



ALLIANCE *for*  
CONNECTED CARE

December 16, 2019

The Honorable Diana DeGette  
Member of Congress  
2111 Rayburn House Office Building  
Washington, DC 20515-2206

The Honorable Fred Upton  
Member of Congress  
2183 Rayburn House Office Building  
Washington, DC 20515-0601

**Re: Cures 2.0 Call to Action**

Dear Representatives DeGette and Upton:

The Alliance for Connected Care (the Alliance) is pleased to provide input into the development of a Cures 2.0 effort that will build upon the important legacy of the 21<sup>st</sup> Century Cures Act. We look forward to working with you to achieve our mutual goals of advancing access to digital health technologies.

The Alliance is dedicated to improving access to care through the reduction of policy, legal and regulatory barriers to the adoption of telemedicine and remote patient monitoring. The Alliance's membership brings together diverse industry leaders - from providers of direct patient engagement to physician consultation and remote monitoring, as well as the connected care technologies that are already facilitating the future of health care delivery.

As such, the Alliance has a strong interest and member expertise in the way digital health technologies can support and expand access to care and improve patient engagement and quality. Unfortunately, the history of our delivery system, reimbursement, and governance structures are holding back this transformation. We believe the Cures 2.0 effort has the potential to modernize an antiquated reimbursement system to better serve patients in need and realize the potential of digital technologies through better integration into care patterns.

Telehealth and remote patient monitoring are important tools for bringing innovative services and treatments to those with the least access to it. The Health Resources and Services Administration found that there were more than 7,600 designated Health Professional Shortage Areas lacking adequate primary care nationwide, with nearly 60 percent of HPSAs are located in rural regions. Provider shortages are associated with delayed healthcare usage, reduced continuity of care, higher healthcare costs, worse prognoses, less adherence to care plans, and increased travel. In addition to being a tool to address barriers, telehealth services play an important role in supplementing and strengthening clinician networks available to patients. Telehealth can be leveraged to strengthen the delivery system by providing highly specialized services in areas where clinicians with these skills are not available to consumers.



For digital health technologies to truly transform the way Americans access innovative treatments and cures, we must reduce barriers to accessing that care. Many of these barriers are remnants of a time in which telehealth did not have the advanced capabilities available today.

- Move to replace outdated originating site and geographic requirements on telehealth. Section 1834(m) of the Social Security Act has long been a barrier to expanding Medicare beneficiaries' access to telemedicine due to stringent originating site and geographic location restrictions. Evidence has shown that telemedicine is not only necessary in rural and underserved areas, but also in urban and suburban communities where health care may not be accessible, convenient, or affordable. While requiring specific sites of care for telehealth may have made sense when technology was new and unreliable, the commercial market today is effectively deploying telehealth nationwide. There is no reason for our most vulnerable populations to have less access to care.
- Drive greater flexibility for clinicians to provide care across state lines: State lines create artificial barriers to the delivery of care – complicating access for patients and creating additional burden on clinicians. These lines sometimes split major urban areas and hamper the ability of telemedicine providers to fill in gaps in the delivery system and provide high-value care directly to consumers in rural or underserved areas. Current efforts to expand interstate licensure have been insufficient to meet the needs of patients and the clinicians seeking to better serve them.

One of the most effective utilizers of telehealth networks to support the delivery of care, the U.S. Department of Veterans Affairs, supported 900,000 veterans through telemedicine visits – a majority of which were for mental healthcare. The program demonstrated growth of 17% over the past year. A major reason for this success is because the VA benefits from rules allowing it to bypass barriers like state licensing requirements, which remain a major barrier for other regional or national networks of care – often inhibiting any work across state lines.

- Advance progress toward the regulation of digital health and connected care technologies in a platform and technology agnostic manner. Specifically, as we move toward more care being delivered through outcome-based payment, the specific tools or methodologies used to deliver care become far less significant than the clinical services being delivered. This flexibility will promote further innovation in care delivery.
- Explore opportunities for the FDA to better facilitate the use of telehealth and remote patient monitoring technologies for both clinical trials and FDA postmarket review. The use of remote technologies could dramatically expand the amount of data collected, while reducing costs.



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- Support of demonstrations and research that approaches delivery system innovation through interventions that explore innovation in clinical workflows (leveraging digital health technology), rather than approaching the delivery system from the perspective of facilitating a specific technology or individual service.
- Facilitate the use of telehealth technologies for “hospital at home” models, when appropriate. There are many conditions, such as pneumonia and chronic obstructive pulmonary disease, that can be stable and treated in the home. There are also many patients for whom treatment in the home is a better option, due to health, transportation, or other concerns.

Thank you for your consideration, we look forward to working with you on this important effort. Please contact Chris Adamec at 202-640-5941 or [cadamec@connectwithcare.org](mailto:cadamec@connectwithcare.org) with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Krista Drobac". The signature is fluid and cursive, with the first name "Krista" being larger and more prominent than the last name "Drobac".

Krista Drobac  
Executive Director  
Alliance for Connected Care