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July 30, 2020

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

Dear Representatives Pelosi and McCarthy,

The Electronic Health Records (EHR) Association’s 30 member companies serve the vast majority of hospitals, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs across the United States. Our customers span all fifty states and the U.S. territories, and we write today in support of the difficult work our collective clients are doing through the COVID-19 pandemic and looking forward to the future when the public health emergency has concluded.

It is inarguable that the COVID-19 pandemic has changed the healthcare landscape in unprecedented ways. A recent survey from the Medical Group Management Association (MGMA) [found](#) that during the COVID-19 crisis, healthcare practices have seen patient volume decline by an average of 60% and revenue decrease by an average of 55%.

Telehealth use, on the other hand, has seen a sharp rise since CMS’ relaxation of a number of telehealth regulations with the authority granted by the Public Health Emergency [declaration](#) by HHS Secretary Alex Azar on January 31, 2020, as well as temporary allowances included in COVID-specific legislation. These waivers and other temporary authorizations not only allowed thousands of organizations to keep revenue coming in during this critical time, but it also gave the healthcare industry an opportunity to test the efficacy and clinical validity of the telehealth model on a scale previously unachievable.

Telehealth Services Expansion

The declaration of a public health emergency allowed CMS to greatly expand the services that can now be reimbursed at Medicare rates when they are rendered via telehealth. These changes have been welcomed by our healthcare customers at a time when patients were unable or unwilling to visit their doctor's office in person, and has offered measurable benefit to patients that need care and access to their providers, even while safely remaining at home. Additionally, this unusual situation has allowed the nation to stress test on a large scale the widespread use of telehealth modalities, providing excellent information about the care experience from the perspectives of both the patient and the clinician. Accordingly, the EHR Association herein expresses support for federal and legislative initiatives that support care continuity and allow patients to continue seeing their own provider in a remote setting. While HHS has made overtures that it will be working toward ways to keep these expanded services in place, they are currently only made possible by the public health emergency declaration and could be rescinded when that declaration ceases.

The EHR Association requests your support to ensure the following changes remain permanent.

1. Federally Qualified Health Centers and Rural Health Clinics can now be paid as "distant sites," allowing them to conduct telehealth visits for the first time. This allows Medicare beneficiaries located in rural and other medically underserved areas to have more access to care options while still at home. We believe this is a critical tool for providers who serve those vulnerable populations and should be continued going forward.
2. Medicare patients previously could only receive telehealth services if they were in a federally defined rural area. We believe the permanent removal of this geographic requirement would benefit our customers and their patients. We also support removing outdated originating site restrictions from Medicare telehealth programs.
3. We support efforts to make mental health services more available and accessible using telehealth. Data shows that some patients are more likely to keep appointments for mental health consults done virtually; further, since there is no physical examination made during a mental health visit, the telehealth modality is virtually identical in the services delivered to the patient.
4. Beyond the current public health emergency, we support allowing CMS to waive coverage restrictions during any emergency.

Supportive Legislation

We request your consideration and support of legislation that aims to allow HHS to ease provider burden and telehealth restrictions even outside the auspices of a public health emergency, including:

- The bipartisan *Protecting Access to Post-COVID-19 Telehealth Act of 2020*, introduced July 16, 2020 by members of the House Congressional Telehealth Caucus: Representatives Mike Thompson (D-CA), David Schweikert (R-AZ), Bill Johnson (R-OH), Peter Welch (D-VT), and Doris Matsui (D-CA).
- The bipartisan [H.R. 4932](#), the *Creating Opportunities Now for Necessary and Effective Care Technologies for Health Act of 2019* (“CONNECT Act”), along with its companion bill in the Senate, [S. 2741](#), which have 56 and 37 cosponsors, respectively.
- The *Telehealth Expansion Act of 2020*, introduced by Sen. Ron Wyden, would permanently remove geographic and originating site restrictions for telehealth services, allow audio-only visits, and make mental health services and evaluation and management (E/M) services available via telehealth to all Medicare beneficiaries.
 - We support the provision in Sec. 6 of the *Telehealth Expansion Act* to permanently allow employer health plans to pay for telehealth before meeting the patient’s HSA or HRA deductible. [Sec. 3701 of the CARES Act](#) clarified tax rules making this waiver available, but the CARES Act sunsets this flexibility in 2022. This would increase out-of-pocket costs for telehealth, adversely affecting patients.

In many instances, telehealth is currently keeping our customers in business, but more importantly, it is allowing their patients to have access to high quality, personalized care in a way that is convenient not only now, but all the time. We sincerely believe that more permanently codifying telehealth expansion will have only a positive effect on healthcare delivery going forward, as a core part of the new delivery model.

We thank you for your consideration and look forward to continued dialogue. Please reach out to EHR Association Program Manager Kasey Nicholoff (knicholoff@ehra.org) if we can provide additional information.

Sincerely,



Hans J. Buitendijk
Chair, EHR Association
Cerner Corporation



David J. Bucciferro
Vice Chair, EHR Association
Foothold Technology

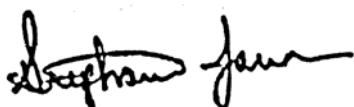
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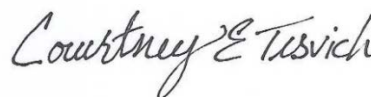
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About the HIMSS EHR Association

Established in 2004, the Electronic Health Record (EHR) Association is comprised of 30 companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, widespread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families.

The EHR Association is a partner of HIMSS. For more information, visit www.ehra.org.

cc:

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The Honorable Richard Neal
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