April 30, 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: Expanding Access to Telehealth Services and Remote Monitoring During the COVID-19 Pandemic

Dear Congressional leaders,

Thank you for your commitment to America's patients and health care providers who continue to work tirelessly to deploy every necessary resource during this unprecedented public health emergency.

As you know, telehealth can improve access to care and speed diagnosis and treatment while limiting the risk of person-to-person spread of COVID-19. The ATA and our members appreciate Congress' continued recognition of the value of telehealth and digital health technologies during this critical time. The recent statutory changes to promote telehealth in

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the first three COVID-19 legislative packages have been a lifeline to many Americans, including health care providers on the front lines. The ATA also believes that telehealth should remain a priority in the next coronavirus legislative package.

Building on the foundation built by the first three legislative packages and related administrative actions, we urge Congress to consider the following additional funding and policy changes to address remaining barriers to appropriate virtual care.

Congress should provide additional funding for telehealth infrastructure and coverage 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 and digital health tools.

1. **Expand the FCC COVID-19 Telehealth Program.** We request robust funding for the Federal Communications Commission (FCC) COVID-19 Telehealth Program to improve access to broadband, remote patient monitoring, and telehealth infrastructure to facilitate the expansion of virtual care nationwide. Specifically, we request an additional $300 million for the FCC COVID-19 Telehealth Program. Additionally, we request that Congress ensure that hospital and health care provider ownership structure do not limit eligibility for participation in the program. The FCC COVID-19 Telehealth Program currently limits program eligibility to public, non-profit entities based on the categories of health care providers set forth in section 254(h)(7)(B) of the Communications Act of 1934. We ask that Congress clarify and ensure that eligibility is broadened to ensure hospitals in every community are supported during the pandemic.

2. **Expand the FCC Health Care Connect Fund Program (HCFP).** Congress should further leverage the FCC Health Care Connect Fund Program to expand telehealth and high-quality internet connectivity to health care facilities beyond just rural areas. Similarly, given the evolution of health care delivery in the U.S., eligibility for participation in the Healthcare Connect Fund Program (HCFP) should be expanded beyond public, non-profit entities.

3. **Additional Funding for the HHS Public Health and Social Services Emergency Fund.** We request additional dedicated funding for the Department of Health and Human Services (HHS) to support clinician needs as they utilize telehealth and migrate patients to virtual care 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.

4. **Payroll Tax Credit for COVID-19 Hospital Facility Expenditures.** As hospitals scale up their ability to provide virtual care – from remote visits to remote patient monitoring – they will need to purchase new equipment, update their technological infrastructure, and train staff. A refundable payroll tax credit should be provided to hospitals to offset the cost of this investment.

Congress should ensure that all federal health programs have necessary regulatory flexibility to adequately offer telehealth.

5. **Medicare Part B Cost Sharing.** Under current CMS flexibilities, Medicare Advantage plans may waive cost-sharing for plan enrollees on a uniform basis for COVID-19 tests, telehealth benefits, and other services to address the outbreak. Additionally, HHS OIG is allowing for cost-sharing of telehealth services under enforcement discretion for Medicare Part B. Congress should build on these policies and support Medicare patients in the Part B program by waiving beneficiary co-payments, deductibles, and coinsurance costs for remote patient monitoring and telehealth services during the remainder of the Coronavirus PHE.

For the duration of the pandemic, Congress and the Administration have broken down many policy barriers that have historically impeded the provision of telehealth. The value of and demand for telehealth will not end when this public health emergency ends. Congress should consider ways to make this a seamless experience for patients and providers by ensuring continued access to appropriate remote care.

6. **HHS Cooperative Agreement on Telehealth Data Collection.** As payers, providers, and patients experience the value of telehealth and remote technologies during the public health emergency, policymakers must take advantage of new resources and data that can be collected at the federal, local, and non-governmental levels to inform appropriate access to technologies moving forward. We recommend HHS enter into a cooperative agreement with at least one eligible organization to collect, analyze, and report on certain telehealth, digital health, and remote monitoring metrics. The eligible organization should partner with relevant stakeholders to consider utilization, cost, access, experience data, and identified structural and policy barriers to care. The reporting should be done on a rolling basis,

occurring parallel to the public health emergency and starting immediately, or at the latest, by 90 days of enactment.

7. **Incorporating Telehealth and Remote Technologies into the National Health Security Strategy**. The COVID-19 public health emergency demonstrated the benefit of telehealth and other remote technologies during an infectious disease outbreak. As America and the federal government look to the future on how to prepare and plan for the next emergency—whether it be by infectious disease, natural disaster, or manmade—we recommend HHS consider the benefits of digital health. Specifically, the Secretary should incorporate detailed recommendations on the use and expansion of telehealth and the benefits of technology-enabled collaborative learning and capacity-building models in the National Health Security Strategy.

8. **Prioritize Telehealth Policy and Elevate the Office for the Advancement of Telehealth.** The COVID-19 Public Health Emergency has demonstrated that telehealth is a helpful tool to all Americans, no matter where they live. Further, we have experienced that telehealth activities – from reimbursement to grants – occur across the federal government and, specifically, across many operating divisions at HHS. Unfortunately, per existing statute, the one federal telehealth office, the Office for the Advancement of Telehealth, is buried under the Office of Rural Health Policy within the Health Resources Services Administration. During the pandemic, Congress and the federal government have recognized that telehealth is not only an issue for rural America. To ensure telehealth policy is developed to address the needs of all Americans and to ensure coordination of telehealth programs and policies across all HHS operating divisions, the ATA recommends a statutory change to move the Office for the Advancement of Telehealth from HRSA to the Office of the Secretary.

9. **Address Outdated 1834(m) Restrictions on Telehealth.** 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 or removing 1834(m) of the Social Security Act. At minimum, Congress should consider enacting the CONNECT for Health Act, S. 2741 and H.R. 4932, to remove many of the antiquated barriers that have long prevented our nation from leveraging the power of telehealth to expand access, improve quality, and reduce costs.

Thank you for your consideration of these policy recommendations to ensure patients continue to safely and appropriately access needed care during the COVID-19 public health emergency.

As Congress, the Administration, and state leaders navigate the crisis and plot a path toward reopening the country, we urge you to consider the realities of health care delivery in a post-COVID-19 world. Specifically, we welcome the opportunity to work with you to ensure patients who benefit from telehealth and other remote technologies do not lose essential access to care as America returns to "normal." We must recognize that our "new normal" following this limited COVID-19 public health emergency will necessitate patients' and providers' continuing to use telehealth to promote social distancing and to maximize health care resources. The continuation of many temporary policies and the enactment of new, permanent statutory and regulatory changes will need to be considered to ensure patients retain access to modern 21st century care.

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

Sincerely,

Ann Mond Johnson
CEO