



Old Astoria Neighborhood Association (OANA)  
www.OANA-NY.org

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Op Ed: “Don’t Pull the Plug on Telehealth”

As of October 1, 2025, Medicare has stopped paying for many virtual doctor visits from home. This isn’t just a technical change — it’s a real hardship for seniors, people with health issues, and especially those living with disabilities.

Telehealth was never a gimmick. It became a lifeline during COVID, when Medicare allowed people to see doctors over video or phone without leaving home. That option is now gone unless Congress acts.

The result will be painful and obvious. Many patients will now be forced to travel, even when they’re too sick, too frail, disabled, or live far from clinics. For those who use wheelchairs, walkers, or rely on caregivers, every trip can be an ordeal.

Clinics are already overcrowded. Moving telehealth patients back into waiting rooms will make things worse, with longer waits for everyone. Disabled patients often need extra time and accommodations, which makes overcrowding even harder to manage.

Health outcomes will decline. Telehealth has been especially valuable for managing chronic diseases, mental health check-ins, and medication adjustments. Losing it means people will skip care, conditions will worsen, and hospitalizations will rise. For the disabled, missing routine care often means losing independence.

There’s also the environmental cost. Every extra trip to a clinic means more traffic, more fuel burned, and more pollution. And let’s be honest — equity takes another hit. Wealthier people with easy access to doctors will be fine. Poorer, rural, disabled, or homebound patients will be left behind.

Some in Washington argue that telehealth was “overused.” But if abuse is the problem, then fix the rules. Don’t cut off care for everyone.

Advocacy groups and providers have been warning about this “telehealth cliff” for months. Programs like Hospital-At-Home may be disrupted. Some flexibilities have been temporarily extended until November 21, 2025, but that’s just a band-aid, not a real solution.



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The fix is simple. Medicare should keep paying for telehealth visits from home — for primary care, chronic conditions, behavioral health, therapy, and disability-related needs. Outdated rules that force patients to travel just to qualify should be dropped. Audio-only visits must stay covered for those without video. Reimbursement should be tied to quality care and fraud protection, not blanket bans. And we need more investment in broadband and training so seniors, rural residents, and disabled patients can actually use telehealth.

Congress can fix this tomorrow if it wants to. But every day of delay has a cost. Older people will skip doctor visits. Patients with depression will miss therapy. Disabled patients will face new barriers that make them less independent. Chronic conditions will flare up. Emergency rooms will get more crowded.

Medicare is supposed to be a promise — that seniors and disabled Americans won't be left without medical care. By walking away from telehealth, the government is breaking that promise.

The choice is clear. We can either expand and improve telehealth, or we can push people back into long lines, crowded clinics, and needless trips. The first option saves money, reduces strain on doctors, and keeps people healthier. The second guarantees worse health and more suffering.

Congress should act now. This isn't about politics — it's about basic access to healthcare.

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