April 1, 2019

Re: CONNECT for Health Request for Information (RFI)

Delivered electronically to Telehealth.RFI@mail.house.gov

Dear Members of Congress:

The American Telemedicine Association (ATA) appreciates the opportunity to provide input as leaders in Congress work to craft comprehensive telehealth legislation for the 116th Congress. As the only organization completely focused on advancing telehealth, the ATA is working to change the way the world thinks about healthcare. We are committed to ensuring that everyone has access to safe, affordable, and effective care when and where they need it, enabling the system to do more good for more people. We represent a broad and inclusive member network of delivery systems, technology solution providers and payers, as well as partner organizations and alliances. Together, we are working to advance industry adoption of telehealth, provide education and resources to ensure adoption and engagement of telehealth, and promote responsible policies.

With appreciation for the legislative successes that were achieved last Congress, the ATA would like to underscore the following areas of opportunity that we believe should be addressed through policy reforms:

- Eliminate artificial government barriers to telehealth, such as geographic discrimination, allowing patients who want to "age-in-place" and receive telehealth care at their home, and allowing the use of new and innovative technological modalities for care (e.g., asynchronous telemedicine, artificial intelligence, etc.);
- Prevent new barriers to telehealth, such as arbitrary practice rules that impose more restrictive conditions for medical services delivered via telehealth compared to medical services delivered in-person, as state laws already hold that the standard of care is identical;
- Encourage use of telehealth to reduce health delivery problems of timely access to care, such as provider shortages;
- Promote payment and service delivery models to increase consumer and payer value using telemedicine: and
- Enhance patient choice, outcomes, convenience, and satisfaction.

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Studies have consistently shown that the quality of healthcare services delivered via telehealth is as good as those given in traditional in-person consultations. In some specialties, particularly in mental health and ICU care, telehealth delivers a superior product, with greater outcomes, faster response times, and higher consumer satisfaction. In delivering this quality care, telehealth increases efficiency and thereby reduces the cost of healthcare with better management of chronic diseases, reduced wait times and improved triaging using patient-focused technology and software, more team-based care that utilizes providers' greatest scope of practice, shortened or eliminated travel time and expense, and fewer or shorter hospital stays.

The ATA supports telehealth legislation that would improve access to acute care remotely as well as for the care of costly chronic conditions. For many Americans living with chronic conditions, traveling to a doctor's office or clinic is often not feasible or very difficult, particularly if they live alone. The pressure and stress placed on caregivers and loved ones, who have to take off work to assist with transporting patients to frequent in-person visits, is enormous. This care often involves one or more specialists who are typically located disproportionately in major cities. The constant nature of managing chronic conditions makes reduced time and convenience of care hugely important to patients, and barriers to access often lead patients to simply abandon seeking care or fail to adhere to their doctor's care plan because it is too overwhelming or costly. Telehealth not only improves convenience for these patients, but simultaneously reduces costs because the tools of at-home chronic care are far less expensive than the emergency or inpatient consequences of no or inadequate care.

The ATA believes Congress should remove statutory barriers in Social Security Act section 1834(m), allowing for coverage of:

- Services delivered wherever the beneficiary is located, especially their home;
- Services in both rural and urban areas, as almost 80% of Medicare beneficiaries not covered because they live in a "metropolitan area";
- Services using asynchronous or "store-and-forward" technologies for beneficiaries across the United States (currently Medicare covers asynchronous telehealth services, but only for two demonstration programs in Alaska and Hawaii); and

- All Medicare practitioners (e.g., physical therapists, occupational therapists, speech-language therapists), as the current statute only allows eight specific practitioners to enjoy Medicare coverage of telehealth services.

Specifically, the ATA supports building on progress made by Congress and the Administration in recent years, including many of the provisions pulled from the previous CONNECT for Health Act and passed into law.

As you know, the Bipartisan Budget Act passed in February 2018 included provisions to expand access to telestroke, telehealth in Medicare Advantage, telehealth in Accountable Care Organizations (ACOs), and monthly end stage renal disease-related clinical assessments via telehealth. To build on those policies, the ATA recommends:

- Following the model of eliminating barriers for telestroke for other conditions in the emergency room as timely access to specialist care is critical in a variety of emergency and trauma situations in addition to stroke;
- Carefully monitoring and supporting CMS' progress on allowing telehealth in the Medicare Advantage program. Positive results from MA plan experience using telehealth services should be used to build the case for legislation allowing the same access to telehealth in the fee-for-service program; and
- Carefully monitoring and supporting the Center for Medicare and Medicaid Innovation (CMMI)'s efforts to remove restrictions to telehealth within ACOs. Positive results from this experience should be tracked and used to disseminate policies more broadly.

As you also know, the SUPPORT for Patients and Communities Act (H.R. 6) passed in October 2018 included provisions designed to utilize telehealth to combat the opioid epidemic, including lifting statutory 1834(m) originating site restrictions for patients with opioid use disorder and cooccurring mental illnesses, encouraging state Medicaid programs to update telehealth policies, and require the Drug Enforcement Administration (DEA) to create a special registration process for prescribing of controlled substances using telehealth. To build on those policies, the ATA recommends:

- Following the model of eliminating barriers for patients with substance use disorder for other conditions, such as the previous CONNECT for health Section 11 which would allow the Secretary of HHS to waive barriers for appropriate services;

- Ensuring the DEA creates a Special Registration process that succeeds in appropriately expanding access to remote prescribing of controlled substances using telehealth.

The Centers for Medicare and Medicaid Services (CMS) is currently implementing those policies required by Congress and has also taken initiative to expand access to telehealth in other ways within their existing regulatory authority. The Calendar Year 2019 Medicare Physician Fee Schedule final rule created two new codes for brief communication technology-based virtual check-in and remote evaluation of pre-recorded patient information, which will not be subject to 1834(m) restrictions. The CY2020 Medicare Advantage Value-Based Insurance Design (VBID) Model also will allow participants to include telehealth providers to meet network adequacy standards. To build on those policies, the ATA recommends:

- Start remote patient monitoring for beneficiaries under chronic care management for the medical conditions used for the hospital readmission reduction program;
- Direct CMS to change the regulations for remote patient monitoring, to allow such services to be delivered "incident to" a doctor's general supervision (currently, the rules require direct supervision, meaning the doctor must be in the same building, which doesn't make practical sense for telehealth services where the patient is located remotely at home);
- Support the inclusion of telehealth providers to meet Medicare Advantage network adequacy standards as telehealth providers can ensure access to specialists and care in areas that didn't previously have access;
- Adjust Medicare payment methods for federally-qualified health centers to facilitate the provision of chronic care coordination and remote monitoring;
- Reward hospitals for extra reductions in readmissions by sharing the extra savings and, thus, compensate a hospital for costs related to patient monitoring, home video, etc.; and
- Authorize a state's Medicaid "health home" to also cover Medicare beneficiaries in the state.

Finally, the ATA recommends creating policies that support the environment for a connected health care system, including:

- Increasing access to affordable broadband internet;
- Ensuring the true interoperability of electronic health records (EHRs); and

- Encouraging consumer access to data and patient empowerment while maintaining privacy and security.

The initial fears that telehealth would be exceedingly expensive for the Medicare program were unfounded and have not come to fruition. We need to utilize the policies that champions like yourselves have enacted to prove what we all know, which is that telehealth can be the driver of reduced costs and improved outcomes if it is allowed to be used to its full potential.

The vision of a health care system where all Medicare beneficiaries receive timely care when and where they need it should be something that we all strive to achieve and the potential of telehealth to transform our system toward that vision should not be underestimated. While we work toward more value-based and patient-centered care, we need to recognize the ability of technology, when used properly, to provide a more connected care team and system.

Thank you again for the opportunity to provide feedback as you craft this critical legislation. If you have any questions or there is any way we may be of additional assistance, please don't hesitate to contact our interim policy staff, Jenn Dale, jenn.dale@faegrebd.com or Megan Herber, megan.herber@faegrebd.com.

Sincerely,

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