



March 1, 2021

The Honorable Anna Eshoo  
Chairwoman  
Committee on Energy & Commerce  
Subcommittee on Health  
U.S. House of Representatives  
272 Cannon HOB  
Washington, D.C. 20515

The Honorable Brett Guthrie  
Ranking Member  
Committee on Energy & Commerce  
Subcommittee on Health  
U.S. House of Representatives  
2434 Rayburn HOB  
Washington, D.C. 20515

Dear Chairwoman Eshoo and Ranking Member Guthrie:

On behalf of the Healthcare Leadership Council (HLC), we thank you for holding a hearing on, "The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care."

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.

The COVID-19 health pandemic has highlighted several challenges to delivering care. State imposed stay-at-home orders limited access to care for vulnerable populations, however increased telehealth use alleviated many challenges. We greatly appreciate the flexibilities permitted by the Department of Health and Human Services (HHS) to expand access to telehealth services. These waivers, however, are only temporary and are set to expire at the end of the current public health emergency (PHE). In order to ensure that these gains in telehealth continue into the future, Congress must act to make permanent changes. One of the biggest limitations on widespread telehealth use is the existing prohibition under Section 1834(m) of the Social Security Act that prevents patients from receiving telehealth services in their homes. Limiting patients to receive telehealth services to originating sites reduces their ability to receive important care. Additionally, we support efforts to allow federally qualified health centers (FQHCs) and rural clinics to be able to permanently offer telehealth services. This will help close the gap of vulnerable patients who have been unable to receive necessary care.

The opportunities of improved telehealth have given patients access to a variety of virtual care options. We encourage Congress to recognize the benefits of additional methods of delivering care, such as audio-only telehealth and remote patient monitoring (RPM) services. Allowing providers to deliver a variety of virtual care options will better allow patients to receive important

treatment. These care options recognize the infrastructure challenges many rural communities have and ensure patients are not left behind in future care innovations.

One of the greatest opportunities of increased telehealth is that patients can now receive essential care from the safety of their homes. While this improves patients access to providers, existing state licensure requirements have prevented patients from being able to access a broad variety of providers. HLC supports provisions in the *Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act* that temporarily waive licensing requirements through the end of the COVID-19 health pandemic. Allowing providers to deliver care to patients outside of their states will alleviate staffing challenges so patients can continue to receive telehealth care. Additionally, the *TREAT Act* creates a single licensing standard that will reduce the regulatory challenges of providing telehealth services. During this unprecedented crisis and despite governors' best intentions, a state-by-state solution proved insufficient to appropriately address staffing needs in a timely manner.

HLC looks forward to working with you on steps to permanently allow improved telehealth services that deliver essential care to patients. Please contact Tina Grande at [tgrande@hlc.org](mailto:tgrande@hlc.org) or 202-449-3433 with any questions.

Sincerely,

A handwritten signature in cursive script that reads "Mary R. Grealy". The signature is written in black ink and is positioned above the printed name and title.

Mary R. Grealy  
President