



March 20, 2023

The Honorable Bernie Sanders
Chair, Senate HELP Committee
United States Senate
Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bill Cassidy
Ranking Member, Senate HELP Committee
United States Senate
Dirksen Senate Office Building
Washington, DC 20510

Dear Senator Sanders and Senator Cassidy,

Thank you for the opportunity to provide comments on the Senate HELP Committee Request for Information on the drivers of the health care workforce shortage. We appreciate your commitment to identifying bipartisan solutions to remedy the nation's health care workforce shortages and developing these ideas into legislation.

The [Alliance for Connected Care](#) ("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. Our members are leading health care and technology companies from across the spectrum, representing health systems, health payers, and technology innovators. The Alliance works in partnership with an Advisory Board of more than 45 patient and provider groups, including many types of clinician specialty and patient advocacy groups who wish to better utilize the opportunities created by telehealth.

The Alliance believes that telehealth is key to supporting and retaining the health care workforce and can help address the unprecedented workforce challenges we are experiencing across the country. Telehealth has been leveraged throughout the COVID-19 public health emergency (PHE) to address provider workforce shortages and bridge gaps in access to health care services, especially in regions and populations that lack access.

As such, our comments focus on the important role that telehealth can play in addressing health care workforce shortages moving forward and why telehealth should be included in any legislative action on this issue to ensure a comprehensive approach to bolstering the health care workforce nationwide.

Support for Telehealth's Ability to Address Workforce Challenges

As you are aware, the United States currently faces unprecedented workforce challenges as a result of the COVID-19 pandemic. According to [2021 data](#) from the American Hospital Association around pandemic-related workforce challenges, three in 10 health care workers considered leaving their profession due to the COVID-19 pandemic, and six in 10 claimed that pandemic-related stressors have negatively impacted their mental health. The patient to physician [ratio](#) is 286.5 active physicians for every 100,000 people. An [analysis of Emsi data](#) suggests that by 2026, there will be a critical shortage of 3.2 million health care workers if action is not taken.

Telehealth can help alleviate some of these workforce challenges. A survey of 400 clinicians found that [58 percent expressed interest in getting licensed to practice in additional states](#), and [two in three prefer virtual-only or hybrid work](#). Telehealth can enable clinicians to work remotely, thus providing increased flexibility. Additionally, telehealth can be a workforce extender expanding access to care – allowing



support for trainees getting valuable experience in the field and allowing specialized medical knowledge to remotely support health care professionals working in a home or community-based location.

The workforce shortages currently experienced across the country have been broadly associated with delayed health care usage, reduced continuity of care, higher health care costs, worse prognoses, less adherence to care plans, and increased travel. A [Health Affairs study](#) found that telehealth improves clinical quality, expands the care team, increases resources during critical events, shortens time to care, improves care coordination, promotes patient-centered care, improves the recruitment of family physicians, and stabilizes the rural hospital patient base. Telehealth and digital health technologies can be used to facilitate greater integration of care. Furthermore, telehealth technology supports greater integration within a health system. For example, provider-to-provider or e-consults can facilitate rapid exchange of information between a primary care provider and a specialist, especially for rural providers.

In April 2022, the Alliance released a [major survey](#) of both health care patients and practitioners conducted by Morning Consult on the Alliance’s behalf. The poll asked patients and practitioners about their telehealth usage, telehealth experiences, their use of care across state lines, and the workforce implications of these developments. According to results, telehealth was key to supporting and retaining the health care workforce. Challenges with health care provider burnout have been widely reported – and many health care institutions are struggling to recruit and retain the expertise needed to serve patients. Practitioners reported that telehealth, and the ability to provide care from a range of locations when clinically appropriate, was a crucial tool to reduce these challenges.

The polling also found that 78 percent of health care practitioners agree that retaining the option to provide virtual care from a location convenient to the practitioner would “significantly reduce the challenges of stress, burnout, or fatigue” facing their profession. Further, eight in 10 practitioners said that retaining telehealth for health care practitioners would make them, personally, more likely to continue working in a role with such flexibility. Finally, 93 percent of health care practitioners agreed they should have the opportunity to provide telehealth services from their home when clinically appropriate.

Below we offer four areas where telehealth can specifically be leveraged to address workforce shortages: addressing barriers to care across state lines, allowing for the continued use of direct supervision via telehealth, addressing concerns related to provider location while rendering telehealth services, and empowering the existing workforce through remote patient monitoring tools.

Address Barriers to Care Across State Lines

One barrier in accessing virtual care is the antiquated state licensure rules that have limited providers’ ability 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 health care 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. Health care professionals are prohibited from treating patients in states where they are not licensed, and state-by-state licensing processes are burdensome and expensive. Uniform national standards across clinical practice areas are in place, but there is a mismatch



with the wide variation in state licensing processes. Another barrier is the expense, as licenses in a single state can cost upwards of \$1,000, and application fees on top of licensing fees can add up. Further, licensing boards have employed a history of anti-competitive practices that impede access to care and can make it difficult for license holders to obtain licenses in other states (i.e. [North Carolina State Board of Dental Examiners vs. FTC](#)).

COVID-19 [exposed](#) a huge opportunity to strengthen access to care and emphasized how that care has been hampered by the fragmentation of state practice act laws and regulations. The [ability](#) for licensed, credentialed health care professionals to provide patient care across state lines via telehealth during the pandemic helped maintain continuity of care, promoted patient choice, helped address workforce shortages, and improved access and care coordination. Increased telehealth access across the country also helped improve patient access to primary and specialty care, boosted patient and caregiver engagement, reduced missed appointments, and improved post-operative care.

The federal government took action at the start of the pandemic to address care across state lines. The Centers for Medicare & Medicaid Services (CMS) [temporarily waived](#) requirements that out-of-state Medicare practitioners be licensed in the state where they are providing services when they are licensed in another state, in order to allow Medicare providers to bill for such services even if not a Medicare-enrolled provider in a certain state. CMS also released [guidance](#) stating that state Medicaid agencies could use Section 1135 waiver authority to permit providers located out of state to provide care to another state's Medicaid enrollee impacted by the COVID-19 emergency. Governors across the country also [took action](#) to address licensure laws, easing restrictions on licensure in many cases to ensure access to care.

According to a June 2022 study published in [Health Affairs](#) on interstate telehealth use by Medicare beneficiaries before and after the first year of the COVID-19 pandemic, the number of out-of-state telehealth services from the first quarter to the fourth quarter of 2020 increased by 572 percent. Additionally, approximately two-thirds of out-of-state telehealth encounters by rural patients were with a clinician in a bordering state (64 percent) and 28 percent of out-of-state telehealth users lived in rural areas. The study also found that the majority of out-of-state telehealth was used for continuity of care rather than acquisition of new patients. Another study published in [JAMA Health Forum](#) in September 2022 supported these findings, showing that in 62.6 percent of all out-of-state visits, a prior in-person visit occurred between the same patient and clinician between March 2019 and the visit. The study also found that out-of-state telehealth visits were most often used for primary care and mental health treatment (64.3 percent).

As states began to roll back emergency declarations and licensure and telehealth flexibilities began to [expire](#) as a result, providers have had to cease expanded care or pursue cumbersome and expensive state-by-state licensing requirements to help patients in other states. Without permanent policy measures to adjust to these changes, patients had to either travel long distances to see a provider in person or [cancel appointments](#), which creates a barrier to accessing convenient care and to continuity of care, particularly with providers with whom patients have a long-standing relationship.

Patients want to be able to access care from providers of their choice, both in the short- and long-term. In fact, over 230 organizations [sent a letter](#) to all 50 governors in November 2021, urging them to maintain and expand licensure flexibilities enacted at the start of the pandemic for the duration of the federal public health emergency to better address patient needs during the ongoing pandemic.



Further, the Alliance [survey](#) on telehealth found that strong support exists for policies to expand opportunities to provide (and receive) care across state lines – 84 percent of health care practitioners supported the option to provide telehealth across state lines, and 80 percent of patients supported the option to receive telehealth services from a practitioner located in another state. Additionally, health care providers expect that state actions to end broad access to care across state lines has had or will have a net negative impact on a variety of indicators: 64 percent said reducing cross-state care will reduce patient access to health care, and 56 percent said reducing cross-state care would have a negative effect on health outcomes.

While existing state licensure compacts are active for eight health profession categories, they do not always go far enough to ease provider burden associated with providing care across state lines. The Interstate Medical Licensure Compact for physicians still requires a physician to hold a license in every state in which they treat patients. Compacts like the Nurse Licensure Compact employ a policy of mutual recognition, meaning providers licensed and in good standing in one compact member state can practice in other compact members states without obtaining an additional license. This is the type of model to aspire to for easing burdens associated with patchwork licensure laws. Additionally, there are no existing compacts that currently include a broad range of health professions, therefore leaving health systems and provider groups to keep up with the many compacts in existence for every provider type they employ.

We urge Congress to consider promoting additional pathways to increase access to care across state lines via telehealth and to support license portability to make it easier for patients to access their providers regardless of where they are located. Doing so would also ensure providers in other states can help fill needed care gaps resulting from workforce shortages and help increase the capacity of available providers to address patient needs. We encourage Congress to consider incentives for states to adopt mutual recognition policies for license portability to ease cumbersome and burdensome licensure processes, and ensure providers can support patients in a timely manner regardless of where they are located. Finally, we encourage Congress to provide for a study examining the use of out-of-state telemedicine and requirements impacting the ability of providers to furnish telehealth across state lines during the pandemic, and its impact on access to care, cost savings, utilization, healthy equity, reduction in patient and provider burden, and other areas.

Allow for Continued Use of Direct Supervision Via Telehealth

During the COVID-19 PHE, CMS changed supervision requirements to allow virtual presence through the use of interactive telecommunications technology, for services paid under the Physician Fee Schedule as well as for hospital outpatient services. However, after December 31, 2023, only teaching physicians in residency training sites located outside of a metropolitan statistical area may meet the presence for the key portion requirement through audio/video real-time communications technology.

The Alliance strongly supports the continued use of direct supervision via telehealth, as we believe it can expand workforce capacity. The option for virtual direct supervision has been proven to be a meaningful tool to maintain teams remotely during a public health emergency. However, this expansion of health system capability is needed for more than just public health emergencies – it is also a meaningful tool to meet health care workforce challenges – both in the delivery of care and to grow the workforce through more flexible academic settings.



As we noted in our [comments](#) in response to the CMS CY2023 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule, the Alliance continues to broadly support the continued use of direct supervision via telehealth for practitioners unable to bill a service directly to Medicare. Virtual direct supervision through telehealth can support innovative home-based care models, can expand workforce capacity, and will have utility in any future outbreak or public health emergency situation. Virtual supervision is crucial to the transformation of our health care system – from one in which patients sit in offices and wait, to one that meets patients and their needs when and where they are. Without virtual supervision, many of the incredible capabilities that our health care system demonstrated since 2020 will return to their pre-pandemic status quo.

It also remains important to allow virtual supervision of residents by teaching physicians in the academic medical setting – allowing residents and fellows to directly support disadvantaged populations with necessary medical services in both urban and rural settings. This virtual supervision capability was critically important at the start of the pandemic, as it enabled residents and fellows to continue to care for patients and avoid delays in care in the early stages of the pandemic. It is also important to help ensure areas without medical schools are able to build and support the health care workforce they desperately need.

Address Provider Location Reporting Concerns

During the COVID-19 PHE, CMS allowed practitioners to render telehealth services from their home while continuing to bill from their currently enrolled location. Unfortunately, this policy is set to expire after December 31, 2023 – meaning many telehealth providers will be required to report their home address as their practice location for both enrollment and billing purposes.

Burdensome documentation requirements can result in negative patient outcomes, a loss of meaning at work, and health provider burnout. In May 2022, the Surgeon General announced a General Advisory, highlighting the urgent need to address the health worker burnout crisis across the country. The Advisory [recommends](#) increasing work schedule flexibility and autonomy. Burdensome requirements such as reporting home location, defeats that purpose. The Alliance [survey](#) of practitioners and providers on telehealth found that 93 percent of health care practitioners agree they should have the opportunity to provide telehealth services from their home when clinically appropriate. Another [survey](#) found similar results, with 64 percent of physicians preferring to work from home some days.

While CMS has [extended](#) the waiver for provider location reporting through December 31, 2023, we are concerned that the requirement to publicly report, and have CMS publicly disclose, a home address creates huge privacy and safety concerns for these clinicians, further adding to the administrative burden for clinicians. We believe the reduction in payment or practice barriers restricting the locations from which providers can offer telehealth (such as the home) would create greater flexibility for care that meets patients' needs. As such, the Alliance urges Congress to direct CMS to make permanent the pandemic-era location flexibility to allow clinicians to bill telehealth services from their primary practice location, even if offering services from a different location such as the home. Additionally, Congress should direct CMS to develop new regulations to allow clinicians without a physical practice location to enroll in and bill Medicare without reporting the home address of a clinician offering services through telehealth.



Empower the Existing Workforce Through Remote Patient Monitoring Tools

By helping to improve chronic care management and better manage patient populations, remote patient monitoring (RPM) can reduce redundant visits and keep patients healthier and out of hospitals. A [KLAS Research report](#) noted that more than one-third of health care organizations saw fewer readmissions when using RPM for chronic care management – lowering visit demands on health care providers. Another [study](#) found similar findings, which projected that remote monitoring could potentially be associated with 87 percent fewer hospitalizations, 77 percent fewer deaths, reduced per-patient costs of \$11,472 over standard care, and gains of 0.013 quality-adjusted life-years.

Health care providers in rural communities have continuously faced a myriad of unique workforce challenges. One [study](#) estimated about 20 percent of Americans live in rural areas, but barely one-tenth of physicians practice there. Remote patient monitoring can be an important tool to strengthen these relationships and allow providers insights into patients' health without requiring patients to drive long distances. We urge Congress to consider the benefits of RPM in maintaining access to care while empowering the workforce with new tools to monitor and improve care.

Thank you for the opportunity to provide comments on this important initiative. The Alliance greatly appreciates the Senate HELP Committee's commitment to examining ways telehealth can alleviate workforce shortage burdens. We hope we can be a resource to you as you move forward in this work, and look forward to working with you around this important effort. Please contact Casey Osgood Landry at casey.osgood@connectwithcare.org with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Krista Drobac".

Krista Drobac
Executive Director, Alliance for Connected Care