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June 25, 2020

The Honorable Ron Johnson
United States Senate
Washington, DC 20515

The Honorable Tammy Baldwin
United States Senate
Washington, DC 20515

The Honorable James Sensenbrenner
U.S. House of Representatives
Washington, DC 20515

The Honorable Ron Kind
U.S. House of Representatives
Washington, DC 20515

The Honorable Gwen Moore
U.S. House of Representatives
Washington, DC 20515

The Honorable Mark Pocan
U.S. House of Representatives
Washington, DC 20515

The Honorable Glenn Grothman
U.S. House of Representatives
Washington, DC 20515

The Honorable Mike Gallagher
U.S. House of Representatives
Washington, DC 20515

The Honorable Bryan Steil
U.S. House of Representatives
Washington, DC 20515

The Honorable Tom Tiffany
U.S. House of Representatives
Washington, DC 20515

Dear Members of Wisconsin's Congressional Delegation:

As many of you know doubt have heard from Wisconsin hospitals and health systems you serve, the expansion of telehealth has been a key asset for maintaining high-quality, high-value health care in Wisconsin during this COVID-19 pandemic. WHA and our members strongly support Congress and the U.S. Department of Health and Human Services (HHS) doing all within their power to permanently extend the access patients have to their health care professionals via telehealth that occurs today as a result of flexibilities granted under federal emergency declarations and existing regulatory authority held by HHS.

Due to the uncertain nature about how long these flexibilities may persist, and from the evidence we have seen of the efficacy of telehealth, we believe the time is ripe for Congress and HHS to act and provide more certainty for health care providers. Over the last four years, WHA has worked with its Telemedicine Work Group, which contains telehealth experts from hospitals and health systems all across Wisconsin, to explore how telehealth can improve access, enhance outcomes and reduce costs in health care. Below are the main priorities WHA has heard from its members and its Telemedicine Work Group for Congress and HHS to put at the top of their list of considerations.

1. **Site and geographic restrictions should be permanently eliminated.** WHA was in support of removing the site and geographic restrictions on Medicare covering telehealth even prior to COVID. This pandemic has been a proof of concept of sorts as it has allowed us to unleash telehealth's true potential by allowing health care professionals to reach patients in their own home, regardless of whether they are in a rural or urban area. We have numerous stories of how this has at times led to even more successful encounters than prior in-person visits. Behavioral health providers have noted

patients opening up more in their home environment. Dietitians have relayed patients taking their phone into their pantry to give them better insights into that patient's diet. Other practitioners have had patients show them their prescriptions and better document what they have been taking and how often. WHA was pleased to see the positive comments from the Senate HELP Committee Chairman Alexander signaling support for permanently eliminating these restrictions.[1]

2. **Continue Expanded Services Allowed.** WHA applauds the way the Centers for Medicare and Medicaid Services (CMS) quickly acted to increase the service codes eligible to be reimbursed during COVID. This was particularly important as hospitals postponed elective services and scheduled procedures, heeding the calls from the Centers for Disease Control and Prevention and the Surgeon General. Now that patients have seen the benefit of accessing these services via telehealth, they should not be forced to go back to the way things were. WHA was encouraged by the word of CMS Administrator Seema Verma who recently expressed agreement during a virtual event with STAT, saying, "I can't imagine going back."[2] WHA recently surveyed its Telemedicine Work Group which includes providers from hospitals and health systems all across Wisconsin. The results indicate that providers have greatly expanded the range and scale of services they offer all across the spectrum, including: general primary care, hospitalists, behavioral health, urgent, emergency, and ICU care, and specialty services like radiology, oncology, and stoke care, to name a few.

3. **Preserve the Expansion of Allowed Telehealth Practitioners.** Coverage of a telehealth service should be determined based on whether the telehealth service is functionally equivalent to an in-person visit, not based on the type of practitioner that is providing the service. Consistent with that premise, CMS has expanded the list of allowable telehealth provider to include, for example, physical, speech, and occupational therapists. WHA supports preserving the expansion of the allowable types of practitioners that may provide Medicare covered services, and supports giving HHS authority to allow further clinically appropriate health care professionals and services as warranted and through a predictable and transparent regulatory process with proper Congressional oversight.

4. **Continue to Allow Patient Access to Providers via Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs).** WHA members overwhelmingly support keeping reimbursement for services provided at RHCs and FQHCs. Many of our members have close relationships with these centers that can be a lifeline to care in rural and underserved communities. Because both currently get reimbursed based on the cost of providing services, rather than lower Medicare fee-for-service rates, we strongly support Congress working with stakeholders to ensure fair and appropriate reimbursement rates continue in these sites so that such services can be sustained.

5. **Maintain Audio-Only Option.** WHA has received clear feedback from our members that there is clearly a role for audio-only services in the telehealth paradigm. The reasons for this can vary. For instance, WHA members in rural areas reported thousands of telehealth encounters that began as video but had to transition to audio due to the lack of proper broadband. Others reported patient trouble with accessing equipment or understanding how to use video chat platforms. Still others noted an increase treatment efficacy for patients who became more comfortable and opened up more on a phone call from their home environment than they did on a video chat or even previously in person. While we

[1] U.S. Senate Committee on Health, Education, Labor & Pensions. (2020) *Alexander: Make the Two Most Important COVID-19 Telehealth Policy Changes Permanent.* Retrieved from: https://www.help.senate.gov/chair/newsroom/press/alexander-make-the-two-most-important-covid-19-telehealth-policy-changes-permanent.

[2] STAT News. (2020) *'I can't imagine going back': Medicare leader calls for expanded telehealth access after Covid-19.* Retrieved from: https://www.statnews.com/2020/06/09/seema-verma-telehealth-access-covid19/. Casey Ross

recognize that the utility of audio-only telehealth services does not translate to all telehealth services (particularly for those where visual communication is essential), we also believe Congress and HHS must be cautious not to arbitrarily limit the use of audio-only services in ways that detract from patient care and preference.

6. **Treat Telehealth the same as in-person services by maintaining payment parity and removing telehealth specific requirements like limits on visits or serving new patients.** Because telehealth is simply an alternative way of accessing in-patient care, Medicare should maintain the current policy of paying the same rate for telehealth services as in-person services. Studies have pointed out that telehealth can lead to savings as a result of catching chronic conditions earlier when they are less expensive to treat.[3] We believe Medicare should realize those cost savings without looking to further underpay Wisconsin providers, who already typically receive only about 73 cents on the dollar of what it costs to provide Medicare services. Similarly, Medicare should permanently remove special restrictions on telehealth such as limiting the number of visits or limiting the patients providers can serve to those they have an established relationship.

7. **Encourage Commercial Providers to continue covering telehealth.** WHA members have reported an added benefit under current telehealth policies that has extended into the commercial sector on a voluntary basis. In order for providers to be able to offer a service, they need certainty from both government and commercial payors about the services they will cover. **There remains substantial uncertainty as to whether commercial payors will continue to cover the same telehealth services after the public health emergency expires.** This uncertainty has the potential to lead to provider and consumer confusion over services covered, which could lead to billing disputes and the loss of services that are offered today. Many services will lose their financial viability for providers if commercial reimbursement unexpectedly ends. WHA asks Congress and HHS to work with the commercial health insurance sector and explore ways to maintain consumer access to telehealth in the commercial sector under both the ERISA and individual and group markets.

WHA greatly appreciates the Wisconsin Congressional Delegation's support of these telehealth priorities going forward. As a reference, I am attaching a list of provisions highlighted by the American Hospital Association that help identify areas that may need Congressional action as well as areas that may be able to be extended via regulatory action. Please feel free to contact WHA's Director of Federal & State Relations, Jon Hoelter, with any questions.

Sincerely

Eric Borgerding
WHA President & CEO

attachment

[3] Connecticut General Assembly (CGA). 2015. Survey of states providing coverage for in-home telemonitoring services. Hartford, CT:CGA. https://www.cga.ct.gov/hs/tfs/20151008_Medicaid%20Rates%20for%20Home%20Health%20Care%20Working%20Group/20151109/Survey%20of%20States%20Providing%20Coverage%20for%20Telemonitoring.pdf