MEMORANDUM
TO: REDC Consortium
FROM: Center Road Solutions
DATE: April 28, 2021
RE: House Committee on Ways & Means; Subcommittee on Health Hearing on Telehealth

On April 28, the House Committee on Ways & Means' Subcommittee on Health hosted a hearing to discuss the expansion of telehealth and possible benefits and setbacks. The hearing's goal was to evaluate what telehealth has done for healthcare in the past few months and what next steps should be taken to continue its expansion while targeting possible inequalities and disparities. The witnesses included Sinsi Hernández-Cancio, JD, National Partnership for Women and Families; Ellen Kelsay, Business Group on Health; Thomas Kim, MD, MPH, Prism Health North Texas; Ateev Mehrotra, MD, MPH, Harvard Medical School; and Joel White, Health Innovation Alliance.

Key Takeaways:

- Telehealth has provided greater access to care, especially in low-income communities. Telehealth services should be expanded beyond arrangements Congress has made for the pandemic.
- However, Congress should work to make sure this form of health care reaches all demographics and is built on equitability and accessibility to avoid a two-tiered system.

Opening Remarks:

Health Subcommittee Chairman Lloyd Doggett (D-TX-35):

- Telehealth has allowed essential health care workers to provide proper primary care, specialty care, patient modality care while reducing the spread of COVID-19.
- For Medicare, the transformation was made possible due to waivers to cover 144 telehealth services during the public health emergency. Telehealth has allowed for flexibility in transportation, childcare, and allowed family members to be with a patient. We need to avoid economic restraints where high-income patients receive a video call whereas low-income patients who also have less access to internet services receive just a phone call. We need to evaluate the impact of Medicare spending and ensure a telehealth appointment isn't duplicating an in-person meeting.

Health Subcommittee Ranking Member Devin Nunes (R-CA-22):

- Early in the pandemic, CMS data shows that the national weekly users of telehealth jumped from 13,000 to 1.7 million. We waived geographic restrictions, originating site restrictions, and expanded the range of services and providers available to reach patients.

Sinsi Hernández-Cancio, JD, Vice President for Health Justice, National Partnership for Women and Families (testimony):

- The explosion of telehealth is an extraordinary example of our health care's adaptability. Telehealth is integral to the future of health care and addressing inequities. For women, given maternal and mental health, telehealth has the potential to be transformative.
- It is necessary to design health care deliveries with equity at its center. We must understand how policies and programs are implemented in many different communities. Three concerns are the digital divide, the combination of quality and equity to avoid a two-tiered system, and affordability.

Ellen Kelsay, President & CEO, Business Group on Health (testimony):

- For some health care services, in person services are more medically appropriate and safer. Telehealth might increase in cost over time. Our members have expressed that a telehealth visit is often followed by an in-person visit covering the same topic. Rigorous study of telehealth and associated downstream cost is necessary to ensure that virtual care does not result in costs that outweigh the benefit. Disparities in availability in providers, health care infrastructure, and broadband access present obstacles in under-resourced communities and locations.

- Measures should be taken to give interstate licenses to providers and allow for a wider range of coverage, allow patients to choose between video calls or telephone only calls, and encourage a national framework for telehealth for multi-state employers. Telehealth should also be expanded to employees who are not enrolled in an employers group health plan. Finally, extending telehealth beyond the pandemic will allow for continued use of telehealth as well as the evaluation of long-term effects.

Thomas Kim, MD, MPH, Chief Behavioral Health Officer, Prism Health North Texas (testimony):

- With ¾ of medical beneficiaries living in urban areas, there is an issue of under or non-utilization of broadband rather than no access.

Ateev Mehrotra, MD, MPH, Associate Professor of Health Care Policy, Harvard Medical School (testimony):

- Value should be the lands by which telemedicine policy is evaluated. Two issues include audio only visits, the only form of communication some Americans are able to use, and payment parity, some medical providers might not use telehealth because it pays less.

Joel White, Executive Director, Health Innovation Alliance (testimony):

- Before the pandemic 1% of primary care visits were delivered via telehealth and immediately after the start of the pandemic 40% of primary care visits were conducted through telehealth.
- We learned that telehealth improved access to care for many. We saw longstanding health disparities go away and the need for broadband access and the total cost of care didn't increase even after Congress gave telehealth more money.

Q&A Session:

Q: Health Subcommittee Chairman Lloyd Doggett (D-TX-35)

- What do we not know about telehealth that we need to know to proceed with permanent legislation?

A: Dr. Mehrotra:

- One of the critical things we don't know is what will the impact be of telemedicine on total legalization. We need experiences in telehealth after the pandemic to inform future policy.

Q: RonKind (D-WI-03):

- What more specifically are you worried about with just audio telehealth?

A: Dr. Mehrotra:

- We need to think about do we create telemedicine hubs where patients can come in and have access to broad band, video calls, and digital equipment so that they can receive the highest quality care that they wouldn't get from just a phone call.

Q: Judy Chu (D-CA-27):

- Can you discuss why behavioral health services are particularly well suited to telehealth given the historic disparities and access to behavioral and mental services in communities of color and low-income communities? Could telehealth be one possible solution to access issues in this area of healthcare and can audio only services be beneficial in this space?

A: Dr. Kim:

- Behavioral health has had great success with telemedicine because with therapeutic services I don't have to touch my patients to form a connection with them, so my reach of caring for patients in unlimited. Untethered, it's difficult to comment on an audio only solution; but as part of a tool kit of a doctor with the right information, I think it can be a lifesaver.

Q: Judy Chu (D-CA-27):

- What are the guardrails you think are necessary for telehealth services when it comes to mental healthcare? What populations have you found it the hardest to reach through mental and behavioral telehealth?

A: Dr. Kim:

- I have had wonderful success caring for pretty much every vulnerable population I can find with the exception of language barriers. Where I think that the virtue of telehealth lies is the fact that I

can convey the message that I'm your doctor and I'm not going anywhere. For people struggling with mental illness, that's everything.

Q: Brad Schneider (D-IL-10)

- What are some of the things you see as being clear criteria that we should be evaluating progress on telehealth?

A: Dr. Kim:

- When we look at the data and see two identical encounters, one telehealth and one in person, you described how a skilled clinician can pivot between the two services. In an effort to truly demonstrate value, whether its lower in cost, we need to be empowering practiced physicians and giving them the skills to be successful in telehealth. If I'm able to increase my efficiency and timelines to switch people who I have a therapeutic relationship with, I think I'll have a much larger impact than if I'm being overrun with crisis after crisis.

Q: Steven Horsford (D-NV-04):

- How can telehealth better integrate language translation to make it more equitable and accessible?

A: Ms. Hernández-Cancio:

- I do think telehealth will make that access easier, especially in areas of mental health in two ways. One, to be able to have mental health providers who are bilingual extend their reach is extremely powerful and two, three-way communication is going to be a game changer for these communities.

Q: Dan Kildee (D-MI-05):

- If you might address issues of how Congress should be addressing the quality of telehealth, particularly because of your expertise in behavioral health?

A: Dr. Kim:

- I recommend payment parity as the economic engine to allow my peer group to spread out and care for more people, including the underrepresented in rural areas. With the stability of that economic engine, the result will likely be reduced visits and reduced hospitalizations.