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June 23, 2020

The Honorable Lamar Alexander
Chairman
United States Senate
Committee on Health, Education, Labor, and
Pensions
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
United States Senate
Committee on Health, Education, Labor, and
Pensions
Washington, DC 20510

Re: Statement for the record: *Telehealth: Lessons from the COVID-19 Pandemic*

Dear Chairman Alexander and Ranking Member Murray:

On behalf of AMGA and our members, we appreciate the opportunity to contribute testimony for the record to the Senate Committee on Health, Education, Labor, and Pensions regarding the use of telehealth in medical groups and integrated delivery systems.

Founded in 1950, AMGA represents almost 450 multispecialty medical groups and integrated delivery systems, representing approximately 177,000 physicians who care for one in three Americans. Our member medical groups work diligently to provide innovative, high-quality, affordable, patient-centered medical care, and they remain a resource to identify the best ways to care for their patients as we continue to battle the novel coronavirus (COVID-19) pandemic.

Permanently Lift Restrictive Barriers in Telehealth

This public health emergency has forced providers across the nation to reevaluate the way they deliver care. The emergency also exposed the underlying flaws in Medicare's site-of-service limitations for telehealth services and how these limitations neglect the needs of beneficiaries. Over the last few months, AMGA member medical groups and integrated delivery systems have undertaken unprecedented steps to ensure that they could properly respond to their patients during the COVID-19 public health crisis. AMGA members were able to exponentially expand their telehealth services to patients, often increasing from 10 telehealth visits per month, to over 2,000 telehealth visits per week. However, this largescale investment in telehealth services resulted in significant expenses to practices who were already experiencing decreases in patient volumes and services due to the pandemic. To require groups to dismantle that infrastructure at the end of the pandemic acts is a complete disincentive for these groups to continue investing in innovative delivery models that promote patient convenience and safety. Additionally, eliminating these waivers forces providers and patients to reengage with a delivery model that, for many, is less convenient and less safe.

Congress has already enacted legislation to waive Medicare’s geographic limitations during this national emergency through H.R. 6074, the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020. Given that telehealth has become the new “norm,” we request that these Medicare telehealth waivers be extended permanently.

Inclusion of Audio-only Services

The committee should also consider the parity reimbursement of both visual and audio modalities for patients. Vulnerable patients, such as those with physical limitations, limited broadband access, and/or living in rural areas may experience difficulties accessing video-based modalities. In these cases, the use of audio-only services may be their only option. Therefore, it is critical that the committee ensure that Medicare supports the ability of providers and their patients to use audio-only services. The Centers for Medicare & Medicaid Services has temporarily increased payment rates for audio-only evaluation and management services. AMGA recommends that this increased payment rate extend beyond the coronavirus public health emergency. In addition, it is important that providers have the ability to submit hierarchical condition category (HCC) codes for Medicare risk-adjustment purposes. This information helps provide physicians and the patient’s care team with the information they need to assess and develop plans of care. We include for the record, [a letter](#) signed by over 100 of the country’s medical groups that support the audio HCC codes for risk-adjustment, and urge the committee to consider their inclusion in any telehealth legislation.

Access to Claims Data

The increased use of telemedicine by patients has created new challenges for providers in managing patient care. It is critical that providers have timely access to Medicare and commercial claims data to ensure the most effective course of action in improving health outcomes for patients during and after the COVID-19 pandemic. The use of this data is critical in improving healthcare quality, identifying emerging health trends, and lowering overall health costs. We ask that the committee consider the inclusion of Section 501 of the *Lower Health Care Costs Act* in any telehealth legislation adopted by the committee. Section 501, which was approved by the committee last June, would require both federal and commercial payers to share claims data with providers through an application programming interface. Access to claims data would ensure that providers have all the tools they need to improve patient care.

A recent [announcement](#) by Blue Cross Blue Shield of Massachusetts highlights the role of claims data in determining patient utilization. Blue Cross Blue Shield found a rapid expansion of mental health telehealth services based on claims processed, rising from 200 per day in February 2020, to 38,000 per day in May 2020. The announcement underscores the overwhelming role telehealth plays in mental health care. It also shows the need to share this data with providers to assist in delivering effective courses of treatment with their patients. We hope that access to claims data continues to be part of the conversation as Congress looks for ways to advance patient care.

Allow Interstate Licensing for Telehealth

In order for telehealth to have the greatest impact, the maximum number of providers should be able to offer this service. Providers are often restricted from providing telehealth services across state lines. Certain state licensure and credentialing policies restrict how and where providers can deliver care. Policymakers need to create a framework where the most appropriate provider can deliver or recommend the most appropriate therapy to a patient, no

matter in which state a provider or patient resides, so that patients can have access to care where quality, value, and cost are the main drivers. We urge the committee to consider legislation to allow providers to practice across state lines during this public health emergency.

We appreciate the opportunity to comment on this important issue. If we can provide you with any more information, please feel free to contact me or AMGA's Director of Government Relations, Lauren Lattany at llattany@amga.org.

Sincerely,

A handwritten signature in cursive script that reads "Jerry Penso".

Jerry Penso, M.D., M.B.A.
President and Chief Executive Officer
AMGA