



CTeL Submits Comments on CY'26 CMS Physician Fee Schedule

Advancing Telehealth, Safeguarding Patient Data, and Ensuring Equitable Access

WASHINGTON - Sept. 11, 2025 - [PRLog](#) -- The Center for Telehealth and eHealth Law (CTeL), a non-profit policy research institute dedicated to advancing digital health, has formally submitted comments to the Centers for Medicare & Medicaid Services (CMS) regarding the CY2026 Medicare Physician Fee Schedule (PFS) proposed rule.

The Medicare PFS sets the foundation for how physicians are reimbursed for their services and has significant implications for the future of health care delivery, payment, and innovation. CTeL's recommendations focus on strengthening patient data security, fostering innovation in telehealth and artificial intelligence (AI), and ensuring equitable access to care for Medicare beneficiaries.

Key recommendations and insights from CTeL's comments include:

- **Expanding Telehealth Access:** CTeL supports removal of frequency limitations for inpatient, nursing facility, and critical care consultations, giving patients and providers more flexibility in how care is delivered. CTeL also urges CMS to continue allowing provider home address flexibility to protect clinician safety.
- **Strengthening Patient Data Security:** CTeL emphasizes the need for streamlined interoperability of Prescription Drug Monitoring Programs (PDMPs) across states, working in collaboration with the Drug Enforcement Administration (DEA) and state agencies. This ensures safe prescribing practices while reducing administrative burden.
- **Fostering Innovation in Remote Monitoring:** CTeL supports new codes for remote patient monitoring (RPM) and remote therapeutic monitoring (RTM), while encouraging CMS to fairly value the work associated with these services. This includes recognizing the role of AI-enabled tools in reducing clinician data overload and improving patient outcomes.
- **Responsible AI Integration:** CTeL highlights the importance of appropriately accounting for Software-as-a-Service (SaaS) and AI-enabled costs in payment models. CTeL cautions CMS against efficiency adjustments that may penalize clinicians for adopting new tools, underscoring that efficiency gains should improve quality of care rather than reduce reimbursement.
- **Ensuring Equitable Access:** CTeL underscores the risks of clinician burnout and workforce shortages if certain digital health flexibilities expire. Policies that maintain flexibility for teaching physicians, mental health providers, and telehealth clinicians are essential for equitable access to care, particularly for rural and underserved populations.

"The CY2026 Physician Fee Schedule is more than a payment policy—it is a blueprint for the future of American health care. Our recommendations are rooted in evidence and experience, with a clear goal: to protect patients, empower clinicians, and ensure that digital health technologies are used responsibly and equitably. CMS has an opportunity to reinforce a system that values innovation, safeguards patient data, and keeps patient access at the center of policy decisions."

CTeL's full comment letter emphasizes the critical role of telehealth, AI, and remote monitoring in shaping a sustainable, patient-centered health care system. By addressing reimbursement, data security, and clinician well-being, CMS can ensure Medicare beneficiaries continue to benefit from safe, innovative, and

accessible care. For more information, visit www.ctel.org.

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