January 2022

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: Establishing a Pathway for Comprehensive Telehealth Reform

Dear Congressional Leaders:

Thank you for your leadership in expanding access to virtual care during the COVID-19 public health emergency (PHE). This access has been transformational – Americans now expect that the future of our health care system includes telehealth as a key way to access health care services. Health care providers across the nation have made substantial investments in new technologies to safely treat patients during the pandemic. Now, as we work to overcome the latest COVID-19 surge, providers and health systems are preparing to meet the health care demands of the future and need leadership from Congress in charting a path forward with respect to permanent comprehensive telehealth reform.

Many of the telehealth flexibilities that have helped dramatically improve patient access to care are temporary and limited to the duration of the COVID-19 PHE – and impact both public health programs and private health coverage. While the Biden Administration may elect to extend the COVID-19 PHE, the fact that the PHE determination must be renewed every 90 days and could end later this year has introduced significant uncertainty into all parts of the U.S. health care system. As it stands today, providers must weigh the costs of investing in the technological and clinical infrastructure required to maintain telehealth programs at scale against the possibility that Congress may ultimately decide not to support permanently expanded telehealth coverage.

To that end, we ask for your leadership in facilitating a pathway to comprehensive permanent telehealth reform that would provide certainty to beneficiaries and our nation's health care providers while providing sufficient time for Congress and the Administration to analyze the impact of telehealth on patient care. Specifically, we ask that Congress:

1. Authorize the continuation of all current telehealth waivers through December 31, 2024. Currently the HHS Secretary's waiver authority for telehealth expires immediately upon expiration of the PHE.¹ The Administration recognizes the negative impact of this uncertainty, as shown by CMS steps to finalize coverage and payment for codes added to the Medicare Telehealth Services List during the PHE through December 31, 2023.² However, CMS is not able to remove certain reimbursement restrictions, such as the pre-pandemic geographic and originating site restrictions, without Congressional authority. It is crucial for Congress to provide HHS with the authority and flexibility to continue to waive these and other statutory requirements, such as in-person requirements for telemental health consultations. It's also crucial that this continuation be broader than CMS and capture important provisions such as the prescribing of controlled substances via telemedicine that affect both federal programs and other health care as policymakers evaluate the evidence needed to support permanent policy.

¹ Please note that current HHS telehealth authority derives from 2020 action by Congress as well as the Presidential Stafford Act declaration – both currently end with the PHE.

² https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-final-rule

- 2. Require HHS complete all feasible evaluations related to telehealth by fall 2023 and combine findings into a single overarching dashboard with recommendations to inform permanent telehealth legislation by Congress. While the lack of telehealth data was once the challenge inhibiting policymaking, that is no longer the case. HHS is conducting and has funded many telehealth studies. For example, the Agency for Healthcare Research and Quality is examining key questions about how telehealth impacts care delivery and health outcomes and the HHS OIG is currently working on at least nine projects directly or tangentially examining telehealth services in Medicare and their impact on health care costs, quality, access, patient and provider experience, potential to address health disparities, and the nature and degree of any additional risk for fraud and abuse. An extension of telehealth flexibility will allow these findings to be aggregated, along with data from industry and findings from academic researchers, to provide a comprehensive analysis for review by policymakers in 2024.
- 3. Take up permanent, evidence-based telehealth legislation for implementation in 2024. Congress has the opportunity to bring the U.S. health care system into the 21st century and the responsibility to ensure that innovative delivery models implemented to fight COVID-19 are used to effectively modernize U.S. health care delivery. Telehealth has huge potential to expand access to high-quality virtual care for all Americans. Following the 2022-2023 evaluation period, all committees of jurisdiction will have at their disposal the necessary data to pursue evidence-based policymaking and take up comprehensive and permanent telehealth reform in a bipartisan manner. A primary benefit of delayed policymaking will be an opportunity for Congress to consider legislation without making assumptions not fully supported by data or evidence. Specifically, we look forward to HHS OIG completing its analyses prior to Congress establishing any new program integrity guardrails. For example, rather than prematurely placing harmful in-person visit requirements that restrict patient access on telehealth, Congress should be able to evaluate exactly what, if any, fraud, waste, and abuse has occurred during the pandemic and consult with the Administration on the best targeted tools to root out any challenges that may exist before and as they occur.

Virtual care is now a fundamental part of the U.S. health care system, and it will improve patient access to highquality care well beyond the COVID-19 pandemic. And while many of the most compelling virtual care clinical use cases are only now emerging, more communities than ever have experienced the powerful impact telehealth has had in bridging gaps in care caused by the crisis-level mental health workforce shortage. Many underserved communities that historically have had limited access to specialty care can now beam in top specialists in neurology, oncology, neonatology, and other critical specialties to help save lives and treat critically ill patients.

Patient satisfaction surveys and claims data from CMS and private health plans demonstrate that many Americans have come to see telehealth as one of the most positive improvements to our nation's health care system in recent memory. Importantly, a majority of U.S. voters believe Congress should protect their ability and choice to see a provider via telehealth post-pandemic.³ In the 21st Century, all patients should have the option to receive care virtually when clinically appropriate – Congress should not restrict CMS or other payers from covering appropriate modalities of care. *Many of us previously wrote to share broad priorities for inclusion in any Medicare legislation, including the repeal of the blanket in-person requirements placed on behavioral health. Inperson visit requirements serve as a blunt instrument to restrict access to health care and do not benefit patients or the Medicare program.⁴*

We believe the recommendations outlined above will provide significant relief to patients and providers concerned about Congress' intent and commitment to telehealth after the end of the COVID-19 PHE. We look forward to working with you to provide certainty to our nation's health care providers and, more importantly, ensure communities across the country can continue to access care when and where they need it.

³ <u>https://telehealthaccessforamerica.org/poll-voters-overwhelmingly-support-urgent-action-to-permanently-protect-access-to-telehealth/</u>

⁴ <u>https://www.himss.org/news/himss-and-more-400-organizations-urge-congress-advance-permanent-telehealth-reform</u>

Sincerely,

8thSquare 98point6 Alignment Health Plan Allergy & Asthma Network Alliance for Connected Care Alliance of Community Health Plans Allscripts Alpha Medical, Inc Alpha-1 Foundation **ALS** Association Amazon America's Essential Hospitals American Academy of Neurology American Academy of Physical Medicine & Rehabilitation American Association for Respiratory Care American Association for the Study of Liver Diseases American Clinical Neurophysiology Society American Foundation for Suicide Prevention American Health Information Management Association American Heart Association American Medical Association American Occupational Therapy Association American Physical Therapy Association American Society of Pediatric Nephrology American Speech-Language-Hearing Association American Telemedicine Association American Urological Association America's Physician Groups AMGA Amwell AptiHealth, Inc. Array Behavioral Care Arthritis Foundation Assisted Recovery Centers of America Association for Behavioral Health and Wellness Association of Diabetes Care & Education Specialists ATA Action athenahealth, Inc. Avodahmed Babylon Behavior Change Institute, LLC **Bicycle Health** Brightline, Inc. Burn and Reconstructive Centers of America **Cancer Support Community** Care Centered LLC Care Compass Network CareHive Health Inc. Carestarter Technologies Center for Freedom and Prosperity Centerstone

Centura Health Cerebral, Inc. CHAMP - Coalition for Headache and Migraine Patients **Change Healthcare Child Neurology Foundation** Children's Hospital New Orleans/LCMC Health Children's Hospital of Philadelphia CHOC Children's Hospital College of Healthcare Information Management Executives (CHIME) Colorado HIMSS Colorado Hospital Association Broadband Services CommonSpirit Health **Consumer Technology Association CopilotIQ Health Curation Health** Curve Health **Cystic Fibrosis Foundation** Dermatologist On Call DermDox Dermatology Centers, LLC **DigitalOptometrics LLC** Dogtown Media Duke Health Eating Disorders Coalition for Research, Policy & Action Embodied Labs Encounter Telehealth Endocrine Society Epic Espoir Global DBA WaloMed eVisit **Executives for Health Innovation** Federation of American Hospitals Fight Colorectal Cancer FirstVitals Health and Wellness Inc **Geisinger Health** Gilda's Club Kansas City Go2Care Good Samaritan Hospital Greenway Health Hawaii Health Information Exchange Hazel Inc. **HCU Network America** HD Reach Health Innovation Alliance Health Recovery Solutions Healthcare Leadership Council HealthFlow LLC Henry County Medical Center **Hicuity Health** HIMSS HIMSS HIMSS, Southern California Chapter Hudson Headwaters Health Network Immune Deficiency Foundation

Included Health (Doctor On Demand + Grand Rounds) Indo US Organization for Rare Diseases Inovalon, Inc. Intel Corporation International Foundation for Autoimmune & Autoinflammatory Arthritis (AiArthritis) Jeeva Informatics Solutions Inc. Johns Hopkins University & Medicine Let's Talk Interactive, Inc. LGBT Technology Partnership & Institute LifePoint Health LiV-Connected Maine Neurological Society Maine Primary Care Association Mary Free Bed Rehabilitation Mass General Brigham Mayo Clinic Medical Group Management Association MediGuru Michigan Neurological Association Minnesota Medical Association Monebo Technologies, Inc. Munson Healthcare Muscular Dystrophy Association National Association for the Support of Long Term Care (NASL) National Association of Pediatric Nurse Practitioners National Association of Social Workers National Council of State Boards of Nursing National Mental Health National Multiple Sclerosis Society National Organization for Rare Disorders National Patient Advocate Foundation Nebraska Neurological Society Nebraska Neurological Society Nemours Children's Health New Jersey Association of Mental Health and Addiction Agencies, Inc. New York State Neurological Society NextGen Healthcare Northern Arizona Healthcare Novant Health NYS Chapter of HIMSS OCHIN **One Medical** Ophelia Opsis **Origin Healthcare Orion Health** Partnership to Advance Virtual Care Patient Experience Policy Forum of The Beryl Institute Pelorus Elder & Behavioral Health Pennsylvania Neurological Society Personal Connected Health Alliance Population Health Analytics Association Incorporated Populus Media, Inc.

Prism Health North Texas **Professional Medical Concierge Services** QuickVisit UC and QuickVisit NOW Rady Children's Hospital San Diego **REDC** Consortium Reiki Counseling Services, PLLC Remedy Telehealth Rhode Island Neurological Society Ro Small Business & Entrepreneurship Council Society of General Internal Medicine SSM Health Stanford Children's Health Stanford Health Care Summit Healthcare Association Susan G. Komen SYNERGIA Integrated TeleBehavioral Health Talkspace **TapestryHealth TECHMEDO** Teladoc Health Telehealth Alliance of Oregon The AIDS Institute The American Board of Family Medicine Foundation's Center for Professionalism & Value in Health Care The ERISA Industry Committee The Global Telemedicine Group The Headache and Migraine Policy Forum The Jewish Federations of North America The Medical Alley Association The Partnership for a Connected Illinois, Inc. Third Eye Health **Travere Therapeutics** University ENT Care University of Colorado Health University of Maryland Medical System University of Michigan Health University of New Mexico Hospital University of Pittsburgh Medical Center (UPMC) URAC Valley Community Services Board Vault Medical Services, PA Verato Virta Virtual Medical Staff, LLC Vital Voice and Speech LLC ViTel Net Walk-in Dermatology WISE Healthcare Inc Zane Networks LLC. Zipnosis Zocdoc