



Principles for Telehealth Policy

Background

Telehealth has long been an important 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 health care services and treatments from their providers. Telehealth -- including telemedicine and telemental health -- helps 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.

In response to the public health emergency, federal and state agencies provided new, and in some cases time-limited, flexibilities to increase access to telehealth. Our organizations believe telehealth can and should be used to increase patient access to care and stand ready to work with Congress, the

Administration, and state governments, to ensure that all patients can continue to safely access appropriate telehealth services during and after the COVID-19 public health emergency.

Principles

Our xx patient and consumer advocacy organizations believe that affordable, accessible, and adequate health insurance is key to improving the health and wellbeing of all people living in the United States. As such, we believe that legislation or regulations concerning telehealth should meet the following principles:

1. **Improving Access through Equitable Coverage:** Telehealth services should be covered by all health plans including, but not limited to, Medicare, Medicaid, the ACA Marketplace, and other federal and state regulated commercial health plans. Telehealth has become an essential tool to access care during the current COVID-19 pandemic and can help improve access to care over the long term. We support policies that expand coverage of essential telehealth services for all plans and payers.
2. **Improving Access through Easing Technology Barriers:** Telehealth services should be equitably available through easily usable technologies that are accessible to people with disabilities, with limited English proficiency, and limited technology. The option of audio-only communication is especially important for rural and low-income populations, as many of these patients lack internet access.
3. **Preserving and Promoting Patient Choice:** A patient should have the opportunity and flexibility to choose whether they will access care in-person or via telehealth technologies.
 - I. **Patient Cost-Sharing Obligations:** We support policies that limit patients' out-of-pocket costs for telehealth services to be no more than their in-person equivalent. When telehealth is an appropriate option, payers should not incentivize patients to seek out one setting over another for their health care; the decision to seek care in-person or virtually should be left to patients and their providers and be made on a case-by-case basis. Limiting patients' cost-sharing requirements for telehealth care to the rate for corresponding in-person services will ensure the patients are neither incentivized nor disincentivized from using the right care setting for them. We also support additional patient protections from excessive cost-sharing that may emerge as telehealth grows.
 - II. **Provider Payment:** We support policies that enable providers to offer virtual services, where appropriate, to their patients. As described above, the payer should not promote one care modality over another; the decision about receiving a service telehealth or in-person should be a case-by-case decision between a patient and his/her provider. Payers should reimburse providers at a sustainable rate that allows them to continue offering this option to their patients.
 - III. **Utilization Management:** Utilization management tools should not be used by health plan payers to push providers or patients towards a particular care setting or to determine or limit visit frequency for telehealth appointments.
 - IV. **Network Adequacy:** Telehealth should supplement, not supplant, provider networks. Plans must maintain in-person networks to existing or stronger network adequacy requirements. Plans must also ensure that patient referrals to other providers, including specialists, are valid when made by a telehealth provider or through a telehealth visit. Plans should also list telehealth capabilities in provider directories.

4. **Removing Geographic Restrictions:** Geographic restrictions place a burden on and can limit both patients and providers when evaluating treatment options for optimal care.

- I. Originating Sites: Originating site requirements should be permanently eliminated to ensure that patients are not required to travel to specific locations to access telehealth services unless special equipment is necessary for an examination by a remote provider. Before the COVID-19 pandemic, Medicare rules largely limited use of a patient's home as the originating site to those living in rural areas or with a specific condition. The drastic spike in telehealth usage during the public health emergency has shown the futility of geographic restrictions and that, in many cases, it is appropriate and safe for patients to receive care from their homes.
- II. Inter-state Access: Allowing providers to practice across state lines through telehealth services will increase access to care and improve care coordination for patients, particularly in underserved areas. We support policies that promote the provider-patient relationship and care coordination, acknowledging that an established, in-person relationship between provider and patient may be essential for proper diagnosis and treatment. Telehealth can play an important role in follow-up care and should not be restricted by the provider's licensing state. Therefore, we support policies that would ensure patient access to necessary providers that are in good standing in their home state, even if that provider is out of state.
- III. Remote Monitoring: Remote monitoring is essential for patients with chronic conditions. Allowing providers to access patient information in real time could help reduce emergency room admissions and improve health outcomes. We support policies that remove barriers to remote monitoring through compliant technologies in order to promote the health and safety of patients.

5. **Protecting Patients and Provider Legal Rights:** Health plans should clearly define what telehealth services are covered; providers must use technology compliant with patient privacy, disability access, and civil rights law. This information should be transparent and easy to understand for consumers.

6. **Increasing the Evidence Base for Telehealth:** As telehealth becomes more common, data must be collected and more research must be conducted on the usage and outcomes of telehealth, with special attention to promoting health equity in order to determine how telehealth technologies should be designed and implemented so that all populations have equal access to their potential benefits. To this end, demographic data must be collected, including race, ethnicity, age, disability status, preferred language, sex, sexual orientation, gender identity, socio-economic status, insurance coverage and geographic location. Data must be collected in accordance with patient privacy laws and with opt-out procedures.

Alpha-1 Foundation
ALS Association
American Diabetes Association
American Heart Association
American Kidney Fund
American Lung Association
Arthritis Foundation
Cancer Support Community

National Patient Advocate Foundation
National Psoriasis Foundation
Pulmonary Hypertension Association
Susan G. Komen
The AIDS Institute
United Way Worldwide
WomenHeart: The National Coalition for
Women with Heart Disease

Chronic Disease Coalition
COPD Foundation
Cystic Fibrosis Foundation
Epilepsy Foundation
Family Voices
Hemophilia Federation of America
Juvenile Diabetes Research Foundation
Leukemia & Lymphoma Society
Lutheran Services in America
Mended Hearts & Mended Little Hearts
Muscular Dystrophy Association
National Alliance on Mental Illness
National Coalition for Cancer Survivorship
National Health Council
National Hemophilia Foundation
National Kidney Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders