



Matthew Eyles
President and CEO

April 1, 2019

The Honorable Mike Thompson
Co-Chairman
Congressional Telehealth Caucus
406 Cannon Office Building
Washington, D.C. 20515

The Honorable Peter Welch
Co-Chairman
Congressional Telehealth Caucus
2187 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairman Thompson and Chairman Welch:

Thank you for requesting information on stakeholder activities to expand access, improve patient outcomes, encourage expanded use, and reduce costs through the use of telehealth. America's Health Insurance Plans (AHIP) is pleased to respond to your inquiry. We commend your efforts to gather information from stakeholders to inform potential legislative action to expand access to telehealth and remote monitoring services across the country.

In addition to the information below, we have attached some recent telehealth materials to provide further context on how health insurance providers are leveraging the technology to best serve their members.

AHIP is the national association whose members provide coverage for health care and related services to millions of Americans every day. Through these offerings, we improve and protect the health and financial security of consumers, families, businesses, communities, and the nation. We are committed to market-based solutions and public-private partnerships that improve affordability, value, access, and well-being for consumers.

Telehealth Improves Access to Quality Care, Convenience, and Affordability

Americans should have access to quality and affordable health care and this includes telehealth. Health insurance providers are committed to ensuring that telehealth technology is used to improve access and care for all patients, regardless of where they live and work. Nearly all health insurance providers offer connected health services in their products and are competing to bring cutting-edge, innovative new tools to their members every day. Often, health insurance providers contract with telehealth vendors that have an existing infrastructure and an established network of telehealth providers. Another approach is for insurance providers to use their existing network of community providers to connect members with their own doctors. Many insurers pursue a combination of those strategies to best meet the needs of patients and consumers. Virtually all (96 percent, according to a Towers Watson survey) of the nation's large employers (500 or more employees) will provide insurance coverage for telehealth in 2019, and use of these technologies is on the rise.

Patients and consumers can access a wide continuum of services from the comfort of their own homes via telehealth with the same high-quality care as an in-person visit to the doctor. Patients can save time and money by reducing travel to and from doctors' appointments, missing less time from work, and avoiding more costly care settings like hospitals.

Plus, they are able to consult with world-class specialists, regardless of location. Ninety-three percent of consumers say that telehealth has lowered their health care costs, where virtual visits can save up to \$100 compared to visits to other care settings.

By increasing patient access to providers through convenient digital tools, insurance providers hope to improve outcomes while reducing unnecessary visits to the emergency department and other costly care settings. People living in underserved areas benefit from telehealth because it increases their access to care. Telehealth and remote patient monitoring can extend the reach of care teams, allow for around-the-clock monitoring, increase data collection to guide an individual's treatment, and may provide more timely response to crises. Telehealth can improve access for people living in underserved urban areas, rural communities, among seniors and people with disabilities for whom mobility may be a challenge, and other difficult-to-reach groups. Telehealth is a particularly important tool for those impacted by the opioid epidemic. Health insurance providers support the use of telehealth to deliver substance use disorder treatment and encourage remote access to specialists.

Telehealth is also an important tool in improving our members' overall health and well-being. Consumers have experienced consistent benefits in using telehealth for communication and counseling, and its use for chronic care has led to reduced mortality, improved quality of life, and reduced hospital admissions.

Barriers to Telehealth

Consumers' and patients' access to telehealth has grown significantly in recent years as a result of coverage expansions enabled by federal and state legislation. However, several challenges to its continued growth remain.

One of the most significant challenges relates to state licensure of providers.

Each provider's ability to deliver care via telehealth across state lines is determined by the provider's license—providers must be licensed both in the states where they are located and where the patient is located. This limits the value of a "national" network of providers via telehealth and the ability of telehealth to expand patient access to services, reducing the impact of providing care from a remote location.

Inconsistent rules around workforce capabilities also limit the growth of telehealth.

States have different requirements for training and scope of practice for different types of providers (for example nurse practitioners, physician assistants), which stands as a barrier to expanding the number of providers who are capable of practicing medicine via telehealth. For example, in Georgia, counselors and licensed clinical social workers are required to obtain TeleMental training prior to delivering care. Many states differ in which types of provider can deliver care via telehealth; in New York, Certified Asthma Educators and Certified Diabetes Educators are allowed to deliver care via telehealth, whereas these services are not supported in Minnesota or Texas.

Congress must take action to remove these barriers and expand access to telehealth services.

Policy Considerations and Recommendations

Given the potential benefits for convenient patient access to care, improvements in outcomes and cost containment, state and federal policy makers should pursue policies that allow technology-based care delivery approaches and innovations to flourish without being subject to burdensome requirements.

The clinical services that can safely and effectively be delivered to patients via telehealth should be based on evidence, not dictated by legislation. Similarly, insurance benefit designs including provider payment and patient cost-sharing should be market-based. This will allow insurers and care providers to collaborate and leverage telehealth to better manage the health care of its members.

We appreciate Congress' work in passing the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2017, which expanded telehealth access to Medicare beneficiaries participating in alternative payment models, those suffering from renal disease and stroke, and for behavioral health care. Health insurance providers support the legislation expanding the list of facilities eligible to deliver telehealth to include federally-qualified health centers, rural health clinics, and Native American Health Services facilities. The CONNECT for Health Act and other legislation in the previous Congress revised many of the restrictions that have limited telehealth's expansion; we thank Congress for these efforts.

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act encouraged expanded use of telehealth services in treating substance use disorders. The provisions removed originating site and geographic restrictions and waived originating site fees for the treatment of high-need conditions, such as substance use disorder treatment. Similar provisions have been enacted for treatment of end-stage renal disease and stroke care. We believe that numerous other patient communities could benefit from similar flexibility. AHIP and its members support these efforts by Congress and encourage further action to expand access to care for other chronically ill patients and to provide convenient, affordable care to those who may require care for more acute conditions.

Starting in 2020, Medicare Advantage plans are permitted to expand their telehealth coverage in the basic benefit package to include a wider array of services as authorized under the Bipartisan Budget Act of 2018. We strongly support the expanded use of telehealth in Medicare Advantage basic benefits and providing plan flexibility to design telehealth benefits to best meet the needs of Medicare enrollees. However, if the Health Insurance Tax is not repealed, Medicare Advantage plans may not be able to provide as robust a benefit package and may be forced to raise beneficiary premiums. Expanding access is a critical component to improving outcomes and lowering costs in the future.

To address workforce issues, we recommend that Congress pursue legislation that defines the necessary licensure and training needed to deliver care via telehealth. While state licensing boards have the right to define required training to practice within the field, Congress should mandate minimum training requirements for the use of telehealth technology. Americans will benefit from a workforce who is educated in the use of the technology and who has received specialized training in how to deliver care via the technology.

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Introduced legislation H.R. 1395, for example, seeks to expand and improve mental health for students; much the way mental health professionals receive training specifically to deliver services to young people, so too should the providers receive training to deliver care via telehealth.

AHIP and its members support funding initiatives to deliver telehealth services to underserved communities, such as the provision in the Consolidated Appropriations Act to supplement nutrition education and breastfeeding support offered in WIC clinics, provided via telehealth. Grants to expand telehealth access in underserved communities have the potential to help improve outcomes and lower costs in the future.

Conclusion

AHIP is committed to supporting the spread of high-quality, cost effective telehealth and remote patient monitoring technologies to improve patient outcomes. We appreciate the opportunity to provide information on our members' proactive efforts in this area. We look forward to continued discussions with you on how to ensure widespread access to care, including when accessed remotely. If you have any questions, or would like more information, please contact Kate Berry, Senior Vice President for Clinical Innovation and Strategic Partnerships, at kberry@ahip.org.

Sincerely,



Matthew Eyles
President and CEO

CC: The Honorable David Schweikert
The Honorable Bill Johnson
The Honorable Brian Schatz
The Honorable Roger F. Wicker
The Honorable John Thune
The Honorable Benjamin D. Cardin
The Honorable Mark R. Warner
The Honorable Cindy Hyde-Smith

Attachments:

Telehealth Issue Brief: Connecting Consumers to Care Everywhere
Telehealth Fact Sheet
AHIP Comments on Proposed CMS Rule-Implementing the Bipartisan Budget Act of 2018