

September 11, 2020

The Honorable Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue SW  
Washington, DC 20201

Dear Administrator Verma:

Our 35 organizations, representing millions of patients and consumers who live with serious, acute, and chronic conditions, have worked together for many years to ensure that patient voices are reflected in the ongoing debate regarding the accessibility of health coverage for all Americans and families. Together, our organizations understand and value what individuals and families need to prevent disease, manage health, and cure illness.

The COVID-19 pandemic has been challenging for many of the patients our organizations represent. Certain people with pre-existing conditions are at increased risk of infection and adverse health outcomes from COVID-19<sup>1</sup> and require routine monitoring and treatment from health care providers in order to maintain their health. We appreciate that in response to the public health emergency, federal and state agencies provided new, and in some cases time-limited, flexibilities for telehealth services to enable patients to see providers from the safety of their homes in order to reduce disruptions to care.

Our organizations believe telehealth can and should be used to increase patient access to care. We stand ready to work with Congress, the Administration, and state governments, to ensure that all patients can continue to safely access appropriate telehealth services during and after the COVID-19 public health emergency. As policymakers begin to shape what telehealth looks like post-pandemic, it is important that the patient perspectives be considered to ensure that policymakers fully account for the needs of all Americans, including those with pre-existing conditions. As such, our organizations have developed the below telehealth principles which we will use to evaluate legislative or regulatory efforts:

1. **Improving Access through Equitable Coverage:** Telehealth services should be covered by all health plans including, but not limited to, Medicare, Medicaid, the ACA Marketplace, and other federal and state regulated commercial health plans. Telehealth has become an essential tool to access care during the current COVID-19 pandemic and can help improve access to care over the long term. We support policies that expand coverage of essential telehealth services for all plans and payers.
2. **Improving Access through Easing Technology Barriers:** Telehealth services should be equitably available through easily usable technologies that are accessible to people with disabilities, with limited English proficiency, and limited technology. The option of audio-only communication is especially important for rural and low-income populations, as many of these patients lack internet access.

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<sup>1</sup> <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

3. **Preserving and Promoting Patient Choice:** A patient should have the opportunity and flexibility to choose whether they will access care in-person or via telehealth technologies.

- I. Patient Cost-Sharing Obligations: We support policies that limit patients' out-of-pocket costs for telehealth services to be no more than their in-person equivalent. When telehealth is an appropriate option, payers should not incentivize patients to seek out one setting over another for their health care; the decision to seek care in-person or virtually should be left to patients and their providers and be made on a case-by-case basis. Limiting patients' cost-sharing requirements for telehealth care to the rate for corresponding in-person services will ensure the patients are neither incentivized nor disincentivized from using the right care setting for them. We also support additional patient protections from excessive cost-sharing that may emerge as telehealth grows.
- II. Provider Payment: We support policies that enable providers to offer virtual services, where appropriate, to their patients. As described above, the payer should not promote one care modality over another; the decision about receiving a service telehealth or in-person should be a case-by-case decision between a patient and his/her provider. Payers should reimburse providers at a sustainable rate that allows them to continue offering this option to their patients.
- III. Utilization Management: Utilization management tools should not be used by health plan payers to push providers or patients towards a particular care setting or to determine or limit visit frequency for telehealth appointments.
- IV. Network Adequacy: Telehealth should supplement, not supplant, provider networks. Plans must maintain in-person networks to existing or stronger network adequacy requirements. Plans must also ensure that patient referrals to other providers, including specialists, are valid when made by a telehealth provider or through a telehealth visit. Plans should also list telehealth capabilities in provider directories.

4. **Removing Geographic Restrictions:** Geographic restrictions place a burden on and can limit both patients and providers when evaluating treatment options for optimal care.

- I. Originating Sites: Originating site requirements should be permanently eliminated to ensure that patients are not required to travel to specific locations to access telehealth services unless special equipment is necessary for an examination by a remote provider. Before the COVID-19 pandemic, Medicare rules largely limited use of a patient's home as the originating site to those living in rural areas or with a specific condition. The drastic spike in telehealth usage during the public health emergency has shown the futility of geographic restrictions and that, in many cases, it is appropriate and safe for patients to receive care from their homes.
- II. Inter-state Access: Allowing providers to practice across state lines through telehealth services will increase access to care and improve care coordination for patients, particularly in underserved areas. We support policies that promote the provider-patient relationship and care coordination, acknowledging that an established, in-person relationship between provider and patient may be essential for proper diagnosis and treatment. Telehealth can play an important role in follow-up care and should not be restricted by the provider's licensing state. Therefore, we support policies that would ensure patient access to necessary providers that are in good standing in their home state, even if that provider is out of state.

III. **Remote Monitoring:** Remote monitoring is essential for patients with chronic conditions. Allowing providers to access patient information in real time could help reduce emergency room admissions and improve health outcomes. We support policies that remove barriers to remote monitoring through compliant technologies in order to promote the health and safety of patients.

5. **Protecting Patients and Provider Legal Rights:** Health plans should clearly define what telehealth services are covered; providers must use technology compliant with patient privacy, disability access, and civil rights law. This information should be transparent and easy to understand for consumers.

6. **Increasing the Evidence Base for Telehealth:** As telehealth becomes more common, data must be collected and more research must be conducted on the usage and outcomes of telehealth, with special attention to promoting health equity in order to determine how telehealth technologies should be designed and implemented so that all populations have equal access to their potential benefits. To this end, demographic data must be collected, including race, ethnicity, age, disability status, preferred language, sex, sexual orientation, gender identity, socio-economic status, insurance coverage and geographic location. Data must be collected in accordance with patient privacy laws and with opt-out procedures.

We are grateful for the bipartisan support that expanded telehealth access during the COVID-19 crisis. We hope Congress and the Administration will use these principles to ensure that the needs of patients are integrated into future telehealth legislation and regulations. If you have any questions about this letter, please contact Hannah Lynch at [hlynch@psoriasis.org](mailto:hlynch@psoriasis.org).

Sincerely,

Adult Congenital Heart Association  
ALPHA-1 FOUNDATION  
ALS Association  
American Cancer Society Cancer Action Network  
American Diabetes Association  
American Heart Association  
American Kidney Fund  
American Lung Association  
Arthritis Foundation  
Cancer Support Community  
Chronic Disease Coalition  
Crohn's & Colitis Foundation  
Cystic Fibrosis Foundation  
Dorney-Koppel Foundation  
Epilepsy Foundation  
Family Voices  
Hemophilia Federation of America  
Immune Deficiency Foundation  
JDRF  
Leukemia & Lymphoma Society

Lutheran Services in America  
March of Dimes  
Muscular Dystrophy Association  
National Alliance on Mental Illness  
National Coalition for Cancer Survivorship  
National Health Council  
National Hemophilia Foundation  
National Multiple Sclerosis Society  
National Organization for Rare Disorders  
National Patient Advocate Foundation  
National Psoriasis Foundation  
Susan G. Komen  
The AIDS Institute  
WomenHeart: The National Coalition for Women with Heart Disease