August XX, 2025

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RE: DEVELOPMENT OF (insert state)'S APPLICATION FOR THE RURAL HEALTH TRANSFORMATION PROGRAM

Dear _____,

On behalf of ATA Action, the American Telemedicine Association's affiliated trade association focused on advocacy, I am writing to provide our comments for your consideration as (insert state) develops its application for the Rural Health Transformation Program (RHTP). Specifically, we are pleased to offer input on expanding access to telehealth, digital therapeutics, virtual foodcare and other tech-enabled care services that support the goals of the Program

ATA Action advances policy to ensure all individuals have permanent access to telehealth services across the care continuum. ATA Action supports the enactment of state and federal telehealth policies to secure telehealth access for all Americans, including those in rural and underserved communities. In addition to telehealth providers, our organization also represents the innovative and growing fields of digital health and virtual foodcare, through the ATA Action Advancing Digital Health Coalition and Virtual Foodcare Coalition respectively.

The RHTP represents an unprecedented funding opportunity for states to expand and reinforce healthcare accessibility for rural patients while driving innovation and sustainability for rural hospitals, health systems and providers. We believe that many of the program's enumerated priorities for state rural health transformation plans -- such as improved access to health care providers and services for rural patients and prioritizing the use of new and emerging technologies to prevent and manage chronic diseases -- align directly with the proven capabilities of telehealth. This has also been acknowledged by the Centers for Medicare and Medicaid Services (CMS) Administrator Mehmet Oz, who stated on Face the Nation that the rural fund is designed to help with "workforce development, right-sizing the system and using technology to provide things like telehealth that can change the world." This sentiment was echoed by the American Hospital Association (AHA) and the Federation of American Hospitals in their letters to CMS regarding the RHTP. AHA stated that, "With additional funding, more hospitals could invest in telehealth and digital health infrastructure to ensure that even those in the most remote areas receive timely, high-quality, and convenient care." We urge the robust inclusion of telehealth in (insert state)'s RHTP application to align with program goals, maximize federal investment and deliver lasting benefits for rural patients.

Telehealth and Virtual Care Alignment with RHTP Allowable Uses

Specifically, telehealth and virtual care, enabled by innovative tools and solutions, such as digital therapeutics and virtual foodcare, can be integrated into each of the ten allowable uses in state allotments though the RHTP plans outlined in the Program's fact sheet. As you develop (insert state)'s RHTP Plan, we encourage you to take the following considerations into account regarding each allowable use to make the most of this transformational opportunity.

Promoting evidence-based, measurable interventions to improve prevention and chronic disease management:

- Virtual foodcare presents exciting new prevention and management options for the six in ten Americans living with at least one chronic disease, with virtual access to dietitians, nutritionists and other nutrition intervention, increasing patient convenience and access to care.
    - Medical Nutrition Therapy and other nutrition interventions have proven to be effective tools as a preventive service for patients with prediabetes, those at risk for heart disease and overweight patients prior to a diagnosis of obesity.
    - Virtual access to food support programs, medically-tailored-meal programs and clinically supported foodscripts can help patients manage chronic diseases and reduce hospitalizations and other healthcare costs.
- Digital therapeutics offer clinically validated and U.S. Food and Drug Administration (FDA) authorized digital treatments for a variety of conditions, spanning many different therapeutic categories including diabetes, musculoskeletal, respiratory, mental and behavioral health and women's health, with continued growth expected in the coming years.
    - Since 2021, the following digital therapeutics have entered the U.S. market: InTandemRx (Chronic Stroke), ReadyAttention-Go (Attention), Smileyscope (Acute Procedure Pain), VRNT (Chronic Lower Back Pain), Mamalift Plus (Postpartum Depression), Rejoyn (Major Depressive Disorder), CureSight (Amblyopia), Endeavor OTC (Adult ADHD), Regulora (IBS), Leva Pelvic Health System (Incontinence), Nerivio (Migraine); Luminopia One (Amblyopia); Stanza (Fibromyalgia), RelieVRX (Chronic Lower Back Pain), Daylight Rx (Generalized Anxiety Disorder) and SleepioRx (Insomnia).

Providing payments to healthcare providers for health care items or services, as specified by the Administrator:

- CMS, alongside Congress, has approved significant Medicare telehealth flexibilities since the onset of the COVID-19 Pandemic, including expansion of the Medicare Telehealth Services List to include therapists, audio-only coverage, the Acute Hospital Care at Home Program and waiving telemental health in-person requirements, among other flexibilities. As a part of the application for the RHTP, (insert state) should use this opportunity to expand Medicaid coverage to include telehealth services covered by Medicare that are not currently covered by the Medicaid Program.
- (insert state) could also take this opportunity to ask CMS to clarify the different avenues that may be used for Medicaid coverage of digital therapeutics.

- ATA Action also encourages (insert state) to integrate the CMS established Digital Mental Health Treatment (DMHT) codes into the state's Medicaid Program. These codes were introduced in the CY2025 Physician Fee Schedule to support coverage and reimbursement for certain digital therapeutics (DTx) used for mental health treatment for insomnia, substance use disorder and depression.

Promoting consumer-facing, technology-driven solutions for the prevention and management of chronic diseases:

- Patients with chronic diseases may face difficulties or discomfort leaving their homes or traveling long distances, telehealth allows providers to meet patients where they are.
- Patients with certain rare chronic diseases may also need specialist care not available in their area. Telehealth allows remote specialists to connect to patients at home or to rural health facilities without necessitating patients to travel long distances.
- Remote monitoring (RM) through technology such as blood glucose monitors, blood pressure cuffs or pulse oximeters benefit patients and providers managing chronic diseases by enabling a steady stream of actionable data for provider review and can prompt early intervention.
- Digital therapeutics can help clinicians effectively treat more patients, improve affordability and accessibility to quality, convenient care in the privacy of patients' homes, and improve adherence and quality of life while managing side effects.

Providing training and technical assistance for the development and adoption of technology-enabled solutions that improve care delivery in rural hospitals, including remote monitoring, robotics, artificial intelligence (AI) and other advanced technologies:

- Innovative advanced technologies, such as RM, digital therapeutics and AI, have the ability to unlock new efficiencies for providers and improve patient outcomes, but only if providers can use them effectively and ethically. Many of these technologies, especially RM and digital therapeutics, have strong synergies with telehealth and efforts should be made to increase the number of rural health providers who are capable and comfortable using these tools.
- Technology should also be considered to establish virtual care rooms in rural clinics where onsite staff can assist patients and a virtual provider in the provision of care.

Recruiting and retaining clinical workforce talent to rural areas, with commitments to serve rural communities for a minimum of five years:

- Healthcare workforce shortages in rural areas are well documented, as is telehealth's ability to help solve these provider shortages, especially for mental and behavioral healthcare.
- While in-person providers in rural areas remains essential, engaging telehealth providers can help to support and supplement in-person provider interactions. For example, a specialist could commit to serving multiple rural areas via telehealth for five years, rather than limiting a clinician to serve one area in-person, where there may not be full time demand for their care specialty.

Providing technical assistance, software, and hardware for significant information technology (IT) advances designed to improve efficiency, enhance cybersecurity capabilities and improve patient health outcomes:

- In recent years, great strides have been made to incorporate innovative technologies to equip hospital rooms with telehealth tools that enable patients to speak to specialists, often with the aid of interpreters, address with staffing shortages and facilitate patient monitoring without the patient leaving their hospital bed.
- Virtual care technologies and technical support should be considered to establish virtual care rooms in rural clinics where onsite staff can assist patients and a virtual provider in the provision of care.
- Hospitals and other rural health centers should also be equipped with technology to facilitate remote monitoring, patient onboarding and technical support for digital therapeutics, virtual visits and follow-up care via telehealth.

Assisting rural communities to right-size their health care delivery systems by identifying needed preventative, ambulatory, pre-hospital, emergency, acute inpatient care, outpatient care and post-acute care service lines:

- Telehealth can support patients in rural communities throughout every stage of the care process. Telehealth's ability to document preventive care is well documented above but can be especially beneficial for pre-hospital and post-acute care.
- Conducting pre-surgery check-ins or post-surgery follow-up appointments, as appropriate via the standard of care, can create efficiencies for providers, preserve crucial space in in-person settings and deliver more convenient and cost-saving care for patients.

Supporting access to opioid use disorder (OUD) treatment services, other substance use disorder treatment services, and mental health services:

- Telehealth is well established as a proven and effective modality for the delivery of OUD treatment, as evidenced by the U.S. Drug Enforcement Administration (DEA) final rule which made permanent the ability of providers to prescribe buprenorphine via telemedicine without a prior in-person appointment.
    - Numerous studies support expanded access to OUD care via telehealth for reasons such as increased 90-day retention rates and elimination of traditional barriers to treatment, with no associated increase in nonfatal overdoses.
    - One way states should consider expanded access to OUD care is through the adoption of Medicare OUD GCodes for Office-Based Substance Use Disorder Treatment Billing. These codes have been successfully used by telehealth providers to treat Medicare and Medicaid patients in the few states where these codes have been adopted. (insert state) should consider including a request for the funding necessary to support the integration of these codes into the state's Medicaid Program in the RHTP Application.
- Telehealth expands access to mental health care by removing barriers like travel time to a medical appointment, stigma and provider shortages, allowing patients to connect with licensed professionals from the privacy and comfort of their own homes, encouraging timely intervention and ongoing support. Access to telemental health care is also associated with improved continuity of care and high rates of patient satisfaction.
    - This allowable use also provides further support for the integration of the previously mentioned Digital Mental Health Treatment (DMHT) for mental health treatment with digital therapeutics (DTx) into the state's Medicaid Program.

Developing projects that support innovative models of care that include value-based care arrangements and alternative payment models, as appropriate:

- While ATA Action does not take a position on precise reimbursement rates, telehealth presents significant opportunities for cost savings, both for patients and the healthcare system at large. As our ATA Policy Principles note, federal and state health programs, along with private payers, should broadly cover and reimburse for all forms of telehealth, allowing providers and plans flexibility to contractually agree to rates based on market conditions and value-based payment models. Telehealth and virtual care integrate seamlessly into value-based care arrangements by enabling proactive, coordinated, and data-driven approaches that improve outcomes while reducing unnecessary utilization and costs, allowing these innovative payment models to reach their full potential.

Additional uses designed to promote sustainable access to high quality rural health care services, as determined by the Administrator:

- Telehealth can play a crucial part in a sustainable rural health care system, ensuring patients can access the care they need where they are, supporting the continued ability of rural hospitals to treat patients and enabling improved patient outcomes.
- In addition to considerations mentioned above, (insert state) should consider initiatives that expand patient access to care via telehealth, digital therapeutics and virtual foodcare. This includes areas such as expanded coverage and reimbursement, ensuring modality neutrality for audio-visual, audio-only and asynchronous care, including remote monitoring (RM), and the technology, training and technical support necessary for the delivery of telehealth care.

As (insert state) develops the application and plan for the RHTP and the crucial role that telehealth must play, it is critical to consider the capacity and readiness of communities to access telehealth care. In many areas of the United States, particularly rural areas, access to internet connectivity and technology to support telehealth care is lacking, limiting the benefits of telehealth programs.

The American Telemedicine Association (ATA) has developed an innovative, one-of-a-kind index, called the Digital Infrastructure Score (DIS), for policy makers, health systems and healthcare providers to develop targeted strategies to expand telehealth services and train their workforces. The DIS is determined by four critical variables:

- Access to broadband internet
- Actual upload/download speeds
- Access to internet-capable devices
- Affordability of internet

To make this scoring user friendly, ATA developed the Digital Infrastructure Score heatmap so that users can easily view this information by state, county, and zip code. We encourage you and your healthcare partners to take this groundbreaking data into consideration to de-risk investments, reduce waste, and optimize healthcare services for patients and their families.

The RHTP presents an unparalleled opportunity to further integrate telehealth and virtual care into rural health services and create a sustainable model that will support patients for years to come. Telehealth is here to stay and rural hospitals, health systems and providers need the tools necessary to deliver this care to their patients. ATA Action is ready and willing to serve as a resource for (insert state) throughout the RHTP process and appreciates your consideration of our comments. Please do not hesitate to reach out should you wish for further perspective from the telehealth industry.

Kind regards,

Kyle Zebley
Executive Director
ATA Action

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