TESTIMONY ON BEHALF OF THE SOCIETY FOR WOMEN'S HEALTH RESEARCH SUBMITTED BY KATHRYN G. SCHUBERT, PRESIDENT & CEO

Prepared for the House Energy & Commerce Committee, Subcommittee on Health "The Future of Telehealth: How COVID-19 Is Changing the Delivery of Virtual Care"

On behalf of the Society for Women's Health Research (SWHR), I am pleased to submit testimony for the record to the House Energy & Commerce Committee, Subcommittee on Health. SWHR is dedicated to improving women's health through science, policy, and education. For over 30 years, SWHR has brought attention to diseases and conditions that disproportionately or differently impact women and provided recommendations to improve access and quality of care for women in the United States.

Women and men have different health needs and utilize the health care system in unique ways. For instance, women are more likely than men to have a regular clinician they visit for primary care, to have recently visited a care provider, and to be recommended for preventative screening services. They also are more likely to report financial barriers to care.[1] Women are frequently in charge of health care decision-making for both themselves and for family members. They are often unduly inconvenienced by in-person health care appointments due to caregiving responsibilities.

As is the case with many aspects of health care in the U.S., the COVID-19 pandemic has provided insight into women's health and well-being. Although the majority of people dying from COVID-19 are men,[2] women are more likely to be diagnosed with long-term symptoms.[3] Women also make up the majority of essential workers and are taking on more responsibility with regard to increasing caregiving and domestic work. Women are disproportionately dealing with the effects of worsening mental health and growing rates of domestic violence related to stay-at-home orders.[4]

As we know, women serve as crucial decision-makers in their family's health care planning as well as their own. Women are regular consumers of health care and are more likely to face challenges in accessing health care. Because of this, telehealth is an opportunity for women to maintain routine care during the pandemic. Some studies suggest that women have been more likely to utilize telemedicine than men during the current public health emergency and that more women have presented as new telehealth patients during this time period.[5]

Moreover, telehealth offers a way to reduce burden of care for women — and other individuals facing barriers to care — even after the public health emergency ends. Pre-pandemic, women were more likely to choose telemedicine compared to men,[6] suggesting that even post-pandemic, expanded access to telehealth will significantly benefit women.

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[1] Salganicoff, A. et al. (2014). Years of the ACA: Key findings from the 2013 Kaiser Women's Health Survey. Accessed from: https://www.kff.org/womens-health-policy/report/women-and-health-care-in-the-early-years-of-the-aca-key-findings-from-the-2013-kaiser-womens-health-survey/

[2] Global Health 5050 (2020). COVID-19 sex-disaggregated data tracker. Accessed from: https://globalhealth5050.org/covid19/

[3] Davido B, Seang S, Tubiana R, de Truchis P (2020). Post-COVID-10 chronic symptoms: A postinfectious entity?

[4] Erickson, L (2020). The disproportionate impact of COVID-19 on women of color. *SWHR*. Accessed from: https://swhr.org/the-disproportionate-impact-of-covid-19-on-women-of-color/.

[5] Tingle, C. (2020). Women found more likely to utilize telehealth vs men. Accessed from: https://www.healio.com/news/orthopedics/20201207/women-found-more-likely-to-utilize-telehealth-vs-men

[6] Mensik, H. (2020). Female, younger patients more likely to choose telehealth visit pre-pandemic, study finds. Accessed from: https://www.healio.com/news/orthopedics/20201207/women-found-more-likely-to-utilize-telehealth-vs-men

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On behalf of SWHR, I would like to present three broad ways to build on recent telehealth successes and preserve access to these crucial services into the future.

Maintain expanded access to telehealth services under Medicare post-pandemic
The federal government and private insurers took immediate steps to make telehealth more accessible during the earliest stages of the pandemic. The Centers for Medicare and Medicaid Services (CMS) quickly broadened access to telehealth for beneficiaries[7] and expanded regulations to ensure providers can receive reimbursement for patients who only have access to an audio connection.[8] Private insurers quickly followed suit.

Reversing course in the aftermath of the global pandemic would be a setback for patients and health care providers. Congress and the federal government must consider how to preserve these changes in a way that is workable for the long term. SWHR considers the following provisions crucial to maintain after the end of the pandemic:

(1) Removal of geographic and originating site restrictions.

(2) Coverage and reimbursement of audio-only visits.

(3) Removal of unduly burdensome billing requirements, such as those that require patient co-pays to be collected for virtual check-ins.

(4) Ensuring parity with regard to telehealth reimbursement. Telemedicine encounters should be reimbursed at rates equivalent to their in-person counterparts.

(5) Ensuring parity with regard to which types of telehealth services are covered. All specialties able to provide remote care, including mental and behavioral health services, should be able to bill and receive appropriate reimbursement for telemedicine visits.

Incorporate policies that ensure equitable telehealth access
While telehealth offers exciting opportunities to expand access to care, it is important to ensure services are being delivered equitably and that certain groups of patients do not face undue barriers. From January to June 2020, while telemedicine visits increased substantially, use of telehealth services was lower in communities with high rates of poverty.[9] Some groups — including women, Black and Latinx patients, and those with low incomes — were less likely to participate in video services. Older patients, Asian patients, and non-English-speakers had lower telehealth participation overall.[10]

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[7] CMS (2020). Medicare telemedicine health care provider fact sheet. Accessed from: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
[8] CMS (2020). Trump administration makes sweeping regulatory changes to help U.S. healthcare system address COVID-19 patient surge. Accessed from: https://www.cms.gov/newsroom/press-releases/trump-administration-makes-sweeping-regulatory-changes-help-us-healthcare-system-address-covid-19
[9] Patel, S.Y. et al. (2021). Variation in telemedicine use and outpatient care during the COVID-19 pandemic in the United States. Accessed from: https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2020.01786
[10] Jercich, K. (2021). Women are less likely to use video for telehealth. Accessed from: https://www.healthcareitnews.com/news/women-are-less-likely-use-video-telehealth-care

SWHR supports policy provisions that not only expand access to telehealth, but ensure no community or patient is left behind during the expansion process. Legislation must be intentionally crafted to mitigate inequality. Screening patients for digital access and skills has been suggested as an important first step.[11] Without full understanding of the barriers, there is no way to craft efficient solutions.

Another method of addressing equity issues is to provide support services for patients most in need — for example, those dealing with health conditions that make it difficult to access or understand telehealth software, non-native English speakers, and those unaccustomed to using internet-based technologies. Integrating language interpretation services with health care delivery models may also ease burden.

Consider telehealth as a model to expand the reach of government-funded research
While direct delivery of care is key, telehealth and digital technology also present a useful model for expanding federal research capabilities. The immediate impact of COVID-19 caused most ongoing research to be paused, except for work on life-saving treatments and research on the disease itself. As the pandemic progressed, clinical trials have been modified to allow for ongoing participation.[12] However, expanding efforts to increase alternate approaches for trials will help to support broad research needs during the pandemic and beyond.

Traditional clinical trial models involve frequent, and at times lengthy, site visits to receive a therapeutic or engage in routine patient monitoring. Low participation in trials may be in large part due to difficulties accessing in-person clinical sites.[13] Decentralized and siteless trials may improve participation rates and increase diversity within research by improving comfort and increasing convenience for research participants.[14]

SWHR encourages Congress to view the current environment as an opportunity to reconsider the conventional trial model. Policy aimed at supporting virtual, siteless, and direct-to-patient trials, as well as hybrid approaches, should be considered. Congress and federal agencies can play a major role in shepherding this transition and providing guidance on best practices for moving to more innovative trials models. We must apply lessons learned from COVID-19 not only to increase the use of telehealth for direct care, but also to expand our research capabilities.

CONCLUSION

The majority of clinicians and patients in SWHR's community have benefited from telehealth during the COVID-19 crisis. The message is the same across providers: Women are relieved telehealth is an option.[15] Patient satisfaction has increased.[16] The need to expand telehealth beyond the pandemic is clear.

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[11] Center for Care Innovations (2020). Telemedicine for health equity: Considerations for reaching and engaging diverse patients. Accessed from: https://www.careinnovations.org/resources/telemedicine-for-health-equity-considerations-for-reaching-and-engaging-diverse-patients/

[12] Weiner, D.L. et al. (2020). COVID-19 impact on research, lessons learned from COVID-19 research, implications for pediatric research. Accessed from: https://www.nature.com/articles/s41390-020-1006-3

[13] Spears, PA. (2020). Patient barriers to participation in breast cancer clinical trials. *Breast Cancer Management, 9*(1).

[14] NASEM; Shore C. et al., editors (2019). Virtual Clinical Trials: Challenges and Opportunities: Proceedings of a Workshop. Accessed from: https://www.ncbi.nlm.nih.gov/sites/books/NBK548971/

[15] Laitner, M. (2020). Coronavirus is driving a telehealth evolution. Accesed from: https://swhr.org/coronavirus-is-driving-a-telehealth-evolution/

[16] Laitner, M. (2020). Your counselor will see you now: How genetic counselors are leading the way on telehealth. Accessed from: https://swhr.org/your-counselor-will-see-you-now-how-genetic-counselors-are-leading-the-way-on-telehealth/

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I would like to thank the Chair, Ranking Member, and the Subcommittee for the opportunity to provide comment on the impact of COVID-19 in expanding telehealth services for patients. SWHR appreciates your attention to this topic. If you have questions, please contact Melissa Laitner, PhD, MPH, Director of Public Policy & Government Affairs, at melissa@swhr.org.