October 4, 2023

Michael Burgess, MD
Chair, Health Care Task Force
House Budget Committee
Health Care Task Force
204 Cannon House Office Building
Washington, DC 20515

Re: ATA Action Comments on the House Budget Committee Health Care Task Force Request for Information

Dear House Budget Committee Health Care Task Force:

On behalf of ATA Action, the American Telemedicine Association's trade organization focused on advocacy, thanks you for the opportunity to comment on the Health Care Task Force's request for information to reduce health care spending and improve health outcomes. We appreciate your commitment to ensuring health care is delivered in a cost-effective manner while improving outcomes. We believe that the power of telehealth should be harnessed to achieve these goals.

Telehealth has been proven to reduce costs systemwide as well as for consumers. It also has been shown to be as or more effective than in-person care. Telehealth enables consumers to receive care sooner hence reducing disease progression and reducing costs of care. Here are a few examples.

- A study compared emergency department (ED) visits and associated costs among veterans who spoke with a triage nurse to those who spoke to a triage nurse and had a tele-emergency care (EC) visit with a physician. Thirty-five percent of veterans who spoke with a triage nurse compared to 18% who also used Tele-EC had an in-person ED visit within one week of their initial phone call.[1] The tele-EC group had lower associated hospitalization rates, and neither group had any deaths. Tele-EC use was associated with an average of $248 lower spending on community care per episode.[2]

- Ascension Health found that virtual care did not appear to drive up utilization of services. They also found that a majority of patients would have used more costly care options if they did not have access to virtual care; 51.5% reported that they would have used urgent care and 7.8% would have gone to the ED.[3]

- The National Committee for Quality Assurance noted several studies about the cost savings of telehealth including:
  - A study of Medicare Advantage claims data for acute and non-urgent care utilization found savings of 6%, or $242 per episode of care costs, by diverting members to telehealth visits who would have otherwise gone to an ED. The study also found less use of imaging, lab tests and antibiotics.
  - The 20,000 users of MDLive had 17% lower costs when compared with non-virtual care and experienced a 36% net reduction in ED use per 1,000 people compared to non-virtual care users.[4]

Telehealth, when compared to in-person visits, has been shown to have lower no-show rates. The reasons for in-person no-shows include transportation, lack of childcare, time off from work,

embarrassment of walking into a clinic, elder care, waiting to be seen, etc. Missed appointments can be costly due to lower adherence to care plans or delays in treatment. An example study is where the researchers compared scheduled visits during the 10-month period before and during the pandemic. The overall clinic no show rate decreased from pre pandemic to pandemic period (18.1% vs 15.3%) after transitioning to telehealth.[5]

Patients and their families also incur lower costs when using telehealth. The National Cancer Institute–Designated Comprehensive Cancer Center conducted an economic evaluation of telehealth visits for cancer patients between April 1, 2020, to June 30, 2021. The estimated mean total cost savings for patients ranged from $147.4 to $186.1 per visit.[6] University of California Davis researchers evaluated telemedicine program for 19,246 outpatient and inpatient interactive video-based consultations. The date ranges were July 1996 to December 2013. The mean savings to a patient for a telehealth consultation were 278 miles in driving, four hours in time, and $156 in direct travel costs.[7]

In a study conducted by the American Medical Association in 2022, providers reported the following perceptions of telehealth:

- 88%: Improves clinical outcomes
- 81%: Increases patient adherence
- 82%: Increases patient safety
- 83%: Improves care coordination[8]

ATA Action recommends policymakers consider policies that can streamline and expand the use of telehealth. Telehealth has not only enabled cost savings for the system and patients, but it has improved access to care and health outcomes. We urge Congress to pass the following pieces of legislation:

1. *CONNECT for Health Act & Telehealth Modernization Act (H.R. 4189, S. 2016)*
   Congress allowed HHS to waive telehealth restrictions related to geographic and originating sites, expanded eligible practitioners who are able to provide telehealth services, and enabled Federally Qualified Health Centers and Rural Health Centers to act as distant sites. We encourage Congress to make the flexibilities permanent as it would improve access to care and reduce system and patient expenditures.

2. *Telehealth Benefit Expansion for Workers Act of 2023 (H.R. 824)*
   The Department of Labor, Health and Human Services (HHS) and Treasury issued an enforcement discretion policy allowing self-funded employers to offer basic virtual care services to part-time, seasonal, and contract workers who were not eligible for comprehensive health insurance. Congress should allow telehealth as an excepted benefit, which would allow employers to offer it as an additional benefit to their employees without it being classified as full health insurance. This access via telehealth enables employees to receive care via telehealth, which can prevent expensive visits to the ED or long-term chronic care expenditures.

3. *Telemental Health Care Access Act (H.R. 3432)*
   Congress added a required in-person patient visit for Medicare telemental health. This requirement is an unnecessary barrier to care and can be a prohibitive factor for those seeking mental health services. Without care, mental health problems can become exacerbated and lead to staggering costs such as expensive treatment needs in the future and increased societal costs (e.g., incarceration, homelessness, unemployment).

4. *TREATS Act (HR 5163)*
   The Drug Enforcement Administration (DEA) waived the prior in-person requirement for the prescription of controlled substances via telehealth. The ATA encourages Congress to work with the DEA to ensure that people do not lose access to critical medications via telehealth. Without treatment, health problems such as opioid addition and untreated attention-deficit/hyperactivity disorder can become more severe and costly and interfere with educational achievement.

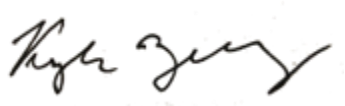
5. *Telehealth Expansion Act (S. 1001, H.R. 1843)*
   Congress allowed employees with high-deductible health plans with health savings accounts to obtain telehealth services pre-deductible. Congress should permanently allow telehealth services high-deductible health plans to be offered pre-deductible. Telehealth is health care and reducing access can increase costs.

Lastly, the Task Force seeks comments on the Congressional Budget Office (CBO)'s modeling capabilities on health care policies. We strongly recommend that the Task Force consider adjustments to the CBO scoring process to more adequately capture the budgetary impacts of preventive health care. We have long seen that CBO scores Medicare coverage of "new" health care services, whether via telehealth or otherwise, simply as the cost of the new service, without fully capturing the savings associated with managing a chronic condition or treating a condition before it becomes urgent or emergent. Congress and the Centers for Medicare and Medicaid Services (CMS) greatly expanded access to telehealth during the COVID-19 pandemic, and costs to the Medicare program did not skyrocket as CBO had previously suggested they would under telehealth access expansion legislation.[9]

Again, we applaud the House Budget Committee for soliciting feedback from stakeholders on this matter and appreciate its work to ensure the quality of care in a cost-effective manner.

Thank you for your consideration of this information.

Kind regards,



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ATA Action

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[2] ibid.
[3] Ascension. (n.d.). Task Force on Telehealth Policy. https://connectwithcare.org/wp-content/uploads/2020/08/Ascension-Telehealth-Data.pdf
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[8] American Medical Association. (2022, September). AMA Digital Health Research. https://www.ama-assn.org/system/files/ama-digital-health-study.pdf

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