DRAFT FOR ENERGY AND COMMERCE HEALTH SUBCOMMITTEE

The undersigned health systems appreciate the opportunity to offer our comments on the future of telehealth after the COVID-19 public health emergency (PHE) ends. We applaud the Subcommittee Members for beginning to consider this issue now.

We recognize that Congress, through the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 and the Coronavirus Aid Relief and Economic Security Act, granted the HHS Secretary the authority to waive certain telehealth requirements under Section 1834(m) of the Social Security Act and that Congress must act before many of the temporary changes can extend beyond the PHE. Medicare beneficiaries have benefited from the availability of telehealth afforded by the regulatory flexibilities during the PHE and we encourage Congress to make these permanent. We look forward to working with the Administration and Congress to provide information from our current experiences that may help inform the decision-making process.

While we generally support permanent adoption of many of the telehealth waivers, we are prioritizing those we believe are most critical. Providers have invested significant time and resources to scale up to meet beneficiaries' needs. Medicare beneficiaries have adapted to what is to many a new method of receiving care. Permanent adoption of the following waivers will help ensure that the access to care Medicare beneficiaries enjoyed during the COVID-19 pandemic can be maintained.

Patient population: Expanding coverage of telehealth services to include both new and established patients who may receive telehealth services in their homes, in all areas of the country, has permitted us to increase access to telehealth services exponentially.

Eligible providers: Expanding the types of healthcare professionals who can furnish distant site telehealth services to include all providers that are eligible to bill Medicare for their professional services, including services of providers (such as physical therapist, occupational therapist, speech language pathologist, medical nutrition therapist) whose services are billed as outpatient hospital-based services.

Delivery Methods: Asynchronous (Store and Forward/Online Digital Evaluation), remote patient monitoring and audio only for telephone evaluation and management services and behavioral health counseling and educational services with payment parity.

Expansion of Services and Codes: We support the permanent retention of the expanded list of approved Medicare telehealth services and the sub-regulatory process for adding codes to the list of approved Medicare telehealth services.

State lines: Waiving requirements that providers be licensed in the state in which they provide services if they have equivalent licensing in another state and are not affirmatively excluded from practice in a state has expanded access.

Anti-Kickback Statute: Enforcement discretion of cost-sharing obligations for non-face to face services furnished through various modalities, including RPM, remote monthly care management, virtual check-ins, and telehealth visits has been particularly important as both providers and patients adapt to additional types of services.

Finally, we urge Congress to act in a comprehensive manner and to pass legislation in time to allow for the regulations to be finalized before the end of the PHE. It is important for health care providers, as well as the Medicare beneficiaries they care for, to know what telehealth options remain available when the PHE ends to ensure continuity of care.

Sincerely,