



June 21, 2023

The Honorable Cathy McMorris Rodgers  
 Chairwoman  
 Committee on Energy & Commerce  
 U.S. House of Representatives  
 2188 Rayburn House Office Building  
 Washington, DC 20515

The Honorable Frank Pallone  
 Ranking Member  
 Committee on Energy & Commerce  
 U.S. House of Representatives  
 2107 Rayburn House Office Building  
 Washington, DC 20515

**Re: Patient community concerns about the detrimental impact of HR 824, the Telehealth Benefit Expansion for Workers Act**

Dear Chairwoman McMorris Rodgers and Ranking Member Pallone,

The 23 undersigned organizations represent more than 120 million people living with a pre-existing condition in the US. Collectively, we have a unique perspective on what individuals and families need to prevent disease, cure illness, and manage chronic health conditions. The diversity of our organizations and the populations we serve enable us to draw upon a wealth of knowledge and expertise that are critical components of any discussion aimed at improving or reforming our healthcare system.

Our organizations share three principles that we use to help guide our work on healthcare to continue to develop, improve upon, or defend the programs and services our communities need to live longer, healthier lives.<sup>i</sup> These principles state that healthcare must be adequate, affordable, and accessible.

With these principles at the forefront, we write to convey our concerns about HR 824, the Telehealth Benefit Expansion for Workers Act. In the report “Under-covered: How ‘Insurance-Like’ Products Are Leaving Patients Exposed,” many of our organizations documented our concerns with health insurance products that are not required to comply with the patient protections enacted in the Affordable Care Act.<sup>ii</sup> We are concerned that policies included in the legislation considered today would decrease the number of consumers enrolled in comprehensive health insurance plans and threaten access to quality, affordable healthcare for the patients and consumers we represent.

Telehealth has long been a vital care delivery method for improving access in underserved communities, particularly rural areas, areas with physician shortages, and areas with limited access to primary care services. However, the COVID-19 pandemic has highlighted the role of telehealth in helping patients continue to receive timely and safe healthcare services and treatments from their providers. Telehealth – including telemedicine and telemental health – can help reduce gaps in access to services and care, including access to primary care and specialized providers, when in-person visits are not a safe or feasible option. Today, nothing prevents an employer or health insurance carrier from offering telehealth coverage in conjunction with their health coverage, and many do.

Telehealth can and should be used to increase patient access to care and our organizations have issued principles to aid lawmakers in setting appropriate policies to achieve that goal.<sup>iii</sup>

We are concerned that HR 824 would create a new excepted benefit for telehealth services. Excepted benefits are a category of coverage exempt from most federal and state standards that apply to health insurance. This means that a telehealth excepted benefit could discriminate against patients with a pre-existing condition by refusing to cover certain treatments, charging more for coverage, or denying coverage altogether.

Excepted benefits coverage can take many forms, including disease-specific policies like cancer-only, dental, and fixed indemnity plans. These plans are designed to supplement a major medical insurance plan. They are *not* comprehensive coverage and, in many cases, they are not allowed to coordinate with other coverage. These products are often exempted from federal regulation and primary regulation authority lies at the state level. While telehealth is an important coverage, it is insufficient on its own without major medical health insurance.

During the COVID-19 public health emergency, the federal government temporarily allowed employers to offer stand-alone telehealth benefits as a means to give individuals not eligible for their employer plan access to at least some care at a time when many patients and providers were worried about the health risk of in-person care. However, employers were not allowed to offer the stand-alone telehealth benefit to individuals who could enroll in their employer plan, nor did the guidance exempt these stand-alone benefits from all consumer protections.

HR 824 would go well beyond that guidance: Employers would be able to offer the stand-alone benefit as an alternative to their comprehensive plan. Low-wage workers, in particular, would be at risk of enrolling in the lower-cost telehealth plan, thinking it will provide comprehensive coverage when it won't.

Even in the best-case scenario, where an individual enrolls in a comprehensive employer plan and the telehealth-only policy, we are concerned that a telehealth-only policy could create significant frustration and confusion for consumers who need in-person care to diagnose and treat their symptoms. Consider

the scenario of a patient who sees a provider via telehealth and then in person, as many do in the course of receiving a diagnosis and treatment. Then imagine navigating two separate insurance companies to receive that care – two sets of paperwork, two sets of prior authorization, two sets of network limitations, two sets of cost-sharing responsibilities, and so on. Not to mention the telehealth provider and in-person provider may be two different providers within two different medical systems. As a result, the telehealth provider would not necessarily have access to the patient’s medical history and thus would be hampered in their ability to adequately treat and diagnose the patient.

Lastly, we want to draw the committee’s attention to a concerning trend. In recent years, excepted benefits have been marketed and sold – sometimes bundled – as replacements for traditional health insurance.<sup>iv</sup> This can lead to significant consumer confusion and a false sense of security for people who believe they’ve purchased high-quality coverage, only to find substantial gaps and higher out-of-pocket costs when they use their plan. And as we have seen with other types of non-ACA compliant coverage, disclosures alone are not adequate to protect against these risks.

In sum, we are concerned that HR 824 would be harmful to patients and consumers, and we encourage the Committee to instead consider approaches that would promote consumer access to integrated telehealth benefits within a comprehensive health plan. If you have questions or would like to discuss this further, please contact Brian Connell VP, Federal Affairs with The Leukemia & Lymphoma Society at [brian.connell@lls.org](mailto:brian.connell@lls.org).

Sincerely,

American Cancer Society Cancer Action Network  
American Heart Association  
American Kidney Fund  
American Lung Association  
Asthma and Allergy Foundation of America  
CancerCare  
Child Neurology Foundation  
Crohn's & Colitis Foundation  
Cystic Fibrosis Foundation  
Epilepsy Foundation  
Hemophilia Federation of America  
Lupus Foundation of America  
Muscular Dystrophy Association  
National Eczema Association  
National Health Council  
National Hemophilia Foundation  
National Kidney Foundation  
National Multiple Sclerosis Society  
National Organization for Rare Disorders  
National Patient Advocate Foundation  
Susan G. Komen  
The AIDS Institute  
The Leukemia & Lymphoma Society

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<sup>i</sup> Consensus Healthcare Reform Principles. <https://www.lung.org/getmedia/0912cd7f-c2f9-4112-aaa6-f54d690d6e65/PPC-Coalition-Principles-FINAL.pdf>.

<sup>ii</sup> Under-Covered: How “Insurance-Like” Products Are Leaving Patients Exposed. <https://www.ils.org/advocate/under-covered-how-insurance-products-are-leaving-patients-exposed>.

<sup>iii</sup> Principles for Telehealth Policy. [https://www.lung.org/getmedia/ac136df2-5984-46b6-9503-8523f71f5425/FINAL-Principles-for-Telehealth-Policy- 8 27 2020-\(003\).pdf](https://www.lung.org/getmedia/ac136df2-5984-46b6-9503-8523f71f5425/FINAL-Principles-for-Telehealth-Policy- 8 27 2020-(003).pdf).

<sup>iv</sup> Limited Plans with Minimal Coverage Are Being Sold as Primary Coverage, Leaving Consumers at Risk. <https://www.commonwealthfund.org/blog/2021/limited-plans-minimal-coverage-are-being-sold-primary-coverage-leaving-consumers-risk>.