



March 20, 2020

The Hon. Mitch McConnell
Majority Leader
United States Senate
Washington, DC 20510

The Hon. Nancy Pelosi
Speaker
United States House of Representatives
Washington, DC 20515

The Hon. Charles Schumer
Minority Leader
United States Senate
Washington, DC 20510

The Hon. Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

The Hon. Richard Shelby
Chairman
Senate Committee on Appropriations
Washington, DC 20510

The Hon. Nita Lowey
Chairwoman House Committee on
Appropriations
Washington, DC 20515

The Hon. Patrick Leahy
Vice Chairman
Senate Committee on Appropriations
Washington, DC 20510

The Hon. Kay Granger
Ranking Member
House Committee on Appropriations
Washington, DC 20515

Re: Emergency Expansion of Telehealth Services During COVID-19 Pandemic

Dear Congressional leaders,

Thank you for your continued commitment to working tirelessly to deploy every necessary resource during this unprecedented public health emergency. Much has changed since Congress passed and the President signed into law the Coronavirus Preparedness and Response Supplemental Appropriations Act, H.R. 6074 nearly two weeks ago. Since then, the World Health Organization (WHO) has characterized COVID-19 as a pandemic, the disease has spread within the United States, and our country has entered a period of partial shutdown. These major changes necessitate



consideration of additional policies as the federal government grapples with how to contain the virus and protect Americans.

While our members greatly appreciated the statutory changes to promote telehealth in H.R. 6074 and the telehealth provisions included in the recently introduced S.3548, Coronavirus Aid, Relief, and Economic Security Act (Phase III), the ATA encourages you to consider bolder and more immediate policies that need to be enacted to ensure access to affordable and safe care for all patients.

As you know, telehealth can improve access to care, speed diagnosis and treatment, and limit the risk of person-to-person spread of the virus. As Congress and the Trump administration consider bold policies to protect the health and economic future of our country, we urge you to consider new funding and policy changes that will ensure Americans receive timely appropriate health care in the coming weeks and months.

Congress should provide funding for both infrastructure and technical assistance to ensure that providers, especially those who have traditionally served patients in brick and mortar facilities, can rapidly scale to serve patients remotely using telehealth.

1. We request robust funding within the Department of Health and Human Services (HHS), including through the Public Health and Social Services Emergency Fund under the Assistant Secretary for Preparedness and Response (ASPR), to support clinician needs as they utilize telehealth in response to COVID-19. This funding should support clinician training in telehealth technologies, investment in telehealth and remote patient monitoring infrastructure, and should help cover the costs of providing care to uninsured individuals. Health care provider ownership structure should not limit eligibility.
2. To ensure providers across the country have access to the most reliable evidence-backed guidance on deploying telehealth technologies, we recommend robust funding of the Department of Health and Human Services Secretary, Health Resources and Services Administration (HRSA) to fund telehealth resource centers and other technical assistance to enable real-time and data-driven technical assistance to states, providers, and communities. The ATA



supports *Section 4213 - Telehealth Network and Telehealth Resource Centers Grant Programs* of S.3548.

Congress should direct HHS to work with states to streamline licensing such that telehealth can quickly be deployed across state lines.

3. State licensure, registration, and certification requirements of health providers are typically tied to the location of the patient at the time of the service. Ensuring that out-of-state health care providers holding an active license, registration, or certification can deliver care to patients across state lines is critical and will help augment health provider needs during this emergency. Further, state-specific telehealth modality and practice standards can limit certain types of telehealth offerings that otherwise meet the applicable standard of care for COVID. We recognize states' rights to continue to manage these policies, however, during this pandemic, Congress should direct the Secretary of HHS to issue specific recommendations to states on how to remove these barriers and allow providers to practice in good faith to their full scope and across state lines.

Congress should ensure that telehealth services are available to patients by ensuring coverage by Medicare, Medicaid, private insurance, and other payers.

Medicare:

4. To ensure Medicare patients, regardless of location or medical condition, have access to essential care, we urge you to address the remaining statutory restrictions on telehealth for Medicare beneficiaries by amending and removing 1834(m) of the Social Security Act. At minimum, Congress should consider enacting the CONNECT for Health Act, S. 2741, to remove many of the antiquated barriers within this statute. H.R. 6074 took a helpful first step in providing the Secretary of HHS limited authority to waive parts of this statute, but more must be done. The restrictions of audio-video capable devices, prior in-person visits, and limits to the current public health emergency will result in barriers to care that must be removed now that this pandemic has grown.



5. CMS recently advised Medicare Advantage plans that they may waive cost-sharing for plan enrollees on a uniform basis for COVID-19 tests, telehealth benefits, and other services to address the outbreak. Congress should provide the same relief to Medicare patients in the Part B program by removing beneficiary co-payments, deductibles, and coinsurance costs for telehealth services.
6. As health care providers work to migrate as much in-person care as possible to virtual platforms to help keep non-COVID patients from contracting the virus, home-based remote patient monitoring will become more important than ever and will help reduce transmission risk. For patients that contract COVID-19, remote monitoring will help providers more accurately target patients who need to transition a higher level of care.

Remote monitoring for patients with COVID-19 would include things such as asynchronous digital communication of clinical information such as patient temperature, pulmonary function testing, and blood pressure, using FDA cleared/approved devices. Remote patient monitoring will also be more critical than ever to care for patients with chronic conditions without exposing them to additional risk outside their homes. Existing limitations hinder the ability of telemedicine providers engaging with patients for the first time to use remote patient monitoring to assess for symptoms of COVID-19 over a period of days or weeks.

Congress should provide the Secretary of HHS additional wavier authority to:

- Clarify and allow for coverage of RPM for patients with COVID-19, not just patients with chronic conditions
- Allow for the reduction or waiver of cost-sharing (co-pays) for RPM services
- Allow for enforcement discretion and not require a prior relationship with the provider during this public health emergency
- Allow for and enable the provisioning of RPM tools (and other connected health tech) under the Anti-Kickback Statute



Medicaid:

7. Medicaid programs across the country provide varying coverage of telehealth services for their beneficiaries. During this public health emergency, state Medicaid programs should expand access to telehealth services. This will be particularly important for children as schools close and for people with disabilities who may be required to stay home due to high risk of complications with exposure. We recommend including in the package a directive for the Secretary of HHS to issue strong guidance to states on what services should be covered during this pandemic through telehealth and how states can use telehealth technologies to support these populations. Further, to encourage the use of remote technologies in place of in-person visits, we recommend Congress increase the federal FMAP rate for COVID-19 related telehealth services to 100%.

Private Health Insurance:

8. In the Families First Coronavirus Response Act, Congress set precedent by mandating free testing for COVID-19 in federal health programs and private health plans. We urge Congress to build upon this policy to support and ensure all private health plans are able to cover telehealth services during this pandemic.
9. The ATA supports S.3548, *Section 4401* which would create a new safe harbor to allow HSA-qualified plans to cover telehealth pre-deductible or at a lower deductible.

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs):

10. The ATA supports S.3548, Section 4405 and lifting telehealth reimbursement restrictions for Federally Qualified Health Centers and Rural Health Clinics (RHCs)



Congress should support robust funding for Federal Communications Commission (FCC) programs to ensure universal access to broadband such that telehealth services can be deployed nationwide.

11. Even with strong reimbursement and efforts to address licensure, providers cannot reach patients if both do not have a reliable internet connection, which disproportionately impacts 60 million Americans who live in rural communities. In an effort to provide a solution, the Federal Communications Commission's Rural Health Care Program provides funding to eligible non-profit or public health care providers for telecommunications and broadband services. We ask Congress to ensure rural America is not left behind and that providers are equipped with every necessary tool, including increased funding for the FCC's Rural Health Care Program in any COVID-19 appropriations. Further, we request that you consider loosening restrictions in the program, like the requirement that providers must be non-profit or public and encourage the FCC to provide additional flexibilities during this pandemic.

Thank you for your dedication to ensuring Americans are safe during this public health crisis.

If you have any questions or would like to further discuss our request, please contact Kevin Harper, Director, Public Policy at kharp@americantelemed.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann Mond Johnson", followed by a comma.

Ann Mond Johnson
CEO