



**Statement for Hearing on: “The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care”**

**Submitted to the House Energy & Commerce**

**Subcommittee on Health**

**March 2, 2021**

Every American deserves access to the care they need, when they need it, in a way that is safe and convenient for them. That is why America’s Health Insurance Plans (AHIP) appreciates the Subcommittee’s focus on the role telehealth has played in safely delivering needed care throughout the COVID-19 crisis. Throughout the pandemic, Americans have increasingly relied on telehealth to receive care and manage chronic health conditions while reducing their risk of exposure to the virus. With continued spread of the virus across the country, many Americans still not vaccinated, and significant portions of the population in rural or underserved areas, it is critical that we work together to ensure all American have access to safe, affordable care when they need it.

The growth in use of telehealth since the beginning of the pandemic has been substantial. In fact, a year-over-year analysis of telehealth claims to private health insurance providers showed a roughly 4,347% in growth of telehealth services<sup>1</sup>. Research from CivicScience indicated that this growth in demand came across all ages and demographics, including traditionally hard-to-reach populations such as seniors and rural residents<sup>2</sup>. Among the those experiencing significant growth are <sup>3</sup>:

- CVS Health, which saw a 600% growth in telehealth and virtual visits through their MinuteClinics in the first quarter of 2020 compared to the first quarter of 2019.
- UPMC, which saw telehealth visits jump from approximately 250 encounters per day to 9,500 per day (3700%) by the end of April 2020.
- Blue Cross of Idaho which processed more than 90,500 telehealth claims between March and June of 2020 with telehealth now representing more than one-quarter of all claims.

While the exponential growth in telehealth during COVID-19 is the result of the unique circumstances created by the pandemic, use of telehealth services were increasing well before the COVID-19 crisis. In fact, a study published in the Journal of the American Medical Association

---

<sup>1</sup> <https://www.fairhealth.org/states-by-the-numbers/telehealth>

<sup>2</sup> <https://ww2.frost.com/news/pres-releases/telehealth-to-experience-massive-grwoth-with-covid-19-pandemic-says-frost-sullivan>

<sup>3</sup> <https://www.ahip.org/telehealth-growth-during-covid-19/>

found that telemedicine visits increased at an average compound growth rate of 52% per year from 2005 to 2014<sup>4</sup>. A report by Frost & Sullivan projected 7-fold growth in telehealth by 2025 due to deployment of more mature analytics, better adherence to cybersecurity and privacy regulations, and use of data to show return-on-investment<sup>2</sup>.

Patients and providers understand and experience the value of telehealth. They accept – and often prefer – digital technologies as an essential part of health care delivery. Telehealth delivers convenient access to affordable, high-quality care.

Patients can and do take advantage of telehealth from wherever they are, making it a vital tool to bridge health care gaps nationwide. For patients in rural communities, or areas that are underserved and have fewer doctors practicing, telehealth programs and remote patient monitoring can make care more efficient and sustainable. Patients can connect with a doctor within seconds, rather than driving long distances for an office visit. Patients who can access care remotely can also avoid challenges associated with taking time off work or finding childcare. Those accessing behavioral health services can do so without stigma and from the privacy of their own homes. Telehealth is a tool that can connect patients with care in the most convenient, comfortable setting.

Additionally, telehealth costs less. Telehealth leads to better management of chronic diseases, reduced travel times, reduced emergency department visits, and fewer or shorter hospital stays. Patients are healthier and have better peace of mind by getting the right care at the right time and in the right setting.

Much of the expansion of telehealth has been made possible through flexibilities implemented during the COVID-19 crisis. For instance, COVID relief legislation temporarily authorized the Secretary of Health and Human Services (HHS) to waive originating site requirements with respect to telehealth services under Medicare, as well as allowing more services to be delivered by increasing telehealth and audio-only services for the duration of the COVID-19 public health emergency (PHE). HHS also expanded practitioner eligibility and licensure applicability, waived telehealth visit cost sharing for Federal health care programs, and waived penalties for non-compliance with HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the PHE<sup>5</sup>.

The Centers for Medicare & Medicaid Services (CMS) issued guidance allowing health insurance providers in the individual and group market to amend plan benefits during the 2020 plan year to expand coverage for telehealth services<sup>6</sup>. Most health insurance providers have since reduced or eliminated cost-sharing altogether for telehealth for all services or for services related to COVID-19, and broadened coverage of telehealth benefits by allowing coverage of more

---

<sup>4</sup> <https://jamanetwork.com/journals/jama/fullarticle/2716547>

<sup>5</sup> 45 C.F.R. §§ 160, 164 (2020). See [www.govinfo.gov/content/pkg/FR-2020-04-21/pdf/2020-08416.pdf](http://www.govinfo.gov/content/pkg/FR-2020-04-21/pdf/2020-08416.pdf) (accessed Feb. 23, 2021).

<sup>6</sup> [www.cms.gov/files/document/faqs-telehealth-covid-19.pdf](http://www.cms.gov/files/document/faqs-telehealth-covid-19.pdf)

services and expanding in-network telehealth providers. CMS issued guidance on remote supervision of nurse practitioners and physician assistants, which expands the capacity to treat patients without every elements of care to be physically present.

In addition, many State Medicaid and CHIP programs expanded benefits to increase access to telehealth services for their members. States alleviated geographic and originating site restrictions and expanded the list of providers eligible to deliver care virtually.

### **There is Still Room to Grow**

Despite the tremendous advantages telehealth brings to providers and patients, telehealth can create or exacerbate disparities in access, leaving some populations behind. Research conducted prior to the pandemic revealed that older Americans, people residing in rural communities, racial and ethnic minorities, and those with lower socioeconomic status can be disadvantaged by the “digital divide”, meaning disparities in access to broadband, technologies and resources necessary to fully leverage the promise of telehealth.<sup>7</sup> Leveraging traditional telephone access whether through land lines or cell phones to deliver audio-only telehealth appointments have been especially critical to ensuring that individuals who don’t have access to the technologies required for more advanced telehealth options can still get the care they need.

But these disparities could worsen because of the economic impact of COVID-19, as vulnerable populations may have reduced or lost income and dropped their Internet or data plans to save money, turned off smartphones they can no longer afford, and lost access to publicly available WiFi with the closing of schools and libraries.

America’s health insurance providers embrace digital solutions that help increase access to care and want to ensure that the people they serve, regardless of where they live or their economic situation, can access high-quality, safe and convenient care. To that end, many health insurance providers are working with their provider partners to bridge the digital divide.

### **Health Insurance Providers are Committed to Improving Affordable Access to Quality Care through Telehealth**

For years, America’s health insurance providers have offered telehealth as an effective and efficient way to deliver care. Health insurance providers offer telehealth benefits to their members and provide access to a large network of providers from multiple specialties. In 2019, 97% of large employers offered telehealth to their members through their insurance providers, an indication of how widespread access was even before COVID-19.

---

<sup>7</sup> Yoon, Hyunwoo, Yuri Jan, Phillip W Vaughan, et al. 2018. “Older Adults’ Internet Use for Health Information: Digital Divide by Race/Ethnicity and Socioeconomic Status.” *Journal of Applied Gerontology* 105-110. doi:10.1177/0733464818770772. Anderson, Monica, and Madhumitha Kumar. 2019. “Digital divide persists even as lower-income Americans make gains in tech adoption.” FactTank, Pew Research Center. <https://pewrsr.ch/2vK1HIo>. Perrin, Andrew, and Erica Turner. 2019. “Smartphones help blacks, Hispanics bridge some – but not all – digital gaps with whites.” FactTank, Pew Research Center. <https://pewrsr.ch/2Z1PKPf>.

During the COVID-19 crisis, health insurance providers supported policy changes made by federal and state policymakers to encourage telehealth use and speed its adoption. Our member plans also invested to scale up telehealth capabilities so providers could continue to see patients safely. Many of AHIP's member organizations significantly expanded telehealth provider policies to reduce barriers to care and to encourage the use of telehealth services. Additionally, a number of health insurance providers added virtual capacity so that patients can see providers more quickly.

Most notably, many health insurance providers ensured that their members had no responsibility for cost-sharing for telehealth services. To encourage social distancing and help reduce the risk of spreading COVID-19, many insurance providers are extending these cost-sharing waivers today. These waivers have been valuable in promoting expanded use of remote behavioral health services, which was a key driver in the significant spike in use of telehealth and in its sustained growth.

Health insurance providers are also addressing the social determinants of health and providing access to technology to expand access to care during telehealth. For instance:

- Centene has worked with Samsung Electronics America to supply providers with 13,000 Samsung Galaxy A10e smartphones to disseminate to patients who would not otherwise have the ability to receive their health care virtually.
- CareOregon is working with providers to supply flip phones and basic smartphones along with data plans for their members.
- Blue Shield Promise (the Medicaid Managed Care Organization of Blue Shield of California) and LA Care partnered to establish resource centers for local communities to provide members with wellness programs and to connect them with local resources to address socioeconomic needs. As their services and programs moved online due to COVID-19, Blue Shield Promise and LA Care offered technology and WiFi to help their members access virtual programs, services, and telehealth.
- The Humana Foundation, in partnership with Older Adults Technology Services, Inc. (OATS), are launching a new effort to close the technology adoption gap and stress the importance of digital health tools and social connectedness through [\*Aging Connected\*](#) – a national campaign to bring at least a million older Americans online with high-speed internet by 2022.

In short, AHIP's members have worked to expand and strengthen telehealth at a time when patients needed it most. But as we start a conversation about what a post-COVID health care system will look like, it is important that Congress considers what policy changes are needed to help sustain the positive changes and solutions created during the crisis. Through these policy solutions, we can ensure that telehealth continues to deliver efficient access to care, enhances outcomes, and creates new opportunities for lower health care costs.

## **Addressing the Gaps**

The growth of telehealth usage, the high satisfaction among patients and providers, and the prevalence of waivers in the pandemic all indicate that telehealth is here to stay. Health insurance providers in the private market are developing real solutions that address the specific health care needs of Americans.

AHIP is ready to work with Congress and the Administration to strengthen telehealth and establish policies that ensure its long-term sustainability. Policymakers can further advance this work by embracing additional comprehensive, multi-stakeholder approaches:

**1) *Making permanent the flexibilities in benefit design implemented during the PHE.*** The Coronavirus Preparedness and Response Supplemental Appropriations Act allowed the HHS Secretary to waive certain Medicare telehealth payment requirements, and the CARES Act enacted flexibility for commercial health insurance providers to cover telemedicine. Congress should pass legislation to make these provisions permanent and redefine how Medicare and Commercial and Individual Market enrollees can access telehealth. To solidify several of the regulation implemented by CMS and HHS during the COVID-19 crisis, Congress should revise the Social Security Act, section 1834(m) to allow for flexibility in benefit design for originating sites, eligible geographies, eligible services, and eligible providers. While telehealth may be no more subject to fraud and abuse than other modalities, it will be important to monitor the impact of telehealth on outcomes including quality and costs.

**2) *Passage of the Ensuring Parity in Medicare Advantage (MA) for Audio-Only Telehealth Act.*** This bipartisan bill, led by Reps. Terri Sewell (D-AL) and Gus Bilirakis (R-FL) would reduce health disparities that result from unequal access in health technology, broadband service, and video telehealth platforms. It also ensures that the 26 million seniors and people with disabilities who receive their Medicare benefits through MA would continue to receive the high-quality care on which they rely. If enacted, the *Ensuring Parity in MA for Audio-Only Telehealth Act* would allow CMS to count diagnoses from audio-only telehealth services for risk adjustment in the MA program.

Without the accurate documentation of diagnoses for MA risk adjustment, health insurance providers and their provider partners will have fewer resources to ensure wide-spread access, choices for Americans, low premiums, and supplemental benefits for seniors.

However, the Energy and Commerce Committee can act and strengthen telehealth during the COVID-19 crisis and beyond, by ensuring that health insurance providers and medical professionals have these resources to provide needed care to patients at this crucial time. We urge Members to pass the *Ensuring Parity in Medicare Advantage for Audio-Only Telehealth Act* to sustain the growth of telehealth and help improve health equity.

## **Conclusion**

Everyone deserves access to affordable and quality care, whether delivered in-person or virtually. Together with the Administration, Congress, and our provider partners, health insurance providers are working to ensure that patients continue to have access to health care when they need it, and that no community is left behind. Health insurance providers have taken innovative steps to ensure that their members can take full advantage of telehealth to access the care they need in safe and convenient ways. AHIP thanks the Committee for focusing on this important issue, and we look forward to working together on more initiatives to improve health care in every community.