

September 14, 2020

The Honorable Lamar Alexander  
Chairman  
Committee on Health, Education,  
Labor, and Pensions (HELP)  
United States Senate  
428 Senate Dirksen Office Building  
Washington, District of Columbia 20510

Dear Chairman Alexander,

We write today to thank you and express our support for your efforts, including the *Telehealth Modernization Act* (S. 4375), to make long-overdue, permanent changes to the statutory restrictions on Medicare's coverage of live audio and video (telehealth) services. Through the COVID-19 response bills, you and your colleagues 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 (telehealth) interactions between providers and patients. Now, we are pleased that you are building on this important progress to enable digital healthcare innovations not only to contribute to the defeat of COVID-19, but also to prevent the sudden unavailability of virtual health options for Medicare patients after the expiration of the national public health emergency (PHE).

We applaud that this legislation effectively sidelines both the geographic and the "originating site" restrictions in Section 1834(m) of the Social Security Act on Medicare's coverage of telehealth services. In particular, we strongly agree that the Centers for Medicare and Medicaid Services (CMS) should be empowered to cover telehealth services at "any site" where the patient is located, if such coverage is clinically appropriate. There is no longer a cogent reason to continue to impose a statutory restriction on Medicare's coverage of these services tied to rural, qualified health professional shortage areas, nor should we stop at enabling coverage at the "home of an individual." Although the removal of any statutory restriction on what constitutes a qualified "originating site" is a positive step in the right direction, we should be careful not to exclude critical patient populations, and we should also make every effort to future-proof the statute. Accordingly, we appreciate that the *Telehealth Modernization Act* does not require Medicare to cover telehealth services in a broader range of clinical circumstances, but rather that it removes the statutory restrictions that were put in place when video calls were impossible except in very limited circumstances where the patient was located at another healthcare facility. Technological capabilities surpassed the law by leaps and bounds in this case, as smart devices can facilitate telehealth visits no matter the location of the patient so long as there is a stable broadband connection.

In part because of the recent regulatory and statutory changes related to COVID-19, patients 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 increased dramatically, with private insurance claims for telehealth increasing from nearly zero to an average of about 15,000 per week.<sup>1</sup> Without question, the broadened availability of digital health technologies, such as telehealth video calls, prove to be key in limiting the spread by keeping people at home.

If Congress does not act before the end of the PHE, which currently expires on October 23, coverage and payment of Medicare services furnished using basic, widely available live audio and video technology will, with a few exceptions, once again be limited to rural areas only and will not be available in patients' homes. And unfortunately, even some of the most remote areas in the country are not considered rural for Medicare coverage purposes. The sudden unavailability of live video and audio services will force Medicare beneficiaries to travel to health care sites to access care in person, possibly putting them at greater risk after the PHE lapses and straining Medicare providers. Pulling these expanded digital health capabilities away from Medicare patients—whether they are receiving care from a Federally Qualified Health Clinic, a Rural Health Center, or another provider—at the end of the PHE would be a grave mistake for patients, providers, and government.

We look forward to supporting your efforts to ensure that the *Telehealth Modernization Act* becomes law and permanently removing the statutory barriers that stand between Medicare patients and coverage of telehealth visits.

Sincerely,

A handwritten signature in black ink that reads "Morgan Reed". The signature is fluid and cursive, with the first letters of "Morgan" and "Reed" being capitalized and prominent.

Morgan Reed  
Executive Director  
Connected Health Initiative

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<sup>1</sup> 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/>.

*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 the 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, Healthcare Information and Management Systems Society (HIMSS), 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](http://www.connectedhi.com).*