

December 9, 2020

The Honorable Mitch McConnell
U.S. Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Nancy Pelosi
U.S. House of Representatives
1236 Longworth House Office Building
Washington, DC 20515

The Honorable Charles Schumer
U.S. Senate
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Kevin McCarthy
U.S. House of Representatives
2468 Rayburn House Office Building
Washington, DC 20515

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and Minority Leader McCarthy:

The undersigned organizations represent millions of individuals facing serious, acute and chronic health conditions across the country. Our organizations have a unique perspective on what individuals need to prevent disease, cure illness and manage chronic health conditions. The diversity of our groups and the patients and consumers we represent enables us to draw upon a wealth of knowledge and expertise and serve as an invaluable resource regarding the ways patients are accessing care during the COVID-19 pandemic. The COVID-19 pandemic has been challenging for many of the patients our organizations represent. Many people with pre-existing conditions are at increased risk of infection and adverse health outcomes from COVID-19¹ and require routine monitoring and treatment from health care providers in order to maintain their health. We appreciate that in response to the public health emergency, federal and state agencies provided new, and in some cases time-limited, flexibilities for telehealth services to enable patients to see providers from the safety of their homes in order to reduce disruptions to care.

Congress has returned to Washington for the “lame duck” session and legislative action is more important now than ever to address the role telehealth will continue to play through the end of the COVID-19 pandemic and in the future. There are currently several pieces of proposed legislation before Congress that seek to establish and inform what telehealth services will look like post-pandemic. Our organizations previously agreed on a set of policy principles² to inform our analysis of proposed telehealth policy, and we believe several policy provisions included in currently proposed legislation are critical to addressing challenges for patient access to telehealth services during the remainder of the Public Health Emergency (PHE) and beyond.

Removing Geographic Restrictions

In response to the COVID-19 pandemic, Congress passed the CARES Act which granted the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) broad waiver authority to make telehealth services more accessible to Americans, reducing their exposure to the novel coronavirus. CMS took swift action, expanding the list of eligible services and providers who could be reimbursed by Medicare for telehealth services and waiving several restrictions that limited

¹ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

² https://prismic-io.s3.amazonaws.com/npf-website/12ec08fb-7bc8-4663-9f91-c1583be66c01_FINAL+Principles+for+Telehealth+Policy+_8_27_2020.pdf

access to care for Medicare enrollees. Data released by CMS shows that the expanded access to telehealth services led to a large increase in utilization. In the last week of April, roughly 1.7 million Medicare beneficiaries received telehealth services, up from 13,000 per week prior to the pandemic.³

Previously, the use of telehealth services for Medicare patients has been limited due to geographic restrictions on both patients and providers. Federal law largely limited use of a patient's home as the originating site to those living in rural areas or with a specific condition. Federal law should be amended to include a patient's home as an originating site to ensure all patients can utilize this care modality.

H.R. 7663, the Protecting Access to Post-COVID-19 Telehealth Act, contains language that would remove originating site geographic requirements in Medicare beginning December 31, 2020. It would also expand eligible distant site providers to include rural health clinics and federally qualified health centers (FQHCs). Other pieces of legislation such as the **CONNECT Act (H.R. 4932/S. 2741)** also include provisions that would allow the Secretary of HHS to waive Medicare's telehealth geographic requirements. Our organizations support legislation to further increase access to telehealth by designating the patient's home as an originating site.

Creating pathways to enable better interstate access for telehealth would also be an important step in addressing geographic barriers to care. Patients with chronic conditions often travel to other states in order to receive the specialized care necessary to treat their condition. Currently, most healthcare professionals must maintain a license in each state in which their patients reside. Many states waived licensing rules during the pandemic, but the rules were inconsistent and highly burdensome for providers. We support the inter-state access to telehealth provisions included in **S. 4421, the Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act** and urge Congress to pass the bill. Expanding opportunities for providers in good standing in their home state to practice across state lines via telehealth will increase access to care and improve care coordination for patients, particularly in underserved areas for the duration of the COVID-19 pandemic and future public health emergencies.

Increasing the Evidence Base for Telehealth

The expansion of telehealth during the COVID-19 pandemic has been necessary to ensure patients continue receiving timely and safe health care services and treatments from their providers. However, barriers to care still exist for many patients and future legislation should pay special attention to promoting health equity so that all populations have equal access to telehealth's potential benefits.

Lawmakers should establish a system for collecting comprehensive data regarding the utilization of telehealth services during the public health emergency and the potential areas in need of improvement to inform which waivers should be made permanent. **H.R. 7233, the Knowing the Efficiency and Efficacy of Permanent Telehealth Options Act**, requires both HHS and the Government Accountability Office (GAO) to conduct a study on expanded access to telehealth during the COVID-19 pandemic and to provide recommendations to Congress on what improvements can be made going forward. Conducting research and analysis into how patient health outcomes have been impacted by expanded telehealth access is important, but it is critical that demographic data is also collected, including race, ethnicity, age, disability status, preferred language, sex, sexual orientation, gender identity, socio-economic status, insurance coverage and geographic location. Other bills such as **H.R. 7078, the Evaluating Disparities and Outcomes of Telehealth During COVID-19 Emergency Act**, charge HHS with submitting a report to Congress which includes such an analysis for Medicare and Medicaid patients. Lastly, the **Enhancing Preparedness through Telehealth Act (S.3988)** would direct HHS to inventory telehealth

³ <https://www.healthaffairs.org/doi/10.1377/hblog20200715.454789/full/>

programs across the country to learn how telehealth can be used more effectively in future public health emergencies. This data should be made publicly available in an accessible, transparent manner and used to inform lawmakers' decisions about the future of telehealth services.

Conclusion

We are grateful for the bipartisan support that expanded telehealth access during the COVID-19 crisis and stand ready to work with Congress and the Administration on future legislation. If the above provisions are not enacted by the end of the year, we ask that Congress work on comprehensive telehealth legislation that addresses these issues in the 117th Congress. If you have any questions about this letter, please contact Hannah Lynch at hlynch@psoriasis.org.

Sincerely,

Alpha-1 Foundation
ALS Association
American Cancer Society Cancer Action Network
American Heart Association
American Kidney Fund
American Lung Association
Arthritis Foundation
Asthma and Allergy Foundation of America
Cancer Support Community
CancerCare
Crohn's & Colitis Foundation
Cystic Fibrosis Foundation
Digestive Disease National Coalition
Epilepsy Foundation
Hemophilia Federation of America
JDRF
National Alliance on Mental Illness
National Health Council
National Hemophilia Foundation
National Kidney Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Psoriasis Foundation
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