

June 25, 2020

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

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
317 Russell Senate Office Building
Washington, DC 20002

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
2421 Rayburn House Office Building
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
U.S. Senate
322 Hart Senate Office Building
Washington, DC 20002

Dear Speaker Pelosi, Leader McCarthy, Leader McConnell, and Leader Schumer,

Thank you for ensuring that patients can receive care via telehealth by supporting key provisions in the first three COVID-19 response packages. Through these bills, you 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 encourage you to build 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 national public health emergency (PHE) has expired. In particular, we urge you to make the temporary expanded access to digital health and telehealth technology (live audio and video calls)—which is temporary and at least partially expires at the end of the PHE—permanent.

Under your leadership, the COVID-19 response packages have made important strides toward ensuring all Medicare patients can access Medicare covered services furnished via telehealth technology. Section 3704 of the Coronavirus Aid, Relief and Economic Security (CARES) Act provides for Medicare covered telehealth services to be furnished 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 Similarly, the response packages enacted a general waiver provision enabling HHS to temporarily waive outdated "originating site" and geographic restrictions in Section 1834(m) of the Social Security Act on Medicare's coverage of telehealth enabled services.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.

Using these legislative provisions and existing regulatory authority, HHS took numerous steps to remove barriers so Medicare patients—a population that is particularly vulnerable to COVID-19—can use telehealth and remote patient monitoring (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 exposure or exposing 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.

Despite this progress, HHS remains unable to address the outdated statutory restrictions in Section 1834(m) of the Social Security Act beyond the PHE. If Congress does not act before the end of the PHE, coverage and payment of Medicare services furnished using basic, widely available audio video technology will (with a few exceptions) once again be limited to rural areas only, narrowly defined to exclude many rural parts of the country. Moreover, 1834(m) would also (again, with a few exceptions) prohibit coverage of services provided to patients in their homes and Medicare beneficiaries will be forced to travel to health care sites to access Medicare care through these widely available technologies, they will not be able to use them to access services at home. Pulling these 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.

Thank you for considering our request. We look forward to working with you on the extremely important and bipartisan task of ensuring patients can continue to benefit from telehealth and digital health capabilities during and beyond the PHE.

Sincerely,

Advanced ICU Care
America's Physician Groups
American Academy of Neurology
American Association for Respiratory Care
American Association of Nurse Practitioners
American Heart Association
American Medical Association
Ancora Home Health
Augment Therapy, Inc
Auxin Health
Biocom
BioFourmis, Inc.
BlueStream Health
California Telehealth Network
Care Dimensions
Catalia Health
CHIME
CoachCare
Commonwealth Primary Care ACO, LLC
Compassion & Choices
Connected Care, LLC
The Connected Health Initiative
CyMedica Orthopedics, Inc.
Diasyst

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/>.

Dioko Ventures
Doctor on Demand
Dogtown Media
EmPowerYu
Hartford Hospital Pain Treatment Center
Health Recovery Solutions
Health Six Fit
Healthcare Information and Management Systems Society (HIMSS)
Healthcare Leadership Council
Hygieia, Inc.
Indie Health
Intel Corporation
Kaia Health
Knut Nelson Home Care and Hospice
The Learning Corporation
Life365
LifeWIRE Group
The Medical Alley Association
Medical Society of Northern Virginia
Mend
MiCare Path
Moments Hospice
National Association of ACOs
Norwell VNA and Hospice
NVOLVE, Inc
OCHIN
The Omega Concern, LLC
Omron Healthcare Inc.
Optimize Health
Particle Health
Personal Connected Health Alliance
Pillsy Inc.
Premier Inc.
Reflexion Healthcare
ResMed Inc.
Rhinogram
Rimidi
Southcoast Visiting Nurse Association, Inc.
Strategic Health Information Exchange Collaborative (SHIEC)
TelemedicineHealth, Inc.
UnityPoint at Home
University of Mississippi Medical Center
University of Pittsburgh Medical Center (UPMC) Health System
Upside Health, Inc
URAC
Validic, Inc.
VeruStat Inc.
Visiting Nurse Association