

MEMORANDUM

Date: March 4, 2021

To: REDC Consortium

From: Center Road Solutions

RE: The Subcommittee on Health of the Committee on Energy & Commerce: “The Future of Telehealth: How COVID-19 is Changing The Delivery of Virtual Care”

On March 2, the Subcommittee on Health of the Committee on Energy & Commerce held a virtual hearing entitled “The Future of Telehealth: How COVID-19 is Changing The Delivery of Virtual Care” which focused on telehealth coverage for Medicare patients and how telehealth services can be used more safely, efficiently, and equitably after the pandemic. Witnesses and members of both parties were supportive of telehealth and the flexibility that it offers providers and patients.

Key Takeaways:

- Telehealth is very popular among patients and health care providers, but there is debate on how much to reimburse providers for these services and how to appropriately use them.
- There is very little up-to-date, concrete data on telehealth. Many questions simply could not be answered without more research.
- As supportive as members, providers, and patients are of telehealth, all acknowledged the concerns around fraud and misuse.
- Licensure is a connected issue that came up frequently. Allowing providers to be licensed in the states their patients are in allows specialists to provide care in underserved areas while protecting the rights of patients. This system is flawed, though, and will need amending.

Hearing Summary/Opening Statements:

(Chairwoman, Subcommittee on Health) Rep. Anna G. Eshoo (D-CA-13)

- Ideally, Medicare reimbursement for telehealth services will become permanent.
- The Department of Health & Human Services reexamined their rules and payment policies in light of the COVID-19 crisis and waived many of the outdated provisions. Due to these waivers, 10.1 million traditional Medicare beneficiaries used telehealth services between mid-March and early July of 2020.
- Telehealth also addresses disparities in health access. For example, 70% of US counties do not have a child psychiatrist, which telehealth would help alleviate. It can be used to combat racial disparities too. The mortality rate for Black babies is cut in half when they are cared for by Black doctors; telehealth would allow localities without BIPOC medical providers to attain racially- & culturally sensitive care.

Rep. Doris Matsui (D-CA-06)

- Rep. Matsui is co-leading crucial efforts to expand telehealth services.

(Ranking Member, Subcommittee on Health) Rep. Brett Guthrie (R-KY-02)

- Telehealth has been incredibly important for Rep. Guthrie’s district, especially when vulnerable patients cannot receive in-person care due to COVID-19.
- Still, not every condition is appropriate for telehealth, and it is still not widely available enough. There must be guardrails to protect patients from bad actors and scammers.
- Quality is key, but so is verification of services, patient consent, and proper infrastructure.

(Chairman, Committee on Energy and Commerce) Rep. Frank Pallone (D-NJ-06)

- Most private insurers have also expanded telehealth coverage and permanent expansion of tele-mental health services should be prioritized.
- Rep. Pallone is especially concerned about value of care (i.e., overutilization), discouraging low-value care, strengthening program integrity, discouraging bad actors, and equitable access to telehealth services.

Rep. Cathy McMorris Rodgers (R-WA-05)

- A health system in the Representative’s district saw 100,000 visits in 2020 -- up from 7,000 in 2019.
- Mental health care and areas with care shortages have exacerbated crisis due to the pandemic.

Witnesses:

Megan R. Mahoney, M.D., Chief of Staff, Stanford Health Care ([testimony](#))

- Dr. Mahoney believes telehealth is the new normal and will be adopted as a clinically effective tool even after in-person appointments become normalized again as it allows for a clearer image of patients' home lives.
- Part of telehealth's success is due to the fact it is useful across specialties and for non-physicians too (i.e., speech pathologists).
- As a supporter of the bipartisan TREAT Act (H.R. 708/S. 168), Dr. Mahoney sees telehealth as a way to provide safe specialty care across state lines when interstate restrictions are waived.
- Stanford Health Care has not experienced issues with telehealth overuse, finding that telehealth is substitutive, not additive to care, though more studies are needed to assess the long-term quality and safety for patients.
- Dr. Mahoney believes reimbursement should be equivalent for telehealth and in-person visits as they require the same amount of effort and medical decision making by the provider.

Ateev Mehrotra, M.D., M.P.H., Associate Professor of Health Care Policy, Harvard Medical School ([testimony](#))

- While Dr. Mehrotra is also supportive of telehealth, he is concerned with its overuse. As a convenient tool, it may lead to too much care and health care spending, which is problematic for public and private insurers. He supports expanding telehealth coverage, but not continuing full access after the COVID-19 crisis.
- Telehealth should be used on a value-based system. For example, mental health services in rural areas are high value, but having a telehealth appointment with a nearby doctor when the patient just has a mild cold is lower value.
- Audio-only care is important, especially in areas without adequate access to broadband, but audio-only care is more prone to abuse. He proposes covering audio-only care for 1-2 years while internet access is expanded.
- Dr. Mehrotra believes that reimbursement should be less than an in-person visit because overhead costs are lower.

Elizabeth Mitchell, President & CEO, Purchaser Business Group on Health ([testimony](#))

- Telehealth can be very useful in underserved areas and care should be expanded into specialties like behavioral health.
- Medical providers must also modernize their technology, not simply add more technology without consideration for value or cost. Telehealth is a cost-effective solution that is also popular with patients.
- Expanding telehealth with intentionality is a great way to transition to value-based care.

Jack Resneck, Jr., M.D., Board of Trustees, American Medical Association ([testimony](#))

- Telehealth is great for patients as it allows them to save transportation time, stop them from missing work, and prevents them from needing to find childcare. It is especially useful in inner cities and rural areas.
- Telehealth provides new insights on social determinants of health, such as food insecurity and a patient's living situation, which may be less easy to understand in a traditional visit. It also improves patient-physician communication and trust.
- Without action from Congress, thousands of patients will again face barriers to care.
- Amending Sec. 1834(m) of the Social Security Act will help remove geographic barriers and originating site restrictions to care.

Frederic Riccardi, President, Medicare Rights Center ([testimony](#))

- Medicare beneficiaries are at a higher risk of serious illness and death. Telehealth coverage allows them to safely obtain necessary care during the pandemic.
- Its uses and locations served should be expanded to meet patients' needs.
- Before the pandemic, 13,000 beneficiaries used telehealth per week. Now, 1.7 million do.
- Some patients have struggled to receive care because of technology barriers or discomfort with remote care. Because so much is still unknown about how telehealth impacts care or how beneficiaries feel about it, telehealth should not yet be permanent. More data is needed.
- Mr. Riccardi outlined a number of components to take into consideration including consumer protections, high quality care, increased access to care, and health equity.
- Near-term improvements are needed too. Mr. Riccardi proposes a special enrollment period for Medicare Part A & Part B for people locked out of the system now who cannot access care.