Tel +1 202 204 1462
Fax +1 202 379 1490
mmcdermott@mcdermottplus.com

**Submitted via email**

March 17, 2021

The Honorable Earl L. "Buddy" Carter
United States House of Representatives
2434 Rayburn House Office Building
Washington, DC 20510

The Honorable Lisa Blunt Rochester
United States House of Representatives
1724 Longworth House Office Building
Washington, DC 20510

**Re: Telehealth Modernization Act (H.R. 1332)**

Dear Representatives Carter and Blunt Rochester:

On behalf of the Partnership to Advance Virtual Care (PAVC), I am writing to express our support for the *Telehealth Modernization Act* (H.R. 1332). The COVID-19 pandemic has underscored many of the vulnerabilities in our healthcare system, while also spurring innovation in care delivery to meet the challenges presented. Over the course of the past twelve months, telehealth has expanded access to care, allowed patients to be treated safely without the risk of additional COVID-19 exposure, has increased convenience, and lowered out of pocket costs for patients. However, many of the flexibilities that made this widespread adoption of telehealth possible are tied to the temporary declaration of a Public Health Emergency (PHE). **PAVC is pleased to support Congressional action that will permanently change the telehealth statutory and regulatory landscape and continue to support widespread access to high quality virtual care for patients and consumers.**

PAVC is a coalition of health systems, health IT vendors, innovators, chronic care specialists, and primary care stakeholders committed to providing and facilitating access to innovative, patient-centered care across the country. Our members are leading voices in telehealth working together to promote policies to preserve and advance access to virtual care services for patients and consumers.

Before the pandemic, numerous legislative and regulatory restrictions severely limited the adoption of telehealth services. Over the course of the COVID-19 pandemic, many of these restrictions have been lifted through a combination of waivers, and more than 40 percent[1] of Medicare beneficiaries had used telehealth to access primary care by April 2020. However, absent legislative change, beneficiaries will lose access to these services as some of the most foundational elements of this new, innovative, and rapidly expanded environment will immediately disappear when the PHE ends. Congressional action is needed to ensure that forward momentum is continued, and built upon, and that the significant investments in telehealth infrastructure and accessible patient care are maintained.

[1] ASPE Issue Brief: Medicare Beneficiary Use of Telehealth Visits: Early Data from the Start of the COVID-19 Pandemic, U.S. Dep't of Health and Human Services, July 28, 2020.

Without additional legislation, PAVC has identified the following legislative barriers that would severely restrict patient access to care through telehealth at the end of the PHE:

- **Geographic and originating site restrictions**. Before the pandemic, Medicare required that the patient be located in a rural or certain health professional shortage area and use telehealth in an approved originating site, such as a hospital or physician office. Together, these restrictions functionally prevent beneficiaries from accessing telehealth from a variety of appropriate and more accessible locations, including their home. Only about 2 percent of beneficiaries reside in zip codes that meet the traditional geographic and originating site criteria.
- **FQHC and RHC expansion**. Without making permanent the COVID-19 regulatory flexibility, Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) will not be allowed to serve as distant site telehealth providers. This would prevent low-income and geographically isolated individuals from utilizing telehealth visits to maintain continuity of care with their existing provider or connect with clinicians best equipped to meet their needs, creating barriers to affordable treatment for the populations who often need it most.
- **Qualifying providers.** When the PHE ends, CMS would currently have to revert back to policies that restrict the types of providers that can deliver reimbursable care virtually to Medicare beneficiaries. Commonly accessed providers like physical therapists, occupational therapists, and speech language pathologists would no longer be able to bill for telehealth services.

PAVC appreciates the measures proposed in the *Telehealth Modernization Act* that address some of the barriers we have identified. Specifically, we are strongly supportive of the permanent elimination of originating and geographic site restrictions to secure beneficiary access to telehealth wherever the patient is located, including a patient's home. We also appreciate the flexibility the legislation would provide for CMS to permanently expand telehealth-eligible providers. Together, these policies can help patients manage their care more affordably and more consistently, reducing the need for emergency department visits and lowering the overall cost of care. Studies have estimated that even just a 1% percent conversion of ED visits to telehealth visits could result in an annual savings of more than $100 million.[2]

PAVC also supports ensuring telehealth reaches traditionally underserved areas and chronically and terminally ill populations. By allowing FQHCs and RHCs to permanently offer telehealth services, the *Telehealth Modernization Act* maximizes provider resources, expands the reach of specialty care, and provides critical infrastructure in lower-income and geographically isolated areas. Furthermore, provisions focused specifically on allowing assessment to initial dialysis and hospice care visits via virtual care can help reduce overutilization and allow patients to manage advanced disease sooner.

The past year has demonstrated the important value of virtual care for beneficiaries. However, much work remains to be done to ensure continued access to telehealth services and preserving beneficiary choice in how care is furnished. Expeditious action from Congress is essential to permanently establish the flexibilities granted by CMS during the COVID-19 pandemic and provide CMS the authority to build out an accompanying regulatory framework. To this end, PAVC strongly supports the *Telehealth Modernization Act* and similar legislation that advances our key priorities, and we thank you for your leadership on this legislation

[2] Telemedicine, the current COVID-19 pandemic and the future: a narrative review and perspectives moving forward in the USA, *Family Medicine and Community Health,* August 2020.

PAVC looks forward to working alongside you to build national infrastructure that supports access to telehealth to ensure that it is widely accessible to beneficiaries and sustainable for health care providers.

Sincerely,

Mara McDermott
Vice President, McDermottPlus Consulting
The Partnership to Advance Virtual Care

98point6
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Amita Health
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Doctor On Demand
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*The Partnership to Advance Virtual Care (PAVC) focuses the collective voice of industry stakeholders to secure necessary regulatory and legislative changes to improve the telehealth regulatory and reimbursement landscape. PAVC is currently composed of health systems, health IT vendors, innovators, chronic care specialists, and primary care stakeholders. Each of the current participants in PAVC has a leading voice in telehealth and resounding influence in Washington, DC. With a diverse group of participants, PAVC is equipped to evaluate complex considerations, such as maintaining quality and access to care when expanding telehealth services, and produce sound policy solutions based on robust data analytics.*