

American Connection Project Telehealth Policy Statements

Health care providers have responded to the COVID-19 pandemic and resulting public health emergency by innovating and transforming the delivery of health care, with a significant reliance on telehealth to meet the needs of patients who are at home and unable to visit their providers in person.

Our coalition includes leading providers of care from around the country; these providers have found the regulatory flexibilities provided during the pandemic critical to provide safe, high quality care to patients – care that shouldn't be available only under a public health emergency. As policymakers evaluate these policies, our coalition supports the below principles to ensure the continued expansion of access to telehealth, with an emphasis on quality and equity, so that patients can continue to receive the right care at the right time in the right setting. Integral to these principles is ensuring telehealth extends access to minority and underserved communities – both in rural and urban settings – beyond the availability of conventional health care, with no sacrifice to quality or patient outcomes.

These principles will be used by our coalition to evaluate support for legislative and regulatory changes that support our goal of continuing access to important telehealth services.

The telehealth regulatory flexibilities granted during COVID should be maintained for sufficient time to evaluate permanent policy changes. Prior to COVID, restrictive reimbursement and regulatory policies served as a barrier to widespread uptake of telehealth, limiting innovative care models and patients' ability to access telehealth services. Such barriers include originating site requirements, which prevented patients from receiving care in their homes and other preferred settings, as well as limits on the types of services and types of providers eligible under statute. The vast implementation of telehealth to preserve patient access to care during the public health emergency has provided an unprecedented window to gather data on telehealth and how it may impact the cost and quality of patients' care. Extending the flexibilities for a minimum of 12 months past the end of the public health emergency will allow time to collect data on how telehealth impacts the delivery of health care outside the unusual circumstances posed by the COVID pandemic. The American Connection Project supports the Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act (H.R. 708/S. 168), which would allow interstate provision of in-person and telehealth services during, and for at least 180 days after, the COVID-19 public health emergency.

REAL LIFE EXAMPLE: Gillette Children's Specialty Healthcare:

- The current telehealth flexibilities have allowed a family with three children with special needs the ability to receive physical, occupational, and speech therapy safely in their home in rural Minnesota and without a long drive.
- The entire family has been able to carry over the recommendations from their therapists in 'real time' in their home environment which has led to great outcomes.

Health care services provided via telehealth should be reimbursed at sustainable rates. While telehealth can provide an efficient and convenient alternative to in-person care, there are real and significant costs associated with providing some telehealth services. Reimbursement for telehealth should fully and adequately account for the resources required to provide telehealth services – such as clinician time, technology expense, etc. – similar to how such resources are accounted for when determining payment for in-person services. At the same time, we acknowledge the need for appropriate controls to prevent and identify fraud and abuse.

The ability of clinicians to provide care across state lines without excessive burden or cost is critical to improving patient access to health care services via telehealth. To allow Congress time to enact a new, modern regulatory framework for nationwide telehealth, for the duration of the current Public Health Emergency plus a minimum of 12 months after it ends (or ongoing through provider compacts, including behavioral health), states should allow out-of-state health care providers who hold a current license, certificate, or other permit in good standing issued by a state of the United States or the District of Columbia evidencing the meeting of qualifications and competencies for licensees to render aid involving those skills by telehealth to meet the needs of the state's population.

A significant federal investment in broadband and other technology is a critical underpinning of a robust telehealth delivery system. We support the American Connection Project Broadband Coalition's push to achieve increasing investments in long-term, sustainable broadband infrastructure, which facilitates access to telehealth among other benefits.

REAL LIFE EXAMPLE: Animal Health

A 1,200 head dairy in the Midwest implemented a herd health monitoring technology because it had access to broadband capable of handling the data stream. The result was a healthier, more productive herd and the dairy saved \$15,000 on its veterinary bills as compared to the year before.

About the American Connection Project Policy Coalition

The American Connection Project Policy Coalition represents more than 160 companies and organizations from multiple economic sectors who are working together to bring high-speed internet access to all Americans. The Coalition understands that digital connectivity is not a luxury, but rather a basic necessity for everyday life. Drawing from their cross-sector expertise, members are making private investments to bridge the digital divide while advocating at the state and federal levels for permanent solutions. More information can be found at americanconnectionproject.com.

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