

July 16, 2020

Dear Leader McConnell, Leader Schumer, Speaker Pelosi, and Leader McCarthy,

Thank you for your leadership during these challenging times. We are deeply appreciative of your efforts to support our nation's health care systems. We are members of the Institute for Healthcare Improvement (IHI) [Leadership Alliance](#), a collaboration of health care executives from 53 leading health care delivery systems and payors who are committed to working together and in partnership with our patients and communities towards the shared goal of achieving the IHI Triple Aim: Improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care.

Over the past few months, our nation has seen an unprecedented increase in the use of telehealth services due to efforts to protect patients and providers from COVID-19 infection risk. The rapid expansion in the use of telehealth has allowed for continuity of care and significant improvements in access to primary and specialty care for our communities. These resulting successes in care delivery and patient outcomes demonstrate that our system is ready now to deliver on the promise of telehealth care, which has long been heralded as the future of health care delivery. However, sustainability of telehealth care services can only be achieved through continued regulatory adjustments, the establishment of quality metrics to ensure high quality telehealth delivery, and payment changes that allow for the long term offering of telehealth care by health systems across our country.

We are deeply grateful for the temporary changes that have allowed us to continue providing safe and effective care to our patients. We are asking for your support to ensure telehealth services are sustained beyond the emergency waiver, and thereby ensuring patients continue to have access to the care they need in a safe and timely way, regardless of their geographic location or socioeconomic status.

We are therefore requesting your support to make the following changes permanent:

- Maintain payment for telehealth visits on par with face-to-face visits for the duration of the COVID-19 Public Health Emergency and at least through the end of 2021, with a commitment to enhance future telehealth visit reimbursement based on the experience and learnings of patients and physicians who are utilizing these visits.
- Maintain the ability of clinicians to determine the utility of telemedicine visits to effectively manage and individualize patient care needs, in concert with the patient's shared decision, rather than apply arbitrary or restricted use cases or geographic parameters.
- Maintain the ability to provide telehealth services to patients in their homes through permanent removal of patient location requirement, particularly for Federally Qualified Health Centers and Rural Health Clinics.

- Maintain the ability to treat Opioid Use Disorder and initiate prescribing of buprenorphine via telehealth without requiring an initial face-to-face encounter to improve our ability to continue tackling the opioid overdose crisis facing the country.
- Further, to maintain the ability to continue methadone treatment via telehealth, and to expand authorization for take-home doses.
- Maintain the ability to use an expanded number of commonly used, secure platforms to conduct telehealth visits as these platforms have greatly expanded capabilities that patients and families can access (ex. Zoom, Skype).
- Maintain the ability to bill for telehealth visits conducted by phone and not just those conducted via video, an important equity issue. This becomes particularly important for areas of the country lacking consistent and reliable broadband internet coverage but also important in areas where social determinants of health affect significant populations without easy video access.
- Provide the ability to capture hierarchical condition category codes through claims submission for telephone encounters.
- Encourage the Department of Health and Human Services (HHS) to establish quality metrics to ensure high quality telehealth delivery.
- Fund NIH, PCORI and AHRQ to research telehealth outcomes, value-based care models, and needs for underserved communities

Without Congressional action, health systems across the country will abruptly halt recent expansion of telehealth services as they will no longer be financially viable within the available payment models. This will undoubtedly result in harm to our patients and to the financial health of our country's care delivery system. Thank you for your consideration of this request.

Sincerely,

Bellin Health
 Boston Medical Center
 CareSouth Carolina
 CHRISTUS Health
 Elevate Health
 GBMC HealthCare System
 HealthPartners
 Henry Ford Health System
 Inova Health System
 Keck Medicine of USC
 M Health Fairview
 Memorial Hermann Health System
 MemorialCare, southern California
 MHA Keystone Center

Northwell Health
 Northwest Community Healthcare
 OCHIN
 Oklahoma State University Center for Rural Health
 Parkland Health and Hospital System
 Penobscot Community Health Care
 Presbyterian Health System New Mexico
 SCAN Health Plan
 Southcentral Foundation
 St. Joseph Healthcare, Bangor Maine
 University of Arkansas for Medical Sciences/UAMS Health
 University of Texas Health Science Center at Houston
 WellSpan Health

