

Senator Lamer Alexander Remarks
The Telehealth Modernization Act
July 30, 2020

I want to speak for a few minutes about the changes to telehealth during the last five months – one of the most dramatic developments in the delivery of medical services ever—and why we in Congress should make many of those changes permanent.

I recently heard from a psychiatric nurse practitioner in Nashville who has been seeing patients during the COVID-19 pandemic using telehealth—which means she uses the Internet to see her patients over video or she calls them on the telephone.

She told me about one of her elderly patients who, before the COVID-19 pandemic, got to her appointments by walking from her high-rise apartment to Gallatin Road, catching a bus, and then walking from the bus stop to the clinic.

When the patient got to the clinic, she had to wait for her appointment and then, when the appointment was over, she had to do all of these steps in reverse to get back home.

This nurse said that her patient was in tears out of appreciation that, because of telehealth, she could now have appointments from her own home. She had access to health care without the long journey, and she could still receive her medications.

The nurse said that several of her other elderly patients have had similar experiences and have asked if they could continue to have access to telehealth in the future, even after the pandemic.

Because of COVID-19, the health care sector and federal and state governments have been forced to cram 10 years' worth of telehealth experience into almost 5 months.

In 2016, there were almost 884 million visits nationwide between patients and physicians, according to the Centers for Disease Control and Prevention.

Almost all of them were in person—online or remote visits were rare.

During the last four months, the number of online or remote visits virtually exploded.

According to Vanderbilt University Medical Center, Vanderbilt went from 10 telehealth visits a day before the pandemic to more than 2,000 telehealth visits a day across specialties, including primary care, pediatrics, and behavioral health.

In less than 3 months, Vanderbilt has provided more than 100,000 telehealth visits.

Before COVID-19, approximately 13,000 Americans enrolled in the traditional Medicare program received telehealth services in an average week.

In the last week of April, nearly 1.7 million Americans enrolled in traditional Medicare received telehealth services.

In total, over 9 million Americans in traditional Medicare received a telehealth service between mid-March and mid-June.

Telehealth has also improved access to mental health services.

The *Nashville Journal* reports that Tennessee's Centerstone, which provides treatment for mental health and substance use disorders, says it is providing nearly 2,500 telehealth visits per day and 30 percent more of patients are keeping their appointments, which is key to treating these disorders. According to Bob Vero, Centerstone's CEO, "We've taken away a lot of the reasons people don't follow through with their care."

Tim Adams, the CEO of Ascension Saint Thomas Health, which has 9 hospitals in Middle Tennessee and employs over 800 physicians, told me that he predicts that 15-20 percent of the system's visits between patients and physicians will be conducted through telehealth in the future.

If that 15 to 20 percent holds true across the nation because of telehealth expansion during COVID-19 – it would produce a massive change in our health care system.

Congress and the administration reacted to the pandemic by creating a regulatory environment that made the current telehealth boom possible by allowing: in-home virtual visits; telehealth for patients in rural areas at rural health clinics; telehealth from physical therapists, speech language pathologists and other providers; telehealth for many more services including emergency department visits; and allowing Medicare hospice and home dialysis patients to start their care with a virtual visit.

Now Congress is beginning to build on what we've learned and make those changes permanent.

Here are three steps Congress should take now, as a part of the COVID-19 legislation that we are working on:

Step One is to pass the COVID-19 HEALS Act legislation that was introduced Monday, which:

Provides telehealth access to part-time and hourly employees;

Extends the administration's telehealth flexibilities and waivers through the end of the Public Health Emergency, or through 2021; and

Allows Rural Health Clinics and Federally Qualified Health Centers to continue to provide telehealth to Medicare beneficiaries for 5 years beyond the public health emergency.

Step Two is to pass the CONNECT for Health Act. That legislation explores ways to expand telehealth services and begins to permanently remove some of the restrictions on where a patient needs to be for telehealth access. The bill is already supported by a broad coalition in the Senate and the House.

Here in the Senate, the CONNECT for Health Act has been led by Senators Roger Wicker (R-MS), Brian Schatz (D-HI), Cindy Hyde-Smith (R-MS), Ben Cardin (D-MD), John Thune (R-SD), and Mark Warner (D-VA) – and today the bill has 37 cosponsors in the Senate.

These senators, who first introduced this bill in 2016, deserve great credit for seeing the need to expand permanently telehealth services even before the pandemic forced a massive change in how Americans receive health care from their doctors.

Step Three would be to pass the bill I'm introducing today which would go further than either of those FIRST two steps and would make permanent in-home visits and rural telehealth access. The bill would also give the Secretary authority to make permanent other changes that the Administration has made over the last few months.

Here's what the bill being introduced today does:

Ensures that patients can access telehealth anywhere by permanently removing Medicare's so-called "geographic and originating site" restrictions, which required both that the patient live in a rural area and use telehealth at a doctor's office or clinic.

Congress temporarily ended these restrictions in the Coronavirus Preparedness and Response Supplemental Appropriations Act that was signed into law on March 6, allowing millions of Americans to talk with their doctor virtually during the pandemic.

Making this change permanent will ensure Medicare beneficiaries do not lose that ability when the pandemic ends.

Protects access to telehealth for patients in rural areas.

The bill makes permanent a change allowing Medicare beneficiaries to continue receiving telehealth services from Rural Health Clinics or Federally Qualified Health Centers.

Telehealth access is especially important for patients in rural and other medically underserved areas because they no longer have to travel to see their primary care doctor.

Those are two changes that this bill would make permanent.

Then it would give the Secretary of Health and Human Services new authorities to do these three things:

Help patients continue to access telehealth from physical therapists, speech language pathologists, and other health care providers.

The bill gives authority to the Secretary of Health and Human Services to allow Medicare to permanently expand the types of health care providers that can offer telehealth services.

Before COVID-19, only doctors, nurse practitioners, physician assistants, and certain other practitioners could deliver telehealth services.

Today a much wider range of health practitioners are providing telehealth services.

Help give Medicare recipients many more telehealth services.

The bill gives authority to the HHS Secretary to give Medicare the flexibility to reimburse for more telehealth services.

During the pandemic, Medicare has been reimbursing for 135 telehealth services, more than doubling the number of telehealth services before COVID-19. Examples include emergency department visits, home visits, and physical, occupational and speech therapy services

Help Medicare hospice and home dialysis patients begin receiving care through a telehealth appointment.

Medicare requires a face-to-face visit when a patient begins hospice and home dialysis care, and this change would provide authority to the HHS Secretary to allow a telehealth visit to fulfill the requirement for an in-person visit.

This will provide flexibility to improve access for these patients and account for individual circumstances.

This legislation is the result of the Senate Health, Education, Labor and pensions committee hearing on June 17, during which senators asked health care experts about the 31 temporary federal policy changes made in response to the COVID-19 pandemic.

The legislation I am introducing today incorporates the recommendations of those experts to make permanent 5 of the most important changes – and helps to ensure that patients do not lose the benefits that they have gained from using telehealth during the COVID-19 pandemic.

This bill would make permanent the telehealth changes in the legislation introduced Monday as well as the CONNECT for Health Act.

The best result for the American people would be for Congress to approve all three steps—the changes in the HEALS Act, the CONNECT for Health Act, and my legislation—in the

NEXT COVID-19 package so we don't miss the opportunity to support and encourage one of the most important changes in the delivery of medical services ever.