



June 16, 2020

The Honorable Lamar Alexander
Chairman
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, District of Columbia 20510

The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor, and Pensions
Washington, District of Columbia

Dear Chairman Alexander, Ranking Member Murray, and Members of the Committee,

Thank you for holding this important hearing at a critical moment for the delivery of effective healthcare through virtual means, including via Medicare telehealth services (live voice and video visits with physicians). Through the recent COVID-19 response bills, Congress provided an important waiver authority for the Department of Health and Human Services (HHS) to bypass statutory restrictions on Medicare coverage of live voice and video interactions between providers and patients. Now, we encourage the Committee to build on this important progress not only to enable digital healthcare innovations to contribute to the defeat of COVID-19, but also to prevent the sudden unavailability of virtual health options for Medicare patients after the national public health emergency (PHE) has expired. In particular, we urge you to ensure the temporary expanded access to telehealth services (live voice and video services)—which currently expires at the end of the PHE—is permanent.

The COVID-19 response packages made important strides toward ensuring Medicare patients can access telehealth services. Section 3704 of the Coronavirus Aid, Relief and Economic Security (CARES) Act provides for Medicare covered telehealth services to be provided by Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs). Similarly, the response packages enacted a general waiver provision enabling HHS to temporarily waive outdated "originating site" and geographic restrictions in Section 1834(m) of the Social Security Act on Medicare's coverage of telehealth enabled services. Likewise, the CARES Act also included an important update allowing for the use of telehealth technology to conduct the face-to-face visit required to recertify a Medicare patient's eligibility for hospice care. If these important expansions all expire at the end of the PHE, the telehealth access most Medicare patients currently enjoy will simply go away. And yet, as digital health-enabled services scale up, patients and clinicians are

now accustomed to their benefits. Telehealth and remote patient monitoring (RPM) are increasingly necessary to access care.

In addition to these legislative provisions, HHS took numerous steps to remove barriers so Medicare patients, a population that is particularly vulnerable to COVID-19, can use telehealth and RPM. In part because of these regulatory and statutory changes, patients have turned to digital health platforms, tools, and services to consult with caregivers in greater numbers as clinicians seek to treat their patients at home and avoid calling them into an office or hospital where they could risk exposing themselves or others to the novel coronavirus. And as a result, telehealth usage has increased dramatically, with private insurance claims for telehealth increasing from nearly zero to an average of about 15,000 per week.¹ Without question, the broadened availability of digital health technologies, such as telehealth video calls, have proven to be a key in limiting the spread by keeping people at home.

Congress must allow HHS to marginalize the onerous and backwards-facing restrictions on Medicare's coverage of telehealth services and ensure telehealth services provided by FQHCs and RHCs are covered. These barriers have held back patients' ability to enjoy live voice and video visits with caregivers for far too long and have artificially depressed telehealth usage by all Medicare beneficiaries, including those who rely on FQHCs and RHCs. This reality does not arbitrarily end with the PHE and neither should patients' ability to rely on telehealth. In fact, in a recent poll of likely voters, an overwhelming 80 percent of respondents call for Congress to ensure that they can access telehealth services, with 70 percent specifically calling for Congress to extend the temporary waiver permanently.² These results are consistent with the finding that telehealth is working for patients during the pandemic. Of the poll respondents who made use of telehealth during the PHE, 90 percent said that the visit helped address their symptoms, concerns, or questions.³ Pulling the expanded digital health capabilities away from Medicare patients—whether they are receiving care from a FQHC, an RHC, or another provider—at the end of the PHE would be a grave mistake for patients, providers, and government.

¹ THE WHITE HOUSE, DEREGULATION SPARKS DRAMATIC TELEHEALTH INCREASE DURING THE COVID-19 RESPONSE (Apr. 28, 2020), available at <https://www.whitehouse.gov/articles/deregulation-sparks-dramatic-telehealth-increase-covid-19-response/>.

² Cohen Research Group, on behalf of the App Association, “Nationwide survey of likely voters on digital health issues,” (May 18, 2020).

³ *Id.*

Thank you for considering our views as part of this Committee's important examination of telehealth during and past the COVID-19 pandemic. We look forward to working with you on the extremely important and bipartisan task of responding to the public health crisis.

Sincerely,



Morgan Reed
Executive Director
The Connected Health Initiative

The Connected Health Initiative (CHI), an initiative of ACT | The App Association, is the leading multistakeholder spanning the connected health ecosystem seeking to effect policy changes that encourage the responsible use of digital health innovations throughout the continuum of care, supporting an environment in which patients and consumers can see improvements in their health. CHI is driven by its Steering Committee, which consists of the American Medical Association, Apple, Bose Corporation, Boston Children's Hospital, Cambia Health Solutions, Dogtown Media, George Washington University Hospital, Intel Corporation, Kaia Health, Microsoft, Novo Nordisk, The Omega Concern, Otsuka Pharmaceutical, Podometrics, Rimidi, Roche, United Health Group, the University of California-Davis, the University of Mississippi Medical Center (UMMC) Center for Telehealth, the University of New Orleans, and the University of Virginia Center for Telehealth.

For more information, see www.connectedhi.com.

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