



Maryland
Hospital Association

August 17, 2020

The Honorable Benjamin L. Cardin
509 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Christopher Van Hollen
110 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Andy Harris
2334 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Steny Hoyer
1705 Longworth House Office Building
Washington, D.C. 20515

The Honorable Kweisi Mfume
2163 Rayburn House Office Building
Washington, D.C. 20515

The Honorable A. Dutch Ruppersberger
2206 Rayburn House Office Building
Washington, D.C. 20515

The Honorable David Trone
1213 Longworth House Office Building
Washington, D.C. 20515

The Honorable John Sarbanes
2370 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Jamie Raskin
412 Cannon House Office Building
Washington, D.C. 20515

The Honorable Anthony G. Brown
1323 Longworth House Office Building
Washington, D.C. 20515

Dear Maryland Congressional Delegation:

On behalf of the Maryland Hospital Association's 61 member hospitals and health systems and their more than 100,000 dedicated caregivers, I write to ask for your support to maintain an essential public health service: telehealth. Telehealth allows patients to access care from the safety of their homes, thus ensuring continuity of care for patients during the pandemic.

We appreciate that the 90-day extension of the federal health emergency declaration allows widened telehealth access to continue for the short term. Yet, Maryland hospitals see real value for patients in broadening telehealth for the long term as well.

Telehealth connects patients to vital health services through videoconferencing, remote monitoring, electronic consults, and digital communications. Telehealth enhances access to physicians, therapists, and other practitioners, ensuring patients receive care when and where they need it. The flexibilities Congress and the administration granted during the COVID-19 outbreak have been essential in allowing hospitals and clinicians to meet all patients' needs.

Expanded use of telehealth represents a shift in care delivery that ought to outlast the public health emergency if the appropriate statutory and regulatory framework is established. To enable

hospitals and health systems to maintain critical high-quality virtual support for their patients and communities, we **urge Congress to ensure flexibilities remain in place after the public health emergency and to reimburse virtual services on par with in-person care.**

To sustain telehealth benefits beyond the current crisis, MHA urges you to enact legislation to:

- **Remove geographic and originating site restrictions.** Eliminate the 1834(m) geographic and originating site restrictions to allow patients to receive telehealth services in their homes, residential facilities, and other locations
- **Permit audio-only communication.** As clinically appropriate, Medicare and Medicaid should cover and pay for telehealth services conducted via audio-only communication, for the benefit of patients who lack broadband access and/or video technology
- **Allow hospital outpatient billing for virtual services.** Allow hospitals to be reimbursed for virtual services, such as therapy and patient education, as if provided in person
- **Reimburse hospitals' costs for supporting telehealth services.** Permanently allow hospital outpatient departments to bill an originating site fee when patients are at their places of residence
- **Expand eligible practitioners.** Grant the Secretary of the Department of Health and Human Services (HHS) the authority to expand the types of providers that can deliver and bill for telehealth services to include, among others, physical therapists, occupational therapists, and speech-language pathologists
- **Support the Treat Act of 2020** that seeks to standardize reciprocity for licensed providers during a public health emergency, waiving certain barriers to telehealth conducted across state lines. Implement a national approach to medical licensure to enable providers residing in one state to deliver telehealth services to patients nationwide. This ensures services for patients will not be limited or discontinued.

Telehealth lessens health inequities by connecting patients across the country with a variety of providers and services, regardless of their location or socio-economic status. For example, at a pediatric specialty hospital in Maryland, more than 53% of appointments for behavioral health needs took place via telehealth since the start of the COVID-19 pandemic.

Yet, to truly promote health equity and meet demand for high-quality virtual services, providers need support to build capacity for the widespread use of remote care. Key to that support is to ensure payment for telehealth services is on par with in-person services. To assist HHS in establishing Medicare-Medicaid payment parity for virtual services, we recommend Congress:

- Direct the Secretary to define payment parity for virtual services, including services delivered by hospital clinical staff, physicians, and non-physician practitioners. This

definition must ensure payment for virtual services furnished by hospital clinical staff equals payment for in-person services

- Require the Secretary, before the public health emergency declaration expires, to identify an initial set of services for which Medicare and Medicaid will pay at parity regardless of whether the service is delivered in person or via remote connection and to add new services to that list at regular intervals

MHA is clear on the lasting benefits of telehealth for patients. Maryland hospitals and caregivers need your support on this vitally important advancement as we combat the novel coronavirus, and beyond.

Thank you for all you do on behalf of Marylanders and all Americans.

Sincerely,



Bob Atlas
President & CEO