



Top Accomplishments in 2021

Since its formation in December 2013, the Alliance for Connected Care (“the Alliance”) has made significant progress in raising the profile of telehealth and remote patient monitoring among policy makers in Washington, and creating urgency around the need to reduce legal and regulatory barriers. We have helped energize Congress and the Executive Branch to break down barriers to increased telehealth and remote monitoring adoption.

Building off the transformation of telehealth over the previous year, the Alliance has continued to push forward on permanent telehealth policies. We are excited to continue this push forward in 2022 and hold on to important expansions in patient access to telehealth. Following is a summary of some of our top accomplishments in 2021.

Maximizing Visibility and Recognition of Issues around Telehealth

Strategic Partnerships

- The Alliance for Connected Care gained two new Board Members – Johns Hopkins Medicine and One Medical. The Alliance also added many new Advisory Board Members – including American Academy of Physical Medicine and Rehabilitation, American Foundation for Suicide Prevention and American Physical Therapy Association.
- The Alliance has regularly leveraged partnerships with trusted third parties to advance advocacy tactics and messages related to the value of telehealth. With 40 patient and provider groups actively participating as part of the Alliance Advisory Board, the Alliance is growing its influence and expanding its reach. In 2021, we held regular advisory board meetings, and ongoing dialogue about policies that Administration and Capitol Hill officials can advance.
- In 2021, the Alliance for Connected Care was instrumental in the formation of federal and state group letters, including a group letter to Congress urging them to address the telehealth cliff, which was signed by over 430 organizations, and a letter signed by more than 230 groups to all 50 state governors asking them to maintain their licensing flexibilities or reinstate them for the duration of the COVID-19 public health emergency.

Ongoing Relationships with Congress & Administration Officials

- The Alliance has maintained strong relationships with House and Senate telehealth champions, and has served a primary role in helping these offices strategize and implement telehealth legislation, telehealth events, and plan for telehealth hearings. The Alliance has also submitted input for every major Senate and House hearing related to telehealth.
- The Alliance also maintains ongoing relationships with key individuals at the White House and in HHS leadership – ensuring key connected care priorities are considered in major Executive Orders and Rulemakings.
- The Alliance has held targeted meetings with the HHS Secretary’s office, CMS, MedPAC, OIG, DEA, FTC, and DOJ staff, and others as needed to cultivate the landscape for telehealth and remote patient monitoring.



Leading the Conversation on Connected Care

- In 2021, the Alliance was regularly quoted in major DC and state publications – often leading the conversation during key moments for legislation or regulation. The Alliance also successfully elevated member voices in the ongoing press dialogue on connected care through quotes and op-eds.
- In 2021, Alliance expertise was regularly sought and included in press coverage of telehealth issues with more than 100 tracked press mentions and regular quotes in Congressional press releases.

Key Engagements and Events Hosted by the Alliance in 2020:

- In April 2021, the Alliance hosted a Telehealth Summit for Health Systems with participation from over 300 attendees.
 - Major policymakers and stakeholders participated in the Summit including Senator Roger Wicker, Representative Mike Thompson, and White House Domestic Policy Council Deputy Director Christen Linke Young.
 - The event also featured breakout sessions led by health system executives from Ascension, Intermountain Healthcare, MedStar Health and Stanford Health Care, focused on consumer engagement in virtual care, post-pandemic licensure portability, hardwiring virtual care transformation and improving access across the digital and social divide.
- In 2021 the Alliance regularly spoke on webinars and with key media outlets, describing the role of telehealth during the pandemic, sharing data on key factors associated with telehealth use, including utilization and experience, and expressing the need for permanent telehealth policies.

Federal Advocacy

- **Letter to Congress to Address ‘Telehealth Cliff’** – The Alliance for Connected Care was instrumental in the formation of a group letter to Congress urging them to address the telehealth cliff, which was signed by over 430 organizations. This letter builds off the June 2020 letter which garnered 340 national and regional organizations representing a full range of health care stakeholders and all 50 states, the District of Columbia, and Puerto Rico to Congress outlining the immediate actions necessary to ensure CMS has the authority to continue to make telehealth services available once the national health emergency is rescinded.
- **Temporary Telehealth Extension Bill** – Recognizing the limited window for permanent telehealth legislation, the Alliance engaged with key policymakers to develop a clean two-year extension bill. On the Senate side, the Alliance has facilitated the development of an extension bill which will be introduced by Senate Finance Committee members Cortez Masto (D-NV) and Daines (R-MT). The Alliance has also been working with House leadership and Energy and Commerce Committee members.
- **Expertise and Advocacy Facilitating Major Telehealth Bills** – The Alliance worked to shape and support the introduction of a number of key Medicare telehealth bills, including the bicameral introduction of the *Protecting Rural Telehealth Access Act*, the *Telemental Health Care Access Act*, and the *Telehealth Extension Act*.



- **Letter to Congress to Extend the HDHP-HSA Telehealth Flexibility** – The Alliance helped shape thinking on Capitol Hill among staff about the need to extend flexibilities around the telehealth safe harbor for individuals with HDHP-HSAs before the impending cliff on December 31, 2021. The Alliance convened a sign-on letter urging Congress to extend this flexibility, which was enacted in the CARES Act, which was signed by over 70 organizations. Building on this work, the Alliance supported the introduction of both House and Senate legislation – the *Telehealth Expansion Act* and the *Primary and Virtual Care Affordability Act*.
- **National Compact Bill** – The Alliance has also engaged Congress on the need for a national approach to cross-state licensure. The Alliance created a federal bill that instructs HHS to develop a national framework for interstate licensure that would be voluntary for states to join. In developing this effort, the Alliance has held several meetings to secure a legislative sponsor and continues to hold educational conversations with groups and stakeholders around the idea of a voluntary national compact bill. The Alliance has made great strides garnering support from policymakers and heard first hand that cross-state licensure will be a key topic of discussion in 2022.
- **Misc.** – The Alliance has advocated for the need for an extension of telehealth flexibilities without unrealistic guardrails. The Alliance also catalyzed several other letters with partners to address support for telehealth in Critical Access Hospitals and Telehealth Resource Centers, and opportunities around HDHP-HSAs, excepted benefits and cross-state licensure.

State Advocacy

In 2021, the Alliance for Connected Care significantly expanded its work at the state level. The Alliance regularly commented on state legislation and submitted written testimony in support of expanding access to telehealth and licensure efforts. The coalition also continues to be seen as thought leaders around cross-state licensure, and has been approached by several groups to speak on the topic.

- **Governor Letter on Maintaining Licensure Flexibilities** – The Alliance co-convened a sign-on letter with the National Organization for Rare Disorders (NORD) and the ALS Association on licensure flexibilities. More than 230 groups signed the letters, which were sent to all 50 governors asking them to maintain and expand the licensing flexibilities implemented at the start of the pandemic, or reinstate them if they have expired, for the duration of the federal PHE. Through that process, the Alliance has built up a database of groups who have said they care about this issue and wish to get involved.
- **Medical Excellence Zone Initiative** – Last year, the Alliance launched an effort to establish Medical Excellence Zones in regions across the United States. Thus far, the Alliance has convened stakeholders within several regions, to include large health systems, academic medical centers, large employers, and patient advocacy groups. The Alliance has also held state-level organizing calls to launch the initiative and strategize about the impending introduction of legislation. This year, the Alliance has focused heavily on the D.C., Maryland and Virginia regions. The Alliance also made critical momentum in the DMV region on its Medical Excellence Zone initiative, recruiting legislative sponsors in all three regions and developing strategies with stakeholders to move this forward during the 2022 legislative session. Furthermore, to facilitate this effort, the Alliance organized a group of DMV-based stakeholders and hospital systems that meet every two weeks to discuss advancing the MEZ



effort in the DMV region, and has worked closely with legislative staff on developing the language around this policy.

- **Uniform Law Commission Telehealth Drafting Committee** – Throughout the pandemic, the Alliance has been an expert voice supporting the use of telehealth across state lines in response to COVID-19 surges. The Alliance was invited to participate as an observer on the Uniform Law Commission’s Telehealth Drafting Committee. The Committee is working to draft a uniform law addressing a variety of issues related to telehealth services, including the definition of telehealth, formation of a doctor-patient relationship via telehealth, creation of a registry for out-of-state physicians, insurance coverage and payment parity and administrative barriers to entity formation.

Top Accomplishments and Achievements

Legislative

- **Alliance Co-led Letter with more than 430 Organizations Urging Action on Telehealth** (July 26) – The Alliance co-led a letter which garnered more than 430 national and regional organizations to Congress outlining the immediate actions necessary to ensure CMS has the authority to continue to make telehealth services available once the national COVID-19 public health emergency ends, and making clear that Medicare beneficiaries will lose access to virtual care options if Congress does not act, otherwise known as the ‘telehealth cliff.’ The letter calls for Congress to advance permanent telehealth reform focused on specific priorities:
 - Removing arbitrary restrictions on where a patient must be located in order to utilize telehealth services;
 - Ensuring federally qualified health centers, critical access hospitals, and rural health centers can furnish telehealth services;
 - Authorizing the Secretary to allow additional telehealth practitioners, services, and modalities; and
 - Removing restrictions on telemental health services.
- **Letter to Senate Finance Committee on Mental Health** (November 5) – The Alliance sent a letter to the Senate Finance Committee providing input into the development of bipartisan legislation to enhance behavioral health and substance use disorder care for all Americans. The letter calls for permanently removing in-person requirements, removing distant site provider list restrictions and originating site and geographic restrictions, removing antiquated licensure laws, calls on DEA to promulgate the Special Telemedicine Registration regulation, and makes several recommendations on how to facilitate broadband deployment, access and affordability across our nation and others.
- **Group Letter – Telehealth Safe Harbor for Individuals with HDHP-HSAs** (October 26) – The Alliance convened a group letter with more than 70 organizations to Congress to urge policymakers to address the impending expiration of the telehealth safe harbor enacted in the CARES Act that enabled employers and insurers to provide pre-deductible coverage for telehealth services for individuals with high-deductible health plans coupled with Health Savings Accounts (HDHP-HSAs). The Alliance also engaged in educational conversations



around the Hill emphasizing that the safe harbor is not part of the flexibilities provided by the PHE and will expire on December 31, 2021 if Congress does not act.

- **Alliance Statements for the Record to Senate and House Committees** (March – October)
 - The Alliance submitted a letter to the Senate Commerce, Science, and Transportation Committee, Communications, Media, and Broadband Subcommittee on a hearing examining the importance of access to telehealth services, and the role that broadband plays in the public health response.
 - The Alliance submitted a letter to the Senate Finance Committee on the “COVID-19 Health Care Flexibilities: Perspectives, Experiences, and Lessons Learned.” The Alliance focused comments on 1) Research and evidence we have gathered thus far; 2) Recommendations for future telehealth expansion that Congress should consider – including steps to ensure equitable access; and 3) Recommendations for telehealth “guardrail” provisions that Congress should consider to prevent fraud, waste and abuse in the health care system.
 - The Alliance submitted a letter to the House Ways & Means Committee, Subcommittee on Health on “Charting the Path Forward for Telehealth.” The Alliance provided: 1) Recommendations for telehealth expansions that Congress should consider – including steps to ensure equitable access; 2) Comments about telehealth research and evidence; and 3) Recommendations for telehealth “guardrail” provisions that Congress could consider, if it is believed they are necessary.
 - The Alliance submitted a letter to the House Energy & Commerce Committee, Subcommittee on Health on the “The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care.” The Alliance provided 1) Overarching comments about telehealth research and evidence; 2) Recommendations for telehealth expansions that Congress should consider; and 3) Recommendations for telehealth “guardrail” provisions that Congress could consider.
- **Group Letter Calling on CMS to Address Critical Access Hospital Telehealth** (September 13) – The Alliance for Connected Care joined roughly 20 other groups in calling on CMS to address Critical Access Hospital (CAH) telehealth. The letter stresses that without action to ensure these hospitals can bill tele-behavioral health as they do in-person services, access to CAH-provided outpatient care will be lost for thousands of Americans in rural areas.
- **Group Letter – Support for Telehealth Resource Centers** (September 15) – The Alliance for Connected Care joined a letter to Senate HELP Chair Murray and Ranking Member Blunt requesting funding support for the Telehealth Resource Centers (TRC) program in the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS). The letter highlights that this increase in funding would provide a critical boost to the TRCs, which have experienced a high of an 800 percent increase in demand for telehealth assistance during the COVID-19 pandemic across the nation, yet have been level-funded since 2006.
- **Endorsement Letter for the Healthcare Broadband Expansion During COVID-19 Act** (April 22) – The Alliance sent a letter to Representatives Eshoo and Young endorsing the Healthcare



Broadband Expansion During COVID-19 Act (H.R. 6474). The legislation would expand funding for the Federal Communications Commission to support health care broadband deployment in response to COVID-19.

Top Regulatory

- **CY 2022 Physician Fee Schedule** (September 13) – The Alliance for Connected Care submitted comments on the Medicare Physician Fee Schedule (PFS) Proposed Rule for calendar year (CY) 2022, which includes several important reforms with respect to telehealth.
 - The Alliance applauded the proposal to retain all Category 3 telehealth codes through the end of Calendar Year (CY) 2023 to provide an opportunity to collect and study data on the telehealth experience during the COVID-19 public health emergency. However, the Alliance also noted that these codes are inadequate to the stability and predictability needed for health care providers to make necessary investments and plan for care/care systems in the longer term.
 - The Alliance and its members strongly believe that an in-person requirement constrains telehealth from helping individuals that are homebound, have transportation challenges, live in underserved areas, etc. It does not constrain those using telehealth for convenience. This creates a perversion of the Medicare payment system by reducing access for those who need it most, while allowing access for others.
- **Comments to Cures 2.0** (July 16) – The Alliance for Connected Care provided input into the draft Cures 2.0 legislation released in late June that will build upon the important legacy of the 21st Century Cures Act. The draft legislation includes several telehealth provisions including: Sec. 402. Strategies to Increase Access to Telehealth under Medicaid and Children’s Health Insurance Program and Sec. 403. Extending Medicare Telehealth Flexibilities.
- **Letter to ONDCP Special Telemedicine Registration** (April 9) – The Alliance for Connected Care sent the attached letter to the White House Office of National Drug Control Policy (ONDCP) applauding their inclusion of the telemedicine special registration for the prescribing of controlled substances this year as part of the Biden Administration’s First-Year Drug Policy Priorities. Last year, the Alliance led over 80 organizations in a letter to the Drug Enforcement Administration (DEA) calling on the DEA to finalize the special registration for telemedicine. The anticipated registration would enable a practitioner to deliver, distribute, dispense, or prescribe via telemedicine a controlled substance to a patient who has not been medically examined in-person by the prescribing practitioner. Special registration to prescribe controlled substances through telemedicine was originally called for in the *Ryan Haight Act of 2008*.
- **Group Letter – Virtual Diabetes Prevention Program** (April 6) – The Alliance worked to convene over 20 organizations in a letter asking Health and Human Services Secretary Xavier Becerra to extend Medicare coverage for virtual visits during the PHE and “work on longer-term reforms” that would make connected health a permanent part of the program.



- **Letter to HHS Office of Inspector General Regarding Telehealth Fraud** (February 9) – The Alliance for Connected Care sent a letter to HHS Office of Inspector General (OIG) Principal Deputy Inspector General Grimm urging OIG to update posts on “telehealth fraud” to better distinguish traditional fraud from telehealth fraud. The Alliance requested OIG consider meeting with experts to learn about the tools and tactics that can best differentiate legitimate telehealth providers from fraud actors pretending to offer telehealth. In addition, the Alliance supports several recommendations to address improper telehealth payments:
 - Conduct periodic post-payment reviews to disallow payments for errors for which telehealth claim edits cannot be implemented (for example, unallowable originating sites or unallowable means of communication);
 - Work with MACs to implement all telehealth claim edits listed in the Medicare Claims Processing Manual; and
 - Offer education and training sessions to practitioners on Medicare telehealth requirements and related resources.

Top State

- **More than 230 national organizations send letters to all 50 governors urging them to maintain their licensing flexibilities or reinstate them for the duration of the PHE** (November 1) – The Alliance co-led a letter signed by more than 230 organizations stressing the urgency of expiring licensure waivers and the impact on patient access to care. The letter urges state governors to act immediately to ensure patients can access the care they need where they reside and when they need it, and outlines a set of principles to consider for licensure policies that should be in place right now to ensure patient access to care.
- **Alliance sends letters in support of State efforts to expand access to telehealth.**
 - (July 28). The Alliance submitted a letter of support for Wisconsin Senate Bill 394 and Assembly Bill 396. The bill would create an additional system of licensure for Advanced Practice Registered Nurses (APRNs), recognize the four practice roles of APRNs, and allow all APRNs currently practicing in a recognized role to receive an APRN license, among other key provisions. If enacted, the bill would conform with 23 other states that have adopted legislation that allow for APRNs practicing at the top of their license.
 - (May 28). The Alliance submitted a letter of support for Pennsylvania Senate Bill 25. The bill would modernize the Professional Nursing Law for APRNs to allow certified nurse practitioners (CNPs) to practice at the full scope of their license.
 - (May 26). The Alliance submitted a letter of support to the Delaware Senate in support of House Bill 21 and House Bill 141. House Bill 21 would adopt the Advanced Practice Registered Nurse Compact. Under this compact, APRNs licensed in a Compact member state may practice in another Compact member state, allowing APRNs to have one multistate license with the ability to practice in all Compact states without having to obtain additional licenses. Its companion bill, House Bill 141, would align the Delaware Board of Nursing statute with the APRN Compact to advance APRN practice through eliminating barriers such as collaborative practice agreements and



granting full practice authority in conjunction with licensure to improve access to care for Delaware patients.

- (April 23). The Alliance also previously submitted a letter to the Delaware House in support of House Bill 21 and House Bill 141. House Bill 21 would adopt the Advanced Practice Registered Nurse Compact.
- (May 12). The Alliance submitted a letter of support for North Carolina Senate Bill 249 and its companion House Bill 277, which would eliminate physician supervision requirements and grant full practice authority for APRNs.
- (May 11). The Alliance submitted a letter of support for Illinois Senate Bill 105. The legislation would amend the Nurse Practice Act to allow an Illinois-licensed APRN to practice without a written collaborative agreement.
- (April 21). The Alliance submitted a letter of support for New York Senate Bill S3056. The legislation would amend the Education Law to make the Nurse Practitioner Modernization Act permanent and eliminate certain administrative obligations that create barriers to accessing health care.
- (April 21). The Alliance submitted a letter of support for Missouri SB 193. This legislation would remove geographic proximity requirements in collaborative practice arrangements between physicians and APRNs based in rural health clinics. The bill would also allow APRNs providing nursing services under a collaborative practice arrangement to provide such services outside the geographic proximity requirement if the collaborating physician and APRN utilize telehealth in the care of the patient and if the services are provided in a rural area located in a health professional shortage area.
- (April 21). The Alliance submitted a letter of support for Missouri SB 584. The bill would repeal the requirement under current law that supervised practice of an APRN under a collaborative practice arrangement by a collaborating physician occur for a one-month period of time. The bill would also repeal the requirement that an APRN can only provide telehealth services in rural areas of need in order to practice telehealth services outside the geographic proximity requirements of a collaborative practice agreement.
- (March 29). The Alliance submitted a letter of support for Texas SB 992. The bill would allow health professionals located outside of the state of Texas to provide telehealth services to patients residing within the state of Texas so long as they are licensed and authorized to provide the service in the state in which they are licensed.
- (March 23). The Alliance submitted a letter of support for Illinois HB 580. The bill would amend the Nurse Practice Act to approve the Nurse Licensure Compact, which allows for issuance of multistate licenses that allow nurses to practice in their home state and other compact states. The bill is critical because it allows for mutual recognition of state licenses between states participating in the compact.
- (March 23). The Alliance submitted a letter of support for Illinois HB 366. The bill would require the Department of Financial and Professional Regulation to issue or deny a license no later than 30 days after completion of the application for practical nurse and registered professional nurse licensure. The Alliance believes that quickly approving licensure applications will help ensure eligible nurses are working, and will ultimately improve access to health care.



- (February 24). The Alliance submitted a letter of support for Alaska SB 67. The bill would allow Registered and Licensed Practical Nurses from 34 states to practice in Alaska as part of a Multistate Nurse Licensure Compact. These registered and practical nurses would not be subject to the burdensome licensing process. The bill would also allow nurses in Alaska to practice in those 34 participating states. Opening up Alaska to licensed nurses will help provide needed access to care across the state.
- **The Alliance submitted written testimony in New York and Maryland in support of state efforts to expand access to telehealth via interstate licensure.**
 - (February 2021). The Alliance submitted written testimony for the New York State FY2022 Joint Legislative Budget Hearing on Health, which took place on February 25, 2021. The Alliance applauded the telehealth-related proposals included in the Governor’s Executive Budget for the State Fiscal Year 2022, and was particularly thrilled to see specific provisions around the creation of an interstate licensure program to authorize out-of-state practitioners licensed in contiguous states or states in the Northeast region to provide telehealth services to patients in New York.
 - (February 2021). The Alliance submitted written testimony offering the Medical Excellence Zone as an alternative to Maryland House Bill 732.