



October 5, 2023

Submitted electronically via: WMAccessRFI@mail.house.gov

The Honorable Jason Smith
Chairman
House Committee on Ways and Means
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Smith,

The Alliance for Connected Care appreciates the opportunity to provide input into the request for information from the House Committee on Ways and Means to incentivize access to care in rural America. We are writing in response to topic areas of geographic payment differences, health care workforce, and innovative models and technology.

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 also works in partnership with an Advisory Board of more than 50 patient and provider groups, including many types of clinician specialty and patient advocacy groups who wish to better utilize the opportunities created by telehealth.

Innovative Models and Technology

More than 60 million Americans live in rural areas. On average, rural residents are older and generally have worse health conditions than urban residents. Despite this, rural residents face [more barriers](#) to accessing health care like local hospital closures or traveling far for the nearest health care service. Telehealth can help reduce barriers to care by connecting rural Americans to health care services and specialists. Several [studies](#) reveal that telehealth decreases travel time, improves communication with providers, increases access to care, and empowers patients to manage their chronic conditions. In particular, audio-only and asynchronous care, like eConsults and eVisits, can [connect rural patients](#) facing chronic conditions to timely specialty care. These services improve access to care by creating availability of specialty care services which are commonly limited or absent to rural patients.

While we deeply appreciate the Committee's leadership in extending Medicare telehealth provisions through December 31, 2024, we encourage the Committee to act rapidly to provide certainty around the future of telehealth well in advance of December 2024. We look forward to working with the Committee as it considers telehealth legislation to ensure all Medicare beneficiaries (including those in remote areas) have continued access to care permanently.

We encourage the Committee to continue supporting greater access to remote patient monitoring (RPM), as chronic diseases are the [leading causes](#) of death and disability in rural America. On top of that, specialty providers are less likely to practice in rural areas, making it even more difficult for patients with chronic diseases to manage their conditions. [Less than 8 percent](#) of all providers, both specialty and subspecialty,



choose to practice in rural settings. Remote patient monitoring can help improve the health of rural patients by allowing providers to monitor their patients' chronic conditions. [Better monitoring](#) can improve patients' quality of life and reduce hospital admissions and deaths from chronic diseases. While CMS has sufficient statutory authority to continue expansion of RPM, we believe Committee oversight to ensure these services meet the needs of Medicare beneficiaries is valuable and should be continued.

Geographic Payment Differences

The Alliance emphasizes that, for some services, geographic adjustments in reimbursement in Medicare – generally lowest in rural areas – disincentivize investment in the adoption and access to both synchronous and asynchronous telehealth and remote patient monitoring. While these variations matter for patient access, they also matter for economic development and health care workforce shortages. Current payment policies disincentivize virtual care providers, who may serve patients across a wide geographic distribution, from choosing to locate their practice in a lower reimbursement rural location. Congress should consider steps to improve payment in rural areas.

Unfortunately, current RPM reimbursement is inadequate in many rural and exurban areas relative to the resources required to create and maintain an effective program that conforms to CMS' requirements. High quality RPM is labor-intensive and requires technical expertise. Costs associated with devices and our technology platform include cellular and Wi-Fi-enabled medical devices, continuous patient support, and technology platform maintenance.

Health Care Workforce

As you are aware, the United States currently faces unprecedented workforce challenges. The patient-to-primary care physician [ratio](#) in rural areas is 39.8 physicians per 100,000 people, compared to 53.3 physicians per 100,000 in urban areas. 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. Asynchronous telehealth like e-consults and e-visits can also expand access to rural patients by facilitating timeliness of specialist input for patients as well.

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.

In conclusion, we urge Congress to permanently remove distant site, originating site, and provider enrollment and billing restrictions that serve to undermine the option for health care practitioner to provide care from their homes and patients to receive care from their homes.

Allow for Continued Use of Direct Supervision Via Telehealth

The option for virtual direct supervision through telehealth has been proven to be a meaningful tool to maintain teams remotely during the COVID-19 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. Virtual direct supervision through telehealth can support innovative homebased 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.

It is also 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.

We encourage the Committee to work with CMS to ensure continued flexibility for direct supervision through telehealth. The Alliance also urges Congress to grow the rural workforce of the future by allowing virtual supervision of residents and fellows.

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.

While CMS has [extended](#) the waiver for provider location reporting through December 31, 2023, and revised its forms to indicate when a reported address is a home address, there are still 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.

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.

As such, the Alliance urges Congress to work with 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.

Thank you for the opportunity to provide comments on this important initiative. The Alliance greatly appreciates the Committee's commitment to examining proposals to improve access to telehealth in rural America. We hope we can be a resource to you as you move forward in this work, and look forward to working with you to develop legislation around this important effort. Please contact Chris Adamec at cadamec@connectwithcare.org with any questions.

Sincerely,

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

Krista Drobac
Executive Director
Alliance for Connected Care