Submitted via cures.rfi@mail.house.gov

August 2, 2024

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

The Honorable Larry Bucshon
Member of Congress
2313 Rayburn House Office Building
Washington, DC 20515-2206

RE: Comments on the 21st Century Cures Act and Cures 2.0

Dear Representatives DeGette and Bucshon:

The Alliance for Connected Care ("the Alliance") is pleased to provide input into refining the goals of the 21st Century Cures initiative. We look forward to working with you to achieve our mutual goals of advancing access to digital health technologies.

The Alliance for Connected Care 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 organizations from across the spectrum, representing health systems, health payers, technology innovators, and patient and provider groups, including many types of clinician specialty and patient advocacy groups who wish to better utilize the opportunities created by telehealth and remote patient monitoring.

As such, the Alliance has a strong interest and member expertise in the way digital health technologies can support and expand access to care while improving patient engagement and quality. After four years of experiencing the benefits of expanded telehealth services, patients expect telehealth and remote patient monitoring as an option in their care treatment plans. 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 research continues to consistently show high patient satisfaction, no uptick in utilization, and strong clinical outcomes. We believe that policymakers have more than enough data to see the benefits of telehealth and consider a permanent pathway to ensure that telehealth continues to be available and accessible for Medicare beneficiaries. It is important to note that the removal of these broad statutory restrictions does not mean the removal of guardrails on Medicare services. Even without specific restrictions on telehealth, the full array of payment, cost, quality, and fraud prevention powers afforded to the Centers for Medicare and Medicaid Services (CMS) would be available to ensure Medicare only paid for high-quality, clinically appropriate telehealth care.

Below, we have summarized recommendations for additional telehealth priorities to ensure access for Medicare beneficiaries that Congress should consider. To fully realize access to digital health technologies, several long-standing barriers should be focused on in the 21st Century Cures initiative:

Permanent Medicare Telehealth Flexibilities

1. **Expand patient access to telehealth services by removing geographic and originating site limitations to enable patients to communicate remotely with their providers regardless of location.** The Alliance supports eliminating the originating site construct completely – rather than just adding the "home." 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. Furthermore, Medicare/Medicaid populations traditionally face significant transportation barriers such as affordability and physical impairments, making it more difficult to get to an in-person location. **Rural residents, in particular, have to travel 40 miles farther than their urban counterparts.** While requiring specific sites of care for telehealth may have made sense when technology was new and unreliable, clinicians today are effectively deploying telehealth nationwide. There is no reason for our most vulnerable populations to have less access to care.

2. **Remove distant site provider list restrictions** to allow all Medicare providers who deliver telehealth-appropriate services to provide those services to beneficiaries through telehealth when clinically appropriate and covered by Medicare – including physical therapists, occupational therapists, speech-language pathologists, social workers, and others. 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 and RPM can help alleviate some of these workforce challenges. An Alliance 2022 survey found that 8 in 10 practitioners say that retaining telehealth for health care practitioners would make them, *personally,* more likely to continue working in a role with such flexibility.

3. **Ensure Federally Qualified Health Centers (FQHCs), Critical Access Hospitals (CAHs), and Rural Health Clinics (RHCs) can furnish telehealth in Medicare** and be reimbursed fairly for those services, despite unique payment characteristics and challenges for each. Current payment structures often do not capture the unique billing characteristics of telehealth and need to be updated to better align with the broader CMS payment environment.

4. **Remove In-Person Requirements Under Medicare for Mental Health Services Furnished Through Telehealth and Telecommunications Technology.** Requirements for in-person visits prevent telehealth from helping those who often need it most – patients with transportation, mobility, frailty, or stigma barriers that prevent them from receiving in-person care. A recent study found that "introducing in-person requirements for visits and prescribing could cause care interruptions."

5. **Drive better and more coordinated care for those with chronic disease by ensuring adequate reimbursement for remote patient monitoring (RPM) technology**. Remote patient monitoring has a huge potential to reduce Medicare expenditures through better health and avoided hospital admissions. Geographic variation results in lower Medicare payments for remote patient monitoring in rural areas, despite many costs being higher in these areas where connectivity is more difficult. A payment floor should be set for RPM, given that there are generally fixed costs in providing major components of these services.

Additional Telehealth Priority Recommendations

1. **Work with CMS to ensure providers rendering telehealth services from their home are able to offer services without reporting their home address on their Medicare enrollment or billing paperwork.** CMS allowance for practitioners to render telehealth services from their home while reporting their practice location on enrollment and billing paperwork will end on December 31, 2024 (although CMS has now proposed an extension). While these changes are within CMS's regulatory authority, we look forward to working with members to ensure CMS prioritizes the needs of telehealth providers in addition to patients. As remote services become integrated into an option for Medicare beneficiary to receive care, we believe there is a need for enrollment or billing forms to reflect the real-world direction providers are moving in. **Most importantly, this temporary fix from CMS has not yet provided a solution for providers who do not have a physical practice location to report.**

2. **Encourage Additional Care Across State Lines** – While we recognize that licensure is generally a state, not federal authority, we believe there is much that Congress can do to incentivize the adoption of licensure reciprocity among states. We strongly encourage Congress to support legislation and funding that helps patients receive access to care, even when that care is not available in their state. One option would be to provide incentives for states to adopt the Uniform Law Commission's Telehealth Act.

   Simultaneously, there could be specific federal telehealth licensure carve outs similar to those successfully enacted by the Veterans Administration for VA patients, the Department of Defense for military spouses practicing medicine when deployed, and by Sports Medicine physicians to care for players even when they travel to another state. These telehealth licensure carve outs would allow for recognition of the providers home license when they virtually care for out of state patients under certain clinical scenarios such as organ donation, clinical trials, rare medical diseases, student health, and established patients. A multidisciplinary team of experts from leading national institutions developed a consensus statement outlining these and other possible licensure solutions.

3. **Decentralize Clinical Trials To Expand Opportunity For Research Into Underserved Communities** – Digital technologies can serve as new tools to deliver care to patients in addition to giving patients new access to care. Decentralizing clinical trials can support the expansion of clinical research into underserved communities, and increase diversity among both trial participants and clinical trial investigators. The Alliance believes that continuing to modernize and decentralize clinical trials is critical for creating opportunities for more diversity and patient engagement.

   Obviating the need for travel time, lost wages, and childcare/eldercare through the use of digital technologies will significantly increase the pool of potential participants in clinical trials across geographies. Decentralizing clinical trials is also critical with respect to advancing health equity by accounting for such logistical and other participant-related factors that could limit participation, and would also help improve recruitment, retention, and participation in clinical trials. Decentralized trials will only be feasible, however, if the federal government or states provide more flexibility to deliver cross state care as part of a clinical trial.

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Thank you for your leadership over the years in advancing access to digital health technologies, particularly telehealth and remote patient monitoring. We look forward to working with you on this important effort. Please contact Chris Adamec at cadamec@connectwithcare.org with any questions.

Sincerely,

Christopher Adamec

Chris Adamec
Executive Director
Alliance for Connected Care