The Honorable Charles Schumer Majority Leader United States Senate Washington, DC 20510

The Honorable Mitch McConnell Minority Leader United States Senate Washington, DC 20510 The Honorable Nancy Pelosi Speaker United States House of Representatives Washington, DC 20515

The Honorable Kevin McCarthy Minority Leader United States House of Representatives Washington, DC 20515

RE: Priorities for Medicare Telehealth Reform

Dear Congressional Leaders:

Thank you for your leadership in expanding access to telehealth during the COVID-19 public health emergency (PHE). Driven by swift action from Congress, the flexibilities enabled under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 and the Coronavirus Aid, Relief, and Economic Security (CARES) Act have allowed clinicians across the country to scale delivery and provide all Americans -- many for the first time -- access to high-quality virtual care. In response, health care organizations across the nation have dramatically transformed and made significant investments in new technologies and care delivery models, not only to meet COVID driven patient demand, but to prepare for America's future health care needs.

Unfortunately, this progress is in jeopardy. Many of the telehealth flexibilities are temporary and limited to the duration of the COVID-19 public health emergency. Without action from Congress, Medicare beneficiaries will abruptly lose access to nearly all recently expanded coverage of telehealth when the COVID-19 PHE ends. This would have a chilling effect on access to care across the entire U.S. health care system, including on patients that have established relationships with providers virtually, with potentially dire consequences for their health.

Telehealth is not a COVID-19 novelty, and the regulatory flexibilities granted by Congress must not be viewed solely as pandemic response measures. Patient satisfaction surveys and claims data from CMS and private health plans tell a compelling story of the large-scale transformation of our nation's health care system over the past year and, importantly, demonstrate strong patient interest and demand for telehealth access post-pandemic:

- **Telehealth is ubiquitous** with more than 1 in 4 (15 million) of all Medicare beneficiaries accessing telehealth between the summer and fall of 2020. Telehealth represented 0.22 percent of all medical claims for private health plans in December 2019, rising to 6.51 percent by December 2020. In response, private payers are moving to expand telehealth post-pandemic and meet new expectations from employers and plan members.
- **Telehealth is popular** with MedPAC noting that <u>91% of Medicare beneficiaries were satisfied with their telehealth video visits</u> in its March 2021 report to Congress.⁵ Patient satisfaction with telehealth across

¹ https://www.kff.org/medicare/issue-brief/medicare-and-telehealth-coverage-and-use-during-the-covid-19-pandemic-and-options-for-the-future/

² https://www.prnewswire.com/news-releases/telehealth-claim-lines-increase-2-817-percent-nationally-when-comparing-december-2019-to-december-2020--301241089.html

³ https://www.ahip.org/using-telehealth-to-deliver-affordable-high-quality-care/

⁴ https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0031

⁵ http://medpac.gov/docs/default-source/reports/mar21 medpac report to the congress sec.pdf

specialties and programs was high pre-pandemic⁶ and has remained so during COVID-19.⁷. <u>75 percent of</u> Americans now report having a strong interest in using telehealth moving forward.⁸

- **Telehealth is efficient** with no-show rates for telehealth visits (7.5%) during the COVID-19 pandemic lower than both the no-show rates for in-office visits (36.1%) and a pre-pandemic in-office no-show rate (29.8%).⁹ Providers and health systems continue to report on the significant and positive impact virtual care has had on operational efficiencies.¹⁰
- Telehealth can help address existing health disparities and during the pandemic GAO found that the proportion of beneficiaries utilizing telehealth was relatively equal across racial and ethnic groups. 11 While investment is needed to address the digital divide including broadband and funding for end user devices researchers found significant value in leveraging telephone visits in extending access to underserved populations and enhancing FQHCs abilities to meet patient needs. 12 Before COVID-19, telehealth was seen as an important tool to deliver care to patients that had challenges with transportation, balancing responsibilities with hourly and seasonal jobs, accessing culturally sensitive providers, and for the 46 million Americans in rural areas traveling extreme distances to specialty and emergency care. 13

With so many patients accessing care virtually, expectations for the future of our health care system have shifted significantly. Virtual care has provided unprecedented access for patients, but uncertainty as to the future of many telehealth policies will halt or reverse further adoption – to the detriment of both patients and providers. Congress not only has the opportunity to bring the U.S. health care system into the 21st century, but the responsibility to ensure that the billions in taxpayer funded COVID investments made during the pandemic are not simply wasted but used to accelerate the transformation of care delivery, ensuring access to high quality virtual care for all Americans.

Given the statutory restrictions in Section 1834(m) of the Social Security Act, Congress must act to ensure that the Secretary has the tools to transition following the end of the public health emergency and ensure telehealth is regulated the same as in-person services. Secretary Becerra has recently asked for such authority, ¹⁴ and we urge bipartisan action toward this goal.

With these critical issues in mind, we ask that Congress advance permanent telehealth reform focused on the following priorities, at a minimum:

- 1. Remove Obsolete Restrictions on the Location of the Patient and Provider. Congress must permanently remove the Section 1834(m) geographic and originating site restrictions to ensure that all patients can access care where they are. The response to COVID-19 has shown the importance of making telehealth services available in rural and urban areas alike. To bring clarity and provide certainty to patients and providers, we strongly urge Congress to address these restrictions in statute by striking the geographic limitation on originating sites and allow beneficiaries across the country to receive virtual care in their homes, or the location of their choosing, where clinically appropriate and with appropriate beneficiary protections and guardrails in place.
- 2. Maintain and Enhance HHS Authority to Determine Appropriate Providers, Services, and Modalities for Telehealth. Congress should provide the Secretary with the flexibility to expand the list of eligible practitioners who may furnish clinically appropriate telehealth services. Similarly, Congress

⁶ https://pubmed.ncbi.nlm.nih.gov/26269131/

⁷ https://c19hcc.org/telehealth/patient-survey-analysis/

⁸ https://c19hcc.org/telehealth/patient-survey-analysis/

⁹ https://www.liebertpub.com/doi/10.1089/tmj.2021.0002

https://www.ama-assn.org/system/files/2021-05/ama-return-on-health-report-may-2021.pdf

https://www.finance.senate.gov/imo/media/doc/Jessica%20Farb%20GAO%20Testimony.pdf

¹² https://jamanetwork.com/journals/jama/fullarticle/2776166

¹³ https://www.cdc.gov/ruralhealth/about.html

¹⁴ https://www.c-span.org/video/?c4966006/user-clip-sec-becerra-telehealth

should ensure that HHS and CMS maintain the authority to add or remove eligible telehealth services – as supported by data and demonstrated to be safe, effective, and clinically appropriate – through a predictable regulatory process that gives patients and providers transparency and clarity. Finally, Congress should give CMS the authority to reimburse for multiple telehealth modalities, including audio-only services, when clinically appropriate.

- 3. Ensure Federally Qualified Health Centers, Critical Access Hospitals, and Rural Health Clinics Can Furnish Telehealth Services After the PHE. FQHCs, CAHs, and RHCs provide critical services to underserved communities and have expanded telehealth services after restrictions were lifted under the CARES Act and through executive actions. Congress should ensure that FQHCs, CAHs, and RHCs can offer virtual services post-COVID and work with stakeholders to support fair and appropriate reimbursement for these key safety net providers and better equip our health care system to address health disparities.
- 4. Remove Restrictions on Medicare Beneficiary Access to Mental and Behavioral Health Services Offered Through Telehealth. Without Congressional action, a new requirement for an in-person visit prior to access to mental health services through telehealth will go into effect for most Medicare beneficiaries. We urge Congress to reject arbitrary restrictions that would require an in-person visit prior to a telehealth visit. Not only is there no clinical evidence to support these requirements, but they also exacerbate clinician shortages and worsen health inequities by restricting access for those individuals with barriers preventing them from traveling to in-person care. 15 Removing geographic and originating site restrictions only to replace them with in-person restrictions is short-sighted and will create additional barriers to care.

We look forward to working with you to build on the temporary telehealth expansion enacted in the Coronavirus Preparedness and Response Supplemental Appropriations Act and the CARES Act to provide certainty to our nation's health care providers and, more importantly, ensure Medicare beneficiaries can continue to access care when and where they need it. Congress must act before the PHE expires or providers and patients will lose access to high-quality virtual care.

Sincerely,

7wireVentures Academy of Nutrition and Dietetics Access Physicians Activate Care AdvaMed Adventist Health Adventist Health Policy Association agilon health Air MD physician Group Air Visits Alameda Health System Allergy & Asthma Network Alliance for Aging Research Alliance for Connected Care Alliance of Community Health Plans Alliance of Health Care Sharing Ministries Allina Health **Allscripts**

¹⁵ https://www.americantelemed.org/wp-content/uploads/2021/06/ATA-Overview-of-In-Person-Requirements-1.pdf

Alpha Medical, Inc

Amazon

American Academy of Allergy, Asthma & Immunology

American Academy of Family Physicians

American Academy of Hospice and Palliative Medicine

American Academy of Neurology

American Academy of PAs

American Academy of Sleep Medicine

American Association for Respiratory Care

American Association of Colleges of Nursing

American Association of Orthopaedic Surgeons

American Board of Telehealth

American Cancer Society Cancer Action Network

American College of Allergy, Asthma & Immunology

American College of Obstetricians and Gynecologists

American College of Physicians

American Diabetes Association

American Foundation for Suicide Prevention

American Gastroenterological Association

American Geriatrics Society

American Health Care Association/National Center for Assisted Living

American Health Information Management Association

American Heart Association

American Lung Association

American Medical Association

American Medical Group Association

American Medical Rehabilitation Providers Association (AMRPA)

American Nurses Association

American Occupational Therapy Association

American Pharmacists Association

American Physical Therapy Association

American Podiatric Medical Association

American Psychiatric Association

American Psychoanalytic Association

American Society for Gastrointestinal Endoscopy

American Society of Nephrology

American Telemedicine Association

American Urological Association

Americans for Prosperity

America's Essential Hospitals

America's Physician Groups

Amwell

And Me Therapy

Array Behavioral Care

Arthritis Northwest, PLLC

Ascellus Health

Ascension

Association for Behavioral Health and Wellness

Association of American Cancer Institutes

Association of American Medical Colleges

Association of Asian Pacific Community Health Organizations (AAPCHO)

Association of Black Cardiologists

Association of Community Cancer Centers (ACCC)

Association of Departments of Family Medicine

Association of Diabetes Care & Education Specialists

Association of Family Medicine Residency Directors

Association of Oncology Social Work

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Avel eCARE

Aventyn, Inc.

Avera Health

Babylon

BAKERS Counseling Services LLC

Banner|Aetna

Barstow Community Hospital

Bay Rivers Telehealth Alliance

Beacon Health System

Better Medicare Alliance

Bioscience Los Angeles County Inc.

BJC HealthCare

Blackstone Valley Community Health Care, Inc.

Blue Cirrus Consulting

Brave Health

Bright.md

Bronson Healthcare Group

Burn and Reconstructive Centers of America

California Primary Care Association

Cancer Support Community

Capstone Care Network

Care Manager On Demand

Care on Location

Care Transformation Collaborative of RI

CareSpan Integrated Networks, Inc.

Cass Health

Catholic Health Association of the United States

Center for Dignity in Healthcare for People with Disabilities

Center for Freedom and Prosperity

Center for Rural Health Innovation

Center for Telehealth, University of Mississippi Medical Center

Center to Advance Palliative Care (CAPC)

Centerstone

Centura Health

CEO Action for Racial Equity

Challenge Behavioral Healthcare

Change Healthcare

Cheyenne Regional Medical Center

Children's Health Fund

Children's National Hospital

ChristianaCare

CirrusMD Inc.

CityLife Health, LLC

Cleveland Clinic Florida and CompreCare Affiliate

Clinical Social Work Association

CMG/Carealytics

Coalition for Compassionate Care of California

Coalition for Headache and Migraine Patients

Colorado Community Health Network

Columbia University Irving Medical Center

CommonSpirit Health

Commonwealth Clinical Group, Inc.

CommonWell Health Alliance

Community Behavioral Healthcare Association of IL

Compassion & Choices

Compodium, Inc

Comprehensive Psychiatry Group, Inc

Conemaugh Meyersdale Medical Center

Connected Health Initiative

Connected Home Living, Inc.

Consumer Action

Consumer Choice Center

Consumer Technology Association

Convenient Care Association

Cromford Health

Curve Health

Dartmouth-Hitchcock Health

DayaMed

Diabetes & Endocrinology Consultants of PA, LLC

Digital Medicine Society (DiMe)

Digital Therapeutics Alliance

DigitalOptometrics LLC

Dignio LLc / AS

Doc Leon Travel & Concierge Medicine

Doctor On Demand

DoseCue, LLC

Duke Health

Eating Disorders Coalition for Research, Policy & Action

eHealth Initiative

Eleanor Health

Electronic Health Record Association

Electronic Healthcare Network Accreditation Commission (EHNAC)

Ellis County Coalition for Health Options DBA Hope Clinic

Emory University

Encounter Telehealth

Endocrine Society

Envision Healthcare

Epic Systems Corporation

Epilepsy Foundation

eVisit, Inc.

ExamMed

Family & Children's Counseling Services

Family & Children's Service of Ithaca

Federation of American Hospitals

Fight Colorectal Cancer

Firstvitals Health and Wellness

Foothold Technology

Forefront Telecare, Inc.

Fresenius Medical Care North America

Galileo Analytics

Global Liver Institute

GlobalMedia Group, LLC DBA GlobalMed(R)

GlyCare

GO2 Foundation for Lung Cancer

Go2Care

Google

Grapevine Health

Greenway Health

Gundersen Health System

Hawai'i Parkinson Association

Hazel Health

Hazlewood Medical LLC

HCA Healthcare

HCU Network America

HD Reach

Health Business Consult

Health Care Transformation Task Force

Health Choice Arizona

Health Innovation Alliance

Health Tech Strategies, Inc

Healthcare Leadership Council

HEALTHePRACTICES

Healthwise, Incorporated

HealthyWomen

Heart Failure Society of America

Henry Ford Health System

Heritage Provider Network

Hicuity Health, Inc.

Hillrom

Hims & Hers

HIMSS

HIMSS Central & North Florida Chapter

HIMSS Greater Illinois Chapter

HIMSS Iowa Chapter

HIMSS KY Bluegrass

HIMSS Minnesota Chapter

HIMSS National Capital Area

HIMSS NYS Chapter

HIMSS South Carolina Chapter

HIMSS Southern California Chapter

HiTalk

HMRCOUNSELING and Behavioral services

Hospice and Palliative Nurses Association

HSA Coalition

ICmed. LLC

IHE USA

Indiana Oncology Society

Indiana University Health

Indo Us Organization for Rare Diseases

Infectious Diseases Society of America

Ingham Community Health Centers

innovaTel Telepsychiatry

Institute of Respiratory Disease and Sleep Medicine

International Foundation for Autoimmune & Autoinflammatory Arthritis (AiArthritis)

International OCD Foundation

Iowa Oncology Society

Iron Bow Technologies

IT Consulting Group LLC

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Jeeva Informatics Solutions LLC

Johns Hopkins Medicine

Joyages

JR & Associates

Kaiser Permanente

Kentucky Counseling Center, LLC

Kohnling, Inc.

Leadership OD

Legal Action Center

Less Government

Lewy Body Dementia Association

LifePoint Health

LifeWIRE Corp

LiV-Connected

LT Telehealth/LocumTenens.com

Lupus and Allied Diseases Association, Inc.

Mardac Consulting

Marshfield Clinic Health System

Mass General Brigham

Massachusetts Health Data Consortium

Mayo Clinic

MDH Consulting International

Medical Group Management Association

Medical Image Perception Society

Medocity, Inc.

MedStar Health

MedWand Solutions Inc.

Memorial Sloan Kettering

Mend VIP, Inc.

Mental Health America

Michigan Health & Hospital Association

Michigan Health Information Network

Midwest Health Connection

Miles for Migraine

Millennium Physician Group

Missouri Oncology Society

Moffitt Cancer Center

Monebo Technologies, Inc.

Montana State Oncology Society

Monument Inc

Moonshot Health Consulting

Mosaica Partners

Motivo

MPAC Healthcare

Multiple Sclerosis Center of Atlanta

NACBHDD and NARMH

National Association for Healthcare Quality

National Association for the Support of Long Term Care (NASL)

National Association of Community Health Centers

National Association of Pediatric Nurse Practitioners

National Association of Rural Health Clinics

National Association of Social Workers

National Athletic Trainers' Association

National Brain Tumor Society

National Coalition for Hospice and Palliative Care

National Council for Mental Wellbeing

National Council of State Boards of Nursing

National Health Care for the Homeless Council

National League for Nursing

National Mental Health LLC

National Multiple Sclerosis Society

National Nurse-Led Care Consortium

National Organization for Rare Disorders

National Patient Advocate Foundation

National Psoriasis Foundation

Nebraska Medicine

Nemours Children's Health

NeuroPath

New Jersey Association of Mental Health and Addiction Agencies, Inc.

New Mexico Society of Clinical Oncology

NextGate

NextGen Healthcare

Nicklaus Children's Health System

North American Primary Care Research Group

Northwell Health

OCHIN

Oncology Nursing Society

Onduo LLC

One Medical

Orion Behavioral Health Network

Oshi Health, Inc.

PACE Southeast Michigan

Partnership to Advance Virtual Care

PAs in Virtual Medicine and Telemedicine (PAVMT)

PCHAlliance

Peaceful Roots Counseling LLC

Physician Assistants in Hospice and Palliative Medicine

Population Health Alliance

Premier

Preventive Cardiovascular Nurses Association

Primary Care Collaborative

Primary Care Development Corporation

Prism Health North Texas

ProMedica

PSYCHeANALYTICS, Inc.

Psychiatric Medical Care

PursueCare

QuartetHealth

Qure4u, Inc

Real Time Touch

REDC Consortium

Regional Center for Border Health, Inc./SLWIC (RHC)

ResMed

ResolutionCare, a Vynca company

Rising Lotus Healing LLC

Rural Hospital Coalition

Salusive, Inc. dba mynurse.ai

SanctiPHI Tech Inc

Sano Health, LLC

SCL Health

Scripps Health

SENTARA Healthcare

Setauket Primary Medical Care

Seven Valleys Health Coalition

SHIELDS for Families, Inc.

Skypiatrist Psychiatry PLLC

Small Business & Entrepreneurship Council

SOC Telemed

Society for Participatory Medicine

Society of General Internal Medicine

Society of Hospital Medicine

Society of Teachers of Family Medicine

South Central Human Relations Center, Inc.

Speck

Spina Bifida Association

St. Mary's Medical Center, a member of Mountain Health Network

Stanford Children's Health

Stanford Health Care

Steuben County Public Health

Strategic Health Information Exchange Collaborative (SHIEC)

Strategic Integration Solutions, Ltd.

Summit Healthcare Association

Summit Healthcare Regional Medical Center

Synecor, LLC

TapestryHealth

Teladoc Health

Telehealth Alliance of Oregon

Telekids Therapy

TeleMed2U

Telemedicols LLC

TeleMedik

Texas e-Health Alliance

The Arizona Clinical Oncology Society

The Center for Discovery

The Center for Youth & Family Solutions

The Children's Home of Wyoming Conference

The College of Healthcare Information Management Executives (CHIME)

The ERISA Industry Committee

The Headache and Migraine Policy Forum

The Jewish Federations of North America

The Joint Commission

The Michael J. Fox Foundation for Parkinson's Research

The University of Texas at Austin, UT Health Austin

Third Eye Health, Inc.

Tir Health Advisors LLC

Tompkins Community Action, Inc.

Tourette Association of America

Travere Therapeutics

Trinity Health

TW Ponessa & Associates Counseling Services, Inc.

U.S. Pain Foundation

UBHS INC

UCHealth

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UnityPoint Health

University ENT Care, LLC

University of Colorado School of Medicine

University of Michigan Health

University of New Mexico College of Nursing

University of Pittsburgh Medical Center (UPMC)

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Upward Health

URAC

UVA Health

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VIKRITI Management Consulting

Virginia Association of Hematologist & Oncologist

Virginia Pediatric Group

Vital Voice and Speech LLC

ViTel Net

VoCare, Inc.

Volunteers of America of North Louisiana

Vynca, Inc.

WhiplashMD, LLC

Wisconsin Association of Hematology & Oncology

Wyoming State Oncology Society

X4 Health

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Yale New Haven Health System

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