



April 1, 2019

The Honorable Mike Thompson  
406 Cannon House Office Building  
Washington, D.C. 20515

The Honorable Peter Welch  
2187 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable David Schweikert  
1526 Longworth House Office Building  
Washington, D.C. 20515

The Honorable Bill Johnson  
2336 Rayburn House Office Building  
Washington, D.C. 20515

The Honorable Brian Schatz  
722 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Roger F. Wicker  
555 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable John Thune  
511 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Benjamin L. Cardin  
509 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Mark R. Warner  
703 Hart Senate Office Building  
Washington, D.C. 20510

The Honorable Cindy Hyde-Smith  
702 Hart Senate Office Building  
Washington, D.C. 20510

Dear Co-Chairs of the Congressional Telehealth Caucus and Bipartisan Coalition of U.S. Senators:

The Healthcare Leadership Council (HLC) applauds your leadership in considering a revised telehealth package that continues to expand access to vital, cost-efficient telehealth and remote monitoring services across the country.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, post-acute care providers, home care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

HLC is a strong supporter of using telehealth and remote patient monitoring to connect with patients across various locations to coordinate care. HLC members have seen firsthand the value of telehealth to make the delivery of healthcare more efficient, effective, and patient-centric. Telehealth can offer an alternative to traditional healthcare to treat basic, episodic medical conditions as well as chronic disease. Increased access to telehealth would make it

easier for providers to treat patients and improve continuity of care by increasing access to medical care for those unable to travel and addressing provider shortages in rural or other areas. We support the advancement of policies designed to promote and expand telehealth technology as a mode of care delivery that can improve quality as well as alleviate workforce limitations and improve patient satisfaction.

HLC supported the “Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act” in both the 114<sup>th</sup> and 115<sup>th</sup> Congress. We were pleased to see several provisions of the CONNECT for Health Act signed into law as part of the Bipartisan Budget Act of (BBA) 2018. This legislation represented a significant step forward toward enabling patients and providers to utilize the promise of telehealth and remote patient monitoring to improve healthcare quality, value, and patient care. HLC believes Congress and the administration should work to further expand coverage for telehealth services.

There has been tremendous advancement in telehealth services and technologies since payment for telehealth services was first added to the Social Security Act in 2000, however outdated regulatory barriers make it challenging to fully deploy these innovative services and technologies. Collectively, these regulatory restrictions are often referred to as “1834(m) restrictions” – and they include: limitations on the type of services provided, geographic location, the type of clinical site the patient is located in, type of institution delivering the services, and type of health provider.

While we were encouraged by the removal of 1834(m) restrictions for two-sided risk Accountable Care Organizations and by the flexible approach that the Centers for Medicare and Medicaid Services proposed to implement provisions in the BBA to expand telehealth services to Medicare Advantage enrollees, 1834(m) restrictions still represent a significant barrier to the expansion of telehealth for all Medicare beneficiaries. A 2018 CMS report to Congress cited that restrictions under Section 1834(m), such as originating site and geographic restrictions, as some of the greatest barriers to telehealth expansion in Medicare reported by stakeholders.<sup>1</sup> **HLC strongly supports the lifting of the 1834(m) restrictions that prevent the widespread use of telehealth in Medicare.** We were particularly supportive of Section 11 of the CONNECT for Health Act, which gives the Department of Health and Human Services Secretary direct authority to lift existing 1834(m) restrictions when certain quality and cost-effectiveness criteria are met.

Additionally, under Section 1834(m), store-and-forward technology is not reimbursable except in Alaska and Hawaii, where it is permitted as part of a federal demonstration program. **We believe that payment for telehealth services should always connect to the type of service being provided, not the method by which it is provided, so that providers are able to choose the means that are most effective for each patient.**

In summary, HLC strongly supports expanding the use of telehealth services without regard to geography or potential diagnosis to ensure that all Medicare beneficiaries are able to access quality, efficient and convenient telehealth services as appropriate. We support telehealth policy that is site-agnostic and not overly prescriptive. Providers should be able to determine if

---

<sup>1</sup> *Information on Medicare Telehealth*. (2018, November 15). Retrieved <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Information-on-Medicare-Telehealth-Report.pdf>

a patient can appropriately receive care via telehealth in a way that enhances care delivery and quality.

Thank you again for your support of telehealth. HLC looks forward to continuing to collaborate with you on this important issue. If you have any questions, contact Tina Grande, Senior Vice President for Policy at the Healthcare Leadership Council, at (202) 449-3433 or [tgrande@hlc.org](mailto:tgrande@hlc.org) with any questions or for additional details on any of the topics mentioned above.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary R. Greal". The signature is written in a cursive style with a large initial "M" and a long, sweeping underline.

Mary R. Greal  
President