

March 29, 2022

Marc F. Aidinoff, Chief of Staff  
Office of Science and Technology Policy, Executive Office of the President  
Eisenhower Executive Office Building  
1650 Pennsylvania Avenue  
Washington, D.C. 20504

Re: Request for Information (RFI) on Strengthening Community Health Through Technology  
Submitted electronically to [connectedhealth@ostp.eop.gov](mailto:connectedhealth@ostp.eop.gov)

Dear Mr. Aidinoff:

Telehealth has increasingly become an essential component of health care in the 21st century, and the COVID-19 pandemic has made it even more critical for telehealth tools to be accessible for consumers in every American community. The American Telemedicine Association (ATA), the only organization exclusively devoted to advancing telehealth and committed to ensuring everyone has access to safe, affordable, and appropriate care, and ATA Action, the ATA's affiliated trade association focused on advocacy, appreciates the opportunity to provide comments on how digital health technologies are used, or could be used in the future, to transform community health, individual wellness, and health equity.

The ATA and ATA Action commend the Office of Science and Technology Policy OSTP for broadly defining the term "digital health technologies" as any tool or set of tools that improve health or enable better healthcare delivery by connecting people with other people, with data, or with health information. The ATA and ATA Action agree that all modalities should be considered tools to improve access to care and services, including but not limited to virtual visits, chat-based interactions, remote patient monitoring, other technology-enabled modalities providing services such as patient education, consults, diagnostics, and therapeutics, and more. As OSTP considers influencing policy changes, it should keep this broad definition in mind and avoid policies that limit access to specific modalities when others could be effective. In response to the questions laid out in the OSTP RFI, the ATA and ATA Action would like to share the following detailed comments.

## 1. Barriers

While technology-enabled solutions have the potential to transform our health care system, barriers to adoption do remain. Chief among these barriers are policy limitations that arbitrarily restrict access to certain types of care or certain situations and an incomplete broadband infrastructure to support access to virtual services everywhere. While these two barriers overlap, it is important not to restrict access to services solely because they're not available everywhere; rather, we should work to ensure that technology and services are available equitably across the country.

**Coverage and Reimbursement:** Federal policy limitations on coverage and reimbursement of telehealth services, particularly in the Medicare program, remain some of the largest unnecessary barriers to access to virtual health care services. Prior to the COVID-19 pandemic, Medicare reimbursed telehealth services under extremely limited circumstances, restricting the services only to patients in physical facility locations in certain rural or provider shortage areas. Luckily, telehealth flexibilities allowed during the pandemic alleviated these barriers, with the number of Medicare beneficiary telehealth visits increasing by 63-fold in 2020 alone.<sup>1</sup> This uptick in utilization showcases the value and need for permanent telehealth policy going forward. The federal government should examine the policies within its jurisdiction, including the Medicare program and oversight of Medicaid programs,

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<sup>1</sup> [https://www.aspe.hhs.gov/sites/default/files/documents/a1d5d810fe3433e18b192be42dbf2351/medicare-telehealth-report.pdf?\\_ga=2.263152908.1288477598.1638811694-1417522139.1637192937](https://www.aspe.hhs.gov/sites/default/files/documents/a1d5d810fe3433e18b192be42dbf2351/medicare-telehealth-report.pdf?_ga=2.263152908.1288477598.1638811694-1417522139.1637192937)

ERISA plans, and high deductible health plans to ensure access is not unduly restricted post-pandemic. States should also examine the policies within their jurisdiction to do the same, including their Medicaid programs, oversight of the practice of medicine and other clinical practices, and commercial health plan policies.

As we saw during the pandemic, telehealth was used to reach patients in need of behavioral and mental health care. The COVID-19 pandemic has exacerbated the mental health crisis in this country, including the opioid overdose epidemic and pediatric behavioral health issues. Telehealth has the potential to break down barriers that have long existed in our fragmented health care system. Remote encounters for physical, mental, or substance use disorder in a collective community setting, such as group therapy or through community health centers, can be an impactful approach. During the pandemic, clinicians and researchers learned that telehealth-based opioid use disorder treatment is just as effective as in-person care, only further showing the need to ensure it can be made widely accessible.<sup>2</sup>

**Technical (Including Broadband Access):** The ATA and ATA Action supported broadband provisions included in the Infrastructure Investment and Jobs Act that dedicates \$42 billion toward closing the digital divide. The ATA and ATA Action encourage OSTP to consider Americans in technology deserts. In addition to those in rural communities, there are people in urban areas, such as in public housing, who also lack the infrastructure to access health care information and services. Technology used not only for health care services, but for other remote services to address social determinants of health such as job training and education.

**Other (Practice Across State Lines):** The ATA and ATA Action would also highlight that state and federal regulations supporting licensure and certification of clinicians need continue to be streamlined and unified to allow qualified clinicians to make their services available more easily and quickly. Adoption of interstate licensure compacts, flexibility for online medical second opinions, cross-state follow-ups for continuity of care, and other related licensure portability policies ensure that clinicians can treat patients safely across state lines. Policy barriers that impose undue administrative burden or restrictions that do not promote patient access, continuity of care, and quality medical services should be reduced. State and federal policy should ensure efficient licensure, both during public health emergencies and after.<sup>3</sup>

## 2. User Experience

In a 2021 survey, both providers and consumers stated they valued telehealth and planned to use it in the future, with 8 out of 10 patients reporting their telehealth visit was of good quality.<sup>4</sup> The ATA and ATA Action support that the delivery of care should be determined by the clinician, in consultation with the patient. Telehealth visits should meet the same standard of care as services provided in person and should not be limited to any specific technology if it is safe, effective, appropriate, and able to be fully integrated into clinical workflows. Telehealth allows providers to quickly respond to issues experienced by patients and can support quicker education, treatment and prescribing. Technology should be designed to enable health care workers to do their best work and be centered around the needs of the community, which varies across the nation.

## 3. Tools and Training Needs

**Tools** – As more technological tools become available, from hardware devices to software and everything in between, the FDA has been grappling with which tools to regulate and how to regulate them in comparison to more traditional medical devices. The FDA has established a [Digital Health Center of Excellence](#) to support digital health innovation and has developed a framework for regulating what the International Medical Device Regulators Forum

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<sup>2</sup> <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/12/state-policy-changes-could-increase-access-to-opioid-treatment-via-telehealth>

<sup>3</sup> <https://www.americantelemed.org/wp-content/uploads/2021/10/The-ATAs-Recommendations-on-Enabling-Healthcare-Delivery-Across-State-Lines-10-27-21.pdf>

<sup>4</sup> <https://c19hcc.org/telehealth/patient-survey-analysis/>



(IMDRF) has defined as Software as a Medical Device.<sup>5</sup> The ATA and ATA Action support the thoughtful consideration of regulating digital tools in a way that encourages innovation without compromising patient safety.

**Training needs** – Nursing schools are beginning to offer telemedicine labs, to provide opportunities for nurses to be trained in remote encounters. Telehealth training should be a mandatory component like clinical rounds, during which students experience the clinical and technical expertise in a patient setting. Providers should also have telehealth training as a part of their continuing education requirements. To support patient training the Centers for Medicare and Medicaid Services (CMS) should develop remote encounter technology training for patients that is based on demographic and clinical data, such as the Mapping Medicare Disparities Tool that CMS monitors.

#### 4. Proposed Government Actions

The ATA and ATA Action urge the federal government to ensure the telehealth flexibilities implemented during the public health emergency are made permanent, so millions of patients do not lose access to care and fall off of the “telehealth cliff”.

Additionally, one of ATA’s policy principle is to ensure program integrity. As solutions begin to be implemented at local and community levels it is also critical for the federal government and its agencies to actively adopt and expand telehealth services. The administration has made efforts to gather data from providers and insures on telehealth usage. As this data is collected it will be necessary to investigate and reconcile suspicious activity and investigate as warranted, just as authorities do for in-person care.

#### 5. Health Equity

The U.S. has entered a period where the subject of disparities is receiving a historic level of attention by government and market stakeholders. The ATA and ATA Action strongly believe telehealth can be used to eliminate health disparities and inequities for all underserved communities and populations. There are many factors that can prevent an individual from seeking or receiving healthcare services that must be addressed including structural competence, inclusiveness, history, culture, trust, structural anti-racism, affordability, connectivity/broadband, and health/digital literacy.

Notably, while broadband and connectivity are the focus of a vital investment in our nation’s infrastructure, the ATA and ATA Action believe the broad availability and integration of telehealth into our healthcare system can drive the changes needed in order to achieve the nation’s goals for health and well-being. For information see [the ATA’s framework for eliminating health disparities using telehealth](#).

We thank you in advance for your attention on this important matter. We welcome the opportunity to serve as a resource to you on how to promote and effectively leverage the use of technology to reimagine health care. To discuss further, please reach out to ATA Action’s Executive Director, Kyle Zebley, [kzebley@ataaction.org](mailto:kzebley@ataaction.org).

Sincerely,

Ann Mond Johnson  
CEO  
American Telemedicine Association

Kyle Zebley  
Executive Director  
ATA Action

<sup>5</sup> <https://www.imdrf.org/sites/default/files/docs/imdrf/final/technical/imdrf-tech-131209-samd-key-definitions-140901.pdf>, <https://www.fda.gov/medical-devices/digital-health-center-excellence/software-medical-device-samd>