Health. Virtually. Everywhere.

August 1, 2022

Admiral Rachel Levine
Office of the Assistant Secretary for Health
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Sent via email: OASHPrimaryHealthCare@hhs.gov

RE: ATA and ATA Action Response to Health and Human Services (HHS) Office of the Assistant Secretary for Health (OASH) Primary Health Care Request for Information

The American Telemedicine Association (ATA), the only organization exclusively devoted to advancing telehealth, and ATA Action, the ATA's affiliated trade organization focused on advocacy, appreciate the opportunity to comment on OASH's Request for Information (RFI) to Strengthen Primary Health Care. As you know, telehealth has played an important role throughout the COVID-19 pandemic allowing patients to continue receiving care where and when they need it. As in-person visits dropped, providers rapidly shifted care online, many for the first time. In the first half of 2020, telehealth made up 20 percent of primary care visits, compared to 1 percent one year before.[1] Telehealth has become an integral part of our healthcare system and it is imperative that the telehealth flexibilities that have been temporarily implemented during the Public Health Emergency (PHE) remain in place post-PHE to ensure providers across the country, including primary care providers, are able to continue offering telehealth services to their patients. The ATA and ATA Action would like to respond to a few specific items requested within the RFI.

- **Successful Models or Innovations that Help Achieve the Goal State for Primary Health Care:**
  Telehealth has proven to be a successful model to deliver care services, and providers across the country have grown to embrace the benefits telehealth provides. 80% of providers reported that the overall level of care provided via telehealth was better or equal to that of in-person care and 70% reported that telehealth had made patient continuity of care better or much improved.[2] Telehealth has many benefits: it reduces provider burnout, assures continuity of care, and helps to fill gaps of care specifically in provider shortage areas. For example, today there are 8,012 primary care provider shortage areas in the United States and 16,698 primary care providers are needed.[3] Currently, due to the telehealth flexibilities, patients can virtually visit with their primary care providers in any geographic location, rural or urban, within the comfort of their homes, therefore, increasing access across the U.S. specifically in provider shortage areas. We urge OASH to work with Congressional policymakers to ensure permanent access to telehealth services post-PHE.

  An example of a current successful model that integrates in-person and virtual care services to help achieve the goal state for primary health care and meet patients' needs is Walmart Health's omnichannel approach. In 2019, Walmart Health launched their updated health program to

[1] How Primary Care Is Faring Two Years into the COVID-19 Pandemic | Commonwealth Fund
[2] The State of Telehealth, According to Healthcare Providers and Patients - GoodRx Health
[3] Shortage Areas (hrsa.gov)
[4] New Study from Walmart and Medscape Show Quality of Care is Most Concerning to Primary Care Healthcare Professionals in Rural America
[5] Interstate Telehealth Use By Medicare Beneficiaries Before And After COVID-19 Licensure Waivers, 2017–20 | Health Affairs

provide accessible, convenient, and affordable health care services for local customers, regardless of insurance status.

In 2021, Walmart Health acquired a multi-specialty telehealth provider, MeMD, recently rebranded as Walmart Health Virtual Care, which supports its integrated, omnichannel health delivery approach that leverages data and technology to improve engagement, health equity, and outcomes. Walmart Health Virtual Care's services are available nationwide, and includes urgent care, behavioral health, and primary care. With 90% of the U.S. population located within 10 miles of a Walmart, and 4,000 of their stores located in medically underserved areas as designated by the Health Resources and Service Administration (HRSA), Walmart is in a unique position to provide health and wellness services to many Americans, particularly those in rural and underserved communities.[4]

- **Proposed HHS Actions:**

Make Permanent the Medicare Part B Telehealth Flexibilities: The ATA and ATA Action's top priority is to ensure the Medicare Part B telehealth flexibilities implemented during the PHE are made permanent. We encourage OASH to work closely with Congress to make these flexibilities permanent to ensure providers can continue to offer, utilize, and be reimbursed for telehealth services post-PHE. Permanency will lead to certainty, creating a telehealth-friendly environment and increasing the number of health care providers willing to offer telehealth services.

Expand Access to Remote Prescribing of Controlled Substances via Telehealth: Prior to the COVID-19 pandemic, a Drug Enforcement Administration (DEA) registered provider was required to see a patient in person before prescribing controlled substances as a result of the Ryan Haight Act. During the pandemic, this in-person requirement was waived allowing DEA registered providers to prescribe controlled substances via telehealth regardless of the patient's location. We urge OASH to work with Congress to make this flexibility permanent to ensure patients can continue accessing critical and lifesaving medications without having to travel long distances to see a provider. If this in-person requirement were to be reinstated, many patients, due to many factors, would stop seeking treatment. Waiving the in-person requirement would allow patients to continue to seek treatment in the comfort of their homes while having access to more telemental health and behavioral health providers and, overall, increase primary health care and wellbeing.

***Incentivize States to Implement Reciprocal Licensure Models*:** Each state has different requirements, making multistate licensure applications a cumbersome and often costly process for physicians, nurses, and other healthcare professionals. During the pandemic, many states waived certain licensure requirements, allowing more providers to deliver telehealth services across state lines than ever before. Unfortunately, many state public health declarations have ended or are about to end, resulting again in another barrier to care.

Expanded geographic telehealth use is critical to access and continuity of care. A recent study found that most out-of-state telehealth is used for continuity of care.[5] In addition, the study showed that about two-thirds of out-of-state telehealth visits were with a physician in a bordering

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state, and that a higher percentage of rural patients used both out-of-state in-person and telehealth services compared to patients in non-rural areas.[5]

Creating flexibility and regulatory modernization that reflect new technological realities that allow providers to care for patients remotely will aid in reducing barriers to accessing care. Therefore, states should be incentivized to adopt interstate licensure compacts and other related licensure portability policies to ensure that providers can treat patients safely across state lines. This will allow pre-existing provider relationships to continue, assures care continuity, and maintains quality care.

State and federal policymakers should ensure flexible licensure policies, both during public health emergencies and after. We urge OASH to work with policymakers to encourage states to adopt reciprocal licensure models by predicating funding on state legislatures adopting certain standards. For more information, please see the ATA's Recommendations on Enabling Healthcare Delivery Across State Lines.

Telehealth Primary Care Data During the Pandemic: Data is an extremely important component for Congress as they decide which telehealth policies to make permanent after the PHE. We encourage OASH to work with other agencies to continue collecting and releasing telehealth utilization data as it relates to primary care and other specialties for public consumption.

Again, the ATA and ATA Action thank you for the opportunity to comment on this important and timely request for information. Please reach out to kzebley@ataaction.org, Executive Director of ATA Action, if you have any questions.

Kind regards,

Kyle Zebley
Executive Director
ATA Action

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