of American health care.

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[8] William Barbosa et al., *Improving Access to Care: Telemedicine Across Medical Domains*, 42 ANN. REV. PUB. HEALTH 463, 467–68 (2021), https://doi.org/10.1146/annurev-publhealth-090519-093711.

[9] Noelia M. Zork et al., *Conversion and optimization of telehealth in obstetric care during the COVID-19 pandemic*, 44 SEMIN PERINATOL 151300 (2020), https://doi.org/10.1016/j.semperi.2020.151300.

[10] Barbosa et al, *supra*, at 464.

[11] Eric M. Spaulding et al., *Prevalence and Disparities in Telehealth Use Among US Adults Following the COVID-19 Pandemic: National Cross-Section Survey*, 26 J. MED. INTERNET RSCH. e52124 (2024).

[12] Tanya Albert Henry, *New data details how telehealth use varies by physician specialty*, AM. MED. ASS'N (Dec. 8, 2025), https://www.ama-assn.org/practice-management/digital-health/new-data-details-how-telehealth-use-varies-physician-specialty.

A. Telehealth Is A Crucial Tool For Delivering A Wide Variety Of Medical Services

Research and experience have shown the many ways in which telehealth is indispensable to patient care across all ages and medical needs.

PREGNANCY. Pregnant women require continuous prenatal care. Health organizations typically recommend around 14 prenatal care visits.[13] Many women struggle to get this care due to "problems with scheduling timely appointments, clinic location[s] or hours that are inconvenient, shortages of prenatal care providers and cost."[14] Virtual pre- and postnatal care helps to address these barriers. Telehealth options minimize travel—and the need for back-up childcare or time away from work.[15] Telehealth also improves appointment attendance rates and results in greater continuity of care, helping to ensure healthy and successful pregnancies.[16]

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[13] *See* Kimberly Fryer et al., *Implementation of Obstetric Telehealth During COVID-19 and Beyond*, 24 MATERN & CHILD HEALTH J. 1104, 1105 (2020), https://doi.org/10.1007/s10995-020-02967-7.

[14] *Id.* at 1106.

[15] Particularly during early stages of pregnancy, women may not want to announce their pregnancy to their employers or family members given the higher risk of miscarriage. Stina Lou et al., *Experiences and expectations in the first trimester of pregnancy: a qualitative study*, 20 HEALTH EXPECT 1320, 1323 (2017), https://doi.org/10.1111/hex.12572. Virtual appointments allow women to seek care discreetly during the first trimester of pregnancy.

[16] Fryer et al., *supra*, at 1109; Hameeda Almuslim & Sharifah AlDossary, *Models of Incorporating Telehealth into Obstetric Care During the COVID-19 Pandemic, Its Benefits And Barriers: A Scoping Review*, 28 TELEMED & E-HEALTH 24, 29 (2022), https://doi.org/10.1089/tmj.2020.0553. While some services, such as ultrasounds, cannot be provided via telehealth, many can be administered virtually. "OB Nest" is a new model of primarily virtual care for women experiencing low-risk pregnancies that shows the extent to which high-quality prenatal care can be rendered virtually. It provides women with blood pressure and fetal heart rate monitors, a digital application providing a direct line of communication with their care team, and an online community for pregnant women to share their experiences. *See* Marnie J.

Virtual prenatal services are growing in popularity. In one study, the vast majority of participants rated virtual visits "as good as [] in-person" or "better than in-person," with most participants concluding that virtual care "saved time and made it easy to get care."[17] Telehealth services can also result in better outcomes for patients. For example, the American Medical Association recently reported that remote patient monitoring for maternity care results in a *20% reduction in preterm births* and saves three in-person visits per patient on average.[18]

YOUNG ADULTS. Many college students face mental health challenges, but seeking mental health treatment is often taxing, time-consuming, and stigmatizing. Among the treatment barriers are inadequate campus resources, difficulty traveling to in-office visits, and cost.[19] Telehealth allows students to more easily seek mental health services from the comfort of their homes (or dorm rooms). It can also allow students to maintain continuity of care with a trusted provider despite moving back and forth between campus and home. Studies have found that "telemental health" can successfully treat "depression, anxiety, sleep, stress, alcohol use disorders, PTSD,

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Meylor de Mooij et al., *OB Nest: Reimagining Low-Risk Prenatal Care*, 93 MAYO CLIN PROC. 458, 460–62 (2018), https://doi.org/10.1016/j.mayocp.2018.01.022.

[17] Bethany Bruno et al., *Virtual prenatal visits associated with high measures of patient experience and satisfaction among average-risk patients: a prospective cohort study*, 23 BMC PREGNANCY & CHILDBIRTH 234 (2023), https://doi.org/10.1186/s12884-023-05421-y.

[18] Tanya Albert Henry, *Medicare telehealth coverage renewed for two years*, AM. MED. ASS'N (Feb. 24, 2026), https://www.ama-assn.org/practice-management/digital-health/medicare-telehealth-coverage-renewed-two-years.

[19] Rachel Conrad, *A Call for Change: Removing Barriers to Telehealth Mental Health Treatment for College Students* 5–6 (2024), https://rudermanfoundation.org/white_papers/a-call-for-change-removing-barriers-to-telehealth-mental-health-treatment-for-college-students.

and eating disorders," while making such services more accessible, convenient, and effective at mitigating the symptoms of these conditions.[20] The use of telemental health services has thus grown in recent years for students and nonstudents alike.[21]

ADULTHOOD. Chronic diseases, such as heart disease, cancer, and diabetes, require ongoing and frequent medical attention. Most American adults suffer from at least one chronic condition, including 75% of adults ages 35–64 and 90% of those over 65.[22] Telehealth options, such as remote monitoring, consultation, education, and virtual check-ups, better enable patients and providers to manage chronic conditions consistently and effectively.[23] Studies have found that telehealth can "promote positive lifestyle changes, personalized self-care measures, and evidence-based health interventions in the management of diabetes."[24] Similarly, remote

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[20] Nicole L. Hadler et al., *College Student Perspectives of Telemental Health: a Review of the Recent Literature*, 23 CURR PSYCHIATRY REPS. 6 (2021), https://doi.org/10.1007/s11920-020-01215-7 (citations omitted).

[21] Andrew D. Wilcock et al., *Use of Telemedicine and Quality of Care Among Medicare Enrollees with Serious Mental Illness*, JAMA HEALTH F., Oct. 2023, at 9, 12, https://doi.org/10.1001/jamahealthforum.2023.3648. By 2022, the use of telehealth services had "increased to 15 times their pre-pandemic level." Conrad, *supra*, at 7. More than half of mental health appointments now take place virtually. Linda Searing, *A pandemic legacy: Majority of mental health appointments stay remote*, WASH. POST (Feb. 12, 2024), https://www.washingtonpost.com/wellness/2024/02/12/mental-health-online-telemedicine-therapy.

[22] *About Chronic Diseases*, CDC (Apr. 14, 2026), https://www.cdc.gov/chronic-disease/about/index.html.

[23] *See, e.g.*, Rajnish Dhediya et al., *Role of Telemedicine in Diabetes Management*, 17 J. DIABETES SCI. & TECH. 775, 776 (2023), https://doi.org/10.1177/19322968221081133; Kun Zhang et al., *Impact of telemedicine on chronic disease patients: an overview of systematic reviews*, 6 INTEL. MED. 226, 230 (2025), https://doi.org/10.1016/j.imed.2025.01.002.

[24] Dhediya et al., *supra*, at 776.

patient monitoring interventions for patients with hypertension yielded notable reductions in blood pressure, comparable to in-person care results.[25]

ELDER CARE. Elderly patients often have limited mobility or transportation options, making it difficult for them to access health services. Providers use telehealth with older adults "at high rates . . . and for a variety of clinical purposes,"[26] including the delivery of early palliative care—quality of life care for seriously ill patients.[27] Only 10% of patients in need of palliative care actually receive it, largely due to costs.[28] Telehealth can "dramatically expand the number of patients who can obtain care while still providing quality treatment," and research has shown that video and in-person palliative care visits for advanced lung cancer patients deliver the same quality of care.[29] For many patients, receiving palliative care via telehealth

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[25] Zhang et al., *supra*, at 230.

[26] Liane Wardlow, Carly Roberts & Laurie Archbald-Pannone, *Perceptions and Uses of Telehealth in the Care of Older Adults*, 29 TELEMED & E-HEALTH 1143, 1149 (2023), https://doi.org/10.1089/tmj.2022.0378.

[27] Medicare has similarly embraced the use of telehealth, and recently extended Medicare telehealth flexibilities for two more years, allowing reimbursement for a wide range of telehealth services. *See* Consolidated Appropriations Act, 2026 § 6209, PUB. L. NO. 119-75, 140 Stat. 173, 648–49 (codified at 42 U.S.C. § 1395(m)); Bill Siwicki, *Medicare's continued support for telemedicine signals stability, legitimacy*, HEALTHCARE IT NEWS (Mar. 2, 2026, 11:29), https://www.healthcareitnews.com/news/medicares-continued-support-telemedicine-signals-stability-legitimacy.

[28] Mireille Jacobson & R. Sean Morrison, *Palliative Care Works, So Why Is It Rarely Used? Follow the Money*, USC SCHAEFFER (Mar. 24, 2021), https://schaeffer.usc.edu/research/palliative-care-works-so-why-is-it-rarely-used-follow-the-money; Isabella Backman, *Telehealth Is Just as Effective as In-person Care, Study Finds*, YALE SCH. OF MED. (Oct. 23, 2024), https://medicine.yale.edu/news-article/telehealth-is-just-as-effective-as-in-person-care-new-study-finds.

[29] Backman, *supra*; Joseph A. Greer et al., *Telehealth vs In-Person Early Palliative Care for Patients With Advanced Lung Cancer*, 332 JAMA 1153, 1153 (2024), https://doi.org/10.1001/jama.2024.13964. According to one provider, when it comes to palliative care, "in-person visits are quite difficult because it's forcing some

can provide additional relief during their most difficult days, improve pain levels, and help manage the mental and emotional toll of serious illness.[30] Importantly, virtual care also reduces time and travel burdens on caregivers.

B. Telehealth Dramatically Improves Access To Health Care

It is difficult for many Americans to access the health care they need. More than 80% of U.S. counties—home to over 120 million people—lack adequate health care services, and over 48 million people live in "pharmacy deserts," where they struggle to fill their prescriptions.[31] Patients with routine and complex medical histories alike often must travel long distances to see specialists. As but one example, Maki Inada, an Ithaca College professor and cancer patient, must drive *5 ½ hours each way* to see her oncology team in Boston.[32] For patients who face significant barriers to treatment, telehealth is a crucial lifeline.

RURAL ACCESS. For patients in rural areas, simply getting to a provider's office can be impossible.[33] Since 2005, nearly 200 rural hospitals have completely or

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of our sickest and [most] compromised patients to make trips into a hospital setting . . . Telemedicine allows patients to have the same benefit of in-person care without having to travel." Backman, *supra.*

[30] Syed N. Imam et al., *Evolution of Telehealth—Its Impact on Palliative Care and Medication Management*, 12 PHARM 61 (2023), https://doi.org/10.3390/pharmacy12020061.

[31] Amanda Nguyen, *Mapping Healthcare Deserts: Over 80% of the Country Still Lacks Adequate Access to Healthcare*, CAL. P'SHIP FOR ACCESS TO TREATMENT (Aug. 13, 2025), https://caaccess.org/mapping-healthcare-deserts-over-80-of-the-country-still-lacks-adequate-access-to-healthcare.

[32] Ateev Mehrotra & Barak Richman, *A Cancer Patient's Brutal Commute*, WALL ST. J. (July 12, 2021, 18:40 ET), https://www.wsj.com/opinion/a-cancer-patients-brutal-commute-11626129627.

[33] Nathan Douthit et al., *Exposing some important barriers to health care access in the rural USA*, 129 PUB. HEALTH 611, 614 (2015), https://doi.org/10.1016/

partially closed, and over 400—more than 20% of rural hospitals—are at risk of closure.[34] The hospitals that manage to stay open are cutting critical services to make ends meet.[35] For instance, between 2014 and 2023, 424 rural hospitals stopped offering chemotherapy services, forcing cancer patients and their families to travel farther to access needed care.[36] These transportation barriers delay or even block patients from going to appointments and getting treatment, leading to "poorer health outcomes."[37] Telehealth can bridge the gap between rural patients and crucial health care.

For example, children with type 1 diabetes living in rural areas struggle to make recommended quarterly visits to a pediatric specialist and are more likely to suffer diabetes-related pathologies.[38] When a telehealth option for pediatric diabetes management became available in rural Wyoming, patients could finally visit a specialist as often as recommended.[39] They were able to do so without missing as much school or work and while obtaining care equivalent to in-person visits.[40]

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j.puhe.2015.04.001; R. Turner Goins et al., *Perceived Barriers to Health Care Access Among Rural Older Adults: A Qualitative Study*, 21 J. RURAL HEALTH 206, 206 (2005), https://doi.org/10.1111/j.1748-0361.2005.tb00084.x.

[34] Kevin Bennett et al., *Why Rural Hospitals Are Facing a Funding Crisis—and How It Could Get Worse*, COMMONWEALTH FUND (Feb. 9, 2026), https://www.commonwealthfund.org/publications/explainer/2026/feb/why-rural-hospitals-face-funding-crisis-how-it-could-get-worse.

[35] *Ibid.*

[36] *Ibid.*

[37] *Ibid.*

[38] Colleen L. Wood et al., *Use of Telemedicine to Improve Adherence to American Diabetes Association Standards in Pediatric Type 1 Diabetes*, 18 DIABETES TECH. & THER 7, 7–8 (2016), https://doi.org/10.1089/dia.2015.0123.

[39] *Id.* at 7.

[40] *Ibid.*

VETERANS. "Veterans experience many barriers to healthcare access."[41] Americans enrolled in the Department of Veterans Affairs (VA) health care system "tend to be older and have more complex medical problems."[42] Millions of veterans living in rural areas are "more likely to be diagnosed with diabetes, obesity, high blood pressure, and heart conditions that require more frequent, ongoing, and costly care" than their urban counterparts.[43] But veterans across America often cannot obtain timely, quality care due to provider shortages, long distances to facilities, and limited transportation options.[44] To help address access challenges, the VA has implemented several telehealth programs to provide veterans access to specialists, saving veterans more than *10 million* miles of travel over a five-year period.[45]

RARE DISEASE. Around 25–30 million Americans suffer from rare diseases, a category encompassing more than 7,000–10,000 *different* disorders, each affecting a small number of patients.[46] Many of these conditions are life-threatening, but only a handful of providers know how to diagnose and treat them. Rare disease patients often experience delayed diagnosis or misdiagnosis of their conditions, leading them

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[41] Zachary Hahn et al., *Travel Burden as a Measure of Healthcare Access and the Impact of Telehealth within the Veterans Health Administration*, 38 J. GEN. INTERN MED. 805, 805 (2023), https://doi.org/10.1007/s11606-023-08125-3.

[42] *Ibid.*

[43] Hillary D. Lum et al., *Anywhere to Anywhere: Use of Telehealth to Increase Health Care Access for Older, Rural Veterans*, 30 PUB. POL'Y & AGING RPT. 12, 12 (2020), https://doi.org/10.1093/ppar/prz030.

[44] *Ibid.*, Hahn et al, *supra*, at 805.

[45] Hahn et al., *supra*, at 809.

[46] Ainslie Tisdale et al., *The IDeaS initiative: pilot study to assess the impact of rare diseases on patients and healthcare systems*, 16 ORPHANET J. RARE DIS 429 (2021), https://doi.org/10.1186/s13023-021-02061-3.

on a "years-long diagnostic odyssey."[47] That can result in "inappropriate care, lack of targeted [treatment] or, when available, disease modifying treatment, and missed opportunities for intervention that may ameliorate or prevent disease progression."[48] "The average rare disease patient sees *up to 12 specialists* and *waits 6 years* before receiving a definitive and accurate diagnosis," a delay that can be life-threatening.[49] Telehealth drastically improves access to specialized care and accelerates the diagnostic timeline by connecting patients with specialty providers across the nation. Telehealth can also save patients travel time and expense through virtual intake appointments to determine whether an in-person visit is necessary for diagnosis. As one rare disease patient said, "[i]t's not about convenience . . . It's about survival."[50]

C. Americans and American Institutions Embrace Telehealth

Americans like telehealth. Before the COVID-19 pandemic, multiple studies showed that patients were highly satisfied with the care they received through telehealth.[51] And even after the pandemic hit and more patients used telehealth out of necessity, numerous studies found that patients were overall just as satisfied with

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[47] *Ibid.*

[48] *Ibid.*

[49] Eric L. Wan et al., Commentary, *Zebras Among Us: Advocating for the 30 Million Americans Living with Rare Disease*, 15 MED. SCI. EDUC 1239, 1240 (2023) (emphases added), https://doi.org/10.1007/s40670-023-01856-2.

[50] *The Long Road to Care: Patient With Rare Cancer Pleads for Cross-State Telehealth Access*, JOHNS HOPKINS MED. NEWSROOM (Aug. 25, 2025), https://www.hopkinsmedicine.org/news/newsroom/news-releases/2025/08/the-long-road-to-care-patient-with-rare-cancer-pleads-for-cross-state-telehealth-access.

[51] *See, e.g.*, Susan S. Gustke et al., *Patient Satisfaction with Telemedicine*, 6 TELEMED. & E-HEALTH 5 (2000), https://doi.org/10.1089/107830200311806; Jennifer M. Polinski et al., *Patients' Satisfaction with and Preference for Telehealth Visits*, 31 J. GEN. INTERN MED. 269 (2015), https://doi.org/10.1007/s11606-015-3489-x.

telehealth as they were with in-person care.[52] In a robust study with over 300,000 survey responses, the Mayo Clinic found no significant difference in patient satisfaction scores between in-person and telehealth visits.[53]

The government, too, recognizes the value of telehealth. The Department of Health and Human Services (HHS) publishes practice guidelines for the use of telehealth to treat a variety of conditions, including cancer care, diabetes management, nutrition care, chronic diseases, substance use disorder, and more.[54] Congress has extended many telehealth services for Medicare patients through December 31, 2027, and Medicare now covers some telehealth services permanently.[55] The Federal Communications Commission and Department of Agriculture are investing in broadband and communications initiatives to support telehealth services and "make the provision of high-quality health care a reality for

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[52] Elham Hatef et al., *Effectiveness of telehealth versus in-person care during the COVID-19 pandemic: a systematic review*, 7 NPJ DIGIT. MED. 157 (2024), https://doi.org/10.1038/s41746-024-01152-2; Brendan Drerup et al., *Reduced No-Show Rates and Sustained Patient Satisfaction of Telehealth During the COVID-19 Pandemic*, 27 TELEMED & E-HEALTH 1409, 1409 (2021), https://doi.org/10.1089/tmj.2021.0002. Patient satisfaction rates were similarly high across medical disciplines. *See, e.g.*, Talish Razi et al., *Patient Satisfaction with Telehealth Services in Primary Care*, 30 TELEMED & E-HEALTH 2704, 2704 (2024), https://doi.org/10.1089/tmj.2024.0363; Shira Peleg Hasson et al., *Rapid Implementation of Telemedicine During the COVID-19 Pandemic: Perspectives and Preferences of Patients with Cancer*, 26 ONCOLOGIST e679 (2021), https://doi.org/10.1002/onco.13676.

[53] Nicole J. Ploog et al., *Outpatient visit modality and parallel patient satisfaction: A multi-site cohort analysis of telemedicine and in-person visits during the COVID-19 pandemic*, 9 PATIENT EXP J. 93, 93 (2022), https://doi.org/10.35680/2372-0247.1704.

[54] *See Best practice guides*, TELEHEALTH.HHS.GOV, https://telehealth.hhs.gov/providers/best-practice-guides (last visited May 4, 2026)

[55] Consolidated Appropriations Act § 6209.

patients regardless of location or ability to travel."[56] In 2018, Congress passed the bipartisan SUPPORT Act to improve access to addiction treatment, including by eliminating geographic restrictions on reimbursement for telehealth services.[57] The Drug Enforcement Administration and Substance Abuse and Mental Health Services Administration recently issued an extension of "telemedicine flexibilities for the prescribing of controlled medications" through the end of 2026, recognizing that "[t]elemedicine removes barriers to care for patients with transportation and mobility challenges."[58] The agencies warned that the "end of the telemedicine flexibilities . . . would reimpose those barriers, which could lead to lack of access to lifesaving care for some patients."[59] Under the current regulations, DEA permits telehealth prescriptions of *all Schedule II–V controlled substances* without an in-person evaluation so long as certain conditions are met.[60]

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[56] *Promoting Telehealth in Rural America*, 89 Fed. Reg. 1834, 1834 (Jan. 11, 2024) (amending 47 C.F.R. § 54.600 *et seq.*); *see also Distance Learning & Telemedicine Grants*, U.S. DEP'T OF AGRICULTURE, https://www.rd.usda.gov/programs-services/telecommunications-programs/distance-learning-telemedicine-grants (grants under 7 C.F.R. § 1734) (last visited May 4, 2026).

[57] SUPPORT for Patients and Communities Act § 2001, PUB. L. NO. 115-271, 132 Stat. 3894, 3924–25 (2018); *see also* Am. Soc'y of Addiction Med., *Telehealth Policy & Addiction Medicine* 2 (2022), https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/advocacy/policy-briefs/asam-telehealth-brief-long-version.pdf.

[58] *Fourth Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications*, 90 Fed. Reg. 61301, 61304 (Dec. 31, 2025) (codified at 21 C.F.R. § 1307.41).

[59] *Ibid.*

[60] *Ibid.*; *Prescribing controlled substances via telehealth*, TELEHEALTH.HHS.GOV, https://telehealth.hhs.gov/providers/telehealth-policy/prescribing-controlled-substances-via-telehealth (last visited May 4, 2026).

The VA and veterans have wholeheartedly embraced telehealth.[61] As of 2021, the VA is the largest telehealth provider in the nation.[62] And it has only continued to grow its telehealth service capabilities. In 2018, the VA MISSION Act authorized VA health professionals to provide telehealth services to veterans located anywhere.[63] The VA has established a comprehensive telehealth infrastructure to provide care to veterans nationwide, including by using monitoring devices such as blood pressure monitors, thermometers, and pulse oximeters.[64] The VA also launched a program to set up locations where veterans living far from VA Medical Centers can join telehealth appointments in rooms equipped for clinical evaluation and treatment.[65] It has also adopted asynchronous programs allowing patients to submit photos, video clips, and health data to their provider.[66] The VA's full-scale, congressionally

[61] *See, e.g.*, Gwen McMillian, *VA Telehealth brings care directly to Veterans*, VA NEWS (Sept. 14, 2025), https://news.va.gov/142606/va-telehealth-brings-care-directly-to-veterans. Telehealth services have proven popular with veterans. More than 2 million veterans chose to participate in VA telehealth care in the first half of 2025, and over 90% of veterans who have used telehealth reported satisfaction with the services. *Veteran satisfaction and trust in VA telehealth continues to rise*, VA NEWS (Apr. 21, 2025), https://news.va.gov/139580/veteran-satisfaction-trust-in-telehealth-rise.

[62] Ursula S. Myers et al., *Flattening the Curve by Getting Ahead of It: How the VA Healthcare System Is Leveraging Telehealth to Provide Continued Access to Care for Rural Veterans*, 37 J. RURAL HEALTH 194, 195 (2021), https://doi.org/10.1111/jrh.12449.

[63] VA MISSION Act of 2018 § 151, PUB. L. NO. 115-182, 132 Stat. 1393, 1430–32 (2018); Cathy Cruise, *Overview of Telehealth in the Department of Veterans Affairs*, 34 AM. J. AUDIOL 781, 782 (2025).

[64] Cruise, *supra*, at 782.

[65] *Id.* at 782–83.

[66] *Id.* at 783.

authorized incorporation of telehealth services is a testimonial to telehealth's capabilities and a model for the future of health care.

II. TELEHEALTH IS HELD TO THE SAME STANDARDS AND DELIVERS THE SAME—AND IN SOME CIRCUMSTANCES, BETTER—QUALITY OF CARE AS IN-PERSON SERVICES

Telehealth provides the same—and, by some measures, better—quality of care as in-person care, and is held to the same ethical and professional standards.

A. Telehealth Delivers The Same Quality-of-Care As In-Person Services

Fears about the quality of telehealth have proven unfounded.[67] Telehealth achieves clinical outcomes like those of in-person care as well as higher rates of treatment adherence.[68] Telehealth can also reduce hospitalization rates, length of hospital stays, and mortality rates.[69] For example, one study concluded that, for some

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[67] Various studies have shown that a virtual examination is just as good as an in-person examination. *See, e.g.*, Amy Lu et al., *A Systematic Review of Physical Examination Components Adapted for Telemedicine*, 28 TELEMED & E-HEALTH 1764, 1764 (2022), https://doi.org/10.1089/tmj.2021.0602; Peter Yao et al., *A scoping review of the unassisted physical exam conducted over synchronous audio-video telemedicine*, 11 SYST REVS. 219 (2022), https://doi.org/10.1186/s13643-022-02085-1.

[68] *See, e.g.*, Hatef et al., *supra*; Victor C. Ezeamii, *Revolutionizing Healthcare: How Telemedicine Is Improving Patient Outcomes and Expanding Access to Care*, 16 CUREUS e63881 (2024), https://doi.org/10.7759/cureus.63881; Maren Leiz et al., *Telemedicine as a Tool to Improve Medicine Adherence in Patients with Affective Disorders – A Systematic Literature Review*, 16 PATENT PREFER & ADHERENCE 3441, 3459–60 (2022), https://doi.org/10.2147/ppa.s388106; *Telehealth Interventions to Improve Chronic Disease*, CDC (May 15, 2024), https://www.cdc.gov/cardiovascular-resources/php/data-research/telehealth.html. The American Medical Association recently reported that, adjusting for other factors, patients have a 64% higher chance of completing a telehealth appointment compared to an in-person visit. *See* Henry, *Medicare telehealth coverage renewed for two years, supra.*

[69] Arwa N. Alakeel et al., *The Impact of Telehealth Adoption on Patient Outcomes: A Systematic Review*, 17 CUREUS e94328 (2025), https://doi.org/10.7759/cureus.94328.

specialties, provisional video telemedicine diagnoses matched in-person diagnoses around 95% of the time.[70] Studies also found that telehealth prescriptions did not lead to higher medication error rates or higher rates of adverse health outcomes.[71]

In one telling example, after Kentucky and Ohio allowed patients to obtain prescription medications for opioid use disorder via telehealth, over *40,000* additional people began treatment.[72] Notably, these patients had higher rates of treatment adherence than their in-person counterparts.[73] Telehealth thus improved access to this important treatment for some of the communities struggling most with opioid addiction.

B. Telehealth Meets The Same Ethical And Professional Standards As In-Person Medicine

Telehealth and in-person care are consistently held to the same professional standards. The Federation of State Medical Boards' telehealth guidelines require that care provided via telehealth "meet the same standard of care and professional

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[70] Bart M. Demaerschalk et al., *Assessment of Clinician Diagnostic Concordance With Video Telemedicine in the Integrated Multispecialty Practice at Mayo Clinic During the Beginning of COVID-19 Pandemic From March to June 2020*, 5 JAMA NETW OPEN e2229958 (2022), https://doi.org/10.1001/jamanetworkopen.2022.29958.

[71] Daniel L. Friesner et al., *Do remote community telepharmacies have higher medication error rates than traditional community pharmacies? Evidence from the North Dakota Telepharmacy Project*, 51 J. AM. PHARM ASS'N 580, 580 (2011), https://doi.org/10.1331/japha.2011.10115; Mary Reed et al., *Treatment and Follow-up Care Associated With Patient-Scheduled Primary Care Telemedicine and In-Person Visits in a Large Integrated Health System*, 4 JAMA NETW OPEN e2132793 (2022), https://doi.org/10.1001/jamanetworkopen.2021.32793.

[72] Lindsey R. Hammerslag et al., *Telemedicine Buprenorphine Initiation and Retention in Opioid Use Disorder Treatment for Medicaid Enrollees*, 6 JAMA NETW OPEN e2336914 (2023), https://doi.org/10.1001/jamanetworkopen.2023.36914.

[73] *Ibid.*

ethics" as in-person care.[74] The American College of Physicians similarly dictates that telemedicine should be "held to the same standards of practice as if the physician were seeing the patient in person."[75] As the American Medical Association put it, "[w]hile new technologies and new models of care continue to emerge, physicians' fundamental ethical responsibilities do not change."[76]

Research also shows that telehealth can match or even improve participants' understanding of informed consent.[77] Specifically, using telehealth to obtain informed consent "allow[ed] participants to obtain similar levels of comprehension" to in-person care, as well as retaining information better than in-person participants.[78]

C. Patients Form Valuable Relationships With Providers Via Telehealth, Improving Health Outcomes

Telehealth has some unique advantages over in-person care and can forge invaluable patient-provider relationships. Most notably, telehealth can increase access to providers. Without telehealth, patients sometimes report feeling their

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[74] Fed'n of State Med. Bds. Workgroup on Telemedicine, *The Appropriate Use of Telemedicine Technologies in the Practice of Medicine* 6 (2022), https://www.fsmb.org/siteassets/advocacy/policies/fsmb-workgroup-on-telemedicineapril-2022-final.pdf.

[75] Hilary Daniel & Lois Synder Sulmasy, Position Paper, *Policy Recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians Position Paper*, 163 ANN INTERN MED. 787, 788 (2015), https://doi.org/10.7326/M15-0498.

[76] Danielle Chaet et al., *Ethical practice in Telehealth and Telemedicine*, 32 J. GEN. INTERN MED. 1136, 1138 (2017), https://doi.org/10.1007/s11606-017-4082-2.

[77] Saif Khairat et al., *Effectiveness of Telehealth Versus In-Person Informed Consent: Randomized Study of Comprehension and Decision-Making*, 27 J. MED. INTERNET RSCH. e63473 (2025), https://doi.org/10.2196/63473.

[78] *Ibid.*

providers lack time for them.[79] At the same time, providers want to be accessible and best meet the needs of their patients, yet they struggle to keep up with clinical demands.[80] Telehealth can help patients and providers communicate more frequently, thus improving continuity of care and building long-lasting rapport.[81] This rapport is not limited to long-term relationships. HHS recognizes that whether for "a one-time visit or ongoing care," telehealth providers can establish positive relationships with their patients.[82] And studies have found that strong patient-

[79] *Majority of Patients Feel They Don't Have Enough Time With Physician*, MED. PROFS. REFERENCE (Feb. 12, 2018), https://www.empr.com/home/news/majority-of-patients-feel-they-dont-have-enough-time-with-physician.

[80] Beth Duff-Brown, *Optimizing the telehealth experience could benefit patient, physician*, STANFORD MED. NEWS CTR. (Dec. 6, 2024), https://med.stanford.edu/news/insights/2024/12/virtual-visit-improvements-doctor-patient-telehealth.html. The AMA has also advocated for the expansion of telehealth, due in part to its important role in "mitigating the physician workforce shortage by reducing burnout and improving the efficiency of clinical tasks." Jennifer Lubell, *How telehealth drives care improvement and saves money*, AM. MED. ASS'N (Jan. 22, 2026), https://www.ama-assn.org/practice-management/digital-health/how-telehealth-drives-care-improvement-and-saves-money. AMA President Jack Resneck Jr. has stated that "supporting telehealth is a core element of the AMA Recovery Plan for America's Physicians" and "critical to the future of health care." Tanya Albert Henry, *Medical boards get guidance on setting rules for telemedicine*, AM. MED. ASS'N (June 13, 2022), https://www.ama-assn.org/practice-management/digital-health/medical-boards-get-guidance-setting-rules-telemedicine.

[81] *See, e.g.,* Michaela Senek et al., *Impact of Digital Health on Patient-Provider Relationships in Respiratory Secondary Care Based on Qualitative and Quantitative Evidence: Systematic Review*, 27 J. MED. INTERNET RSCH. e70790 (2025), https://doi.org/10.2196/70970.

[82] *Cultivating trust and building relationships during a telehealth visit*, TELEHEALTH.HHS.GOV, https://telehealth.hhs.gov/providers/planning-your-telehealth-workflow/cultivating-trust-and-building-relationships-during-a-telehealth-visit (last visited May 3, 2026).

provider relationships "can be established in a video-first model, without a previous in-person encounter."[83]

Strong patient-provider relationships have clear benefits. They "positively affect clinical care outcomes including self-efficacy, adherence, morbidity, functional status, and satisfaction with care."[84] This improves the quality of care and builds a deeper trust between patient and provider. It can also shift health care from a reactive position—waiting for a patient to develop a condition that merits travel to an in-person appointment—to a proactive, preventative approach.[85]

D. Medical Professionals And Patients Are Best Equipped To Decide Whether To Use Telehealth

Health care providers want to provide the best treatment possible for their patients, whether through telehealth or in-person care. They understand telehealth will not be appropriate or recommended for all medical needs or all patients. Health care providers are best positioned to determine, based on their medical expertise and firsthand knowledge of the patient, whether telehealth is a suitable option for any given patient or treatment. Allowing patients to elect to receive health care via telehealth where medically appropriate also honors patient agency and autonomy. Some patients may prefer in-person visits for all health care needs, and they can

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[83] Tania Ellott et al., *Beyond Convenience: Patients' Perceptions of Physician Interactional Skills and Compassion via Telemedicine*, 4 MAYO CLIN PROCS: INNOV, QUAL & OUTCOMES 305, 305 (2020), https://doi.org/10.1016/j.mayocpiqo.2020.04.009.

[84] Lisa V. Duffy et al., *Therapeutic Relational Connection in Telehealth: Concept Analysis*, 25 J. MED. INTERNET RSCH. e43303 (2023), https://doi.org/10.2196/43303.

[85] Lulu Wang et al., *Telehealth Clinical Appropriateness and Quality*, 4.1 TELEMED REPS. 87, 87 (2023), https://doi.org/10.1089/tmr.2023.0019.

continue to seek and receive in-person care. Patients who prefer telehealth—where a medical professional has deemed it appropriate—should similarly be allowed to receive health care the way they prefer. Millions of Americans and their providers are choosing telehealth, and that choice should be respected and protected.

* * *

Telehealth is an essential aspect of our health care system and a crucial means of delivering health care services to patients of all ages, health needs, and walks of life. Telehealth has dramatically improved both access to health care and patient outcomes. There is simply no reason to impede the delivery of safe, effective health care through telehealth, and a ruling doing so would undermine the widespread and beneficial use of telehealth for all forms of health care.

CONCLUSION

The applications should be granted.

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