Statement on Increasing Access to Telehealth Services

Submitted to the Connecticut General Assembly

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America's Health Insurance Plans (AHIP) is the national association whose members provide coverage for health care and related services to millions of Americans every day. Through these offerings, we improve and protect the health and financial security of consumers, families, businesses, communities, and the nation. We are committed to market-based solutions and public-private partnerships that improve affordability, value, access, and well-being for consumers.

Health insurance providers are strongly committed to meeting the needs of patients through the use of telehealth services. Prior to the COVID-19 crisis, telehealth was a growing industry. Most health insurance providers offered their members benefits that included access to virtual care. Access to virtual care has been driven by employers -- 96% of the nation's large employers (500 or more employees) provided insurance coverage that included telehealth in 2019. Virtual visits were used for acute care needs, chronic disease management, and behavioral health needs among other services.

Despite the availability of health insurance benefits that included telehealth services, adoption among providers and consumers was growing but remained very low prior to the COVID pandemic. Policies did not enable widespread access to telehealth. Telehealth access under Medicare, for example, was limited to patients residing only in rural areas, and they could only access care from a designated originating site. There were few services and provider types that were eligible to be accessed via telehealth. Some states had similar restrictions, limiting consumers' access to virtual care.

With the COVID crisis, America's health care system shifted rapidly towards virtual-based care to ensure access to care while also protecting the safety of patients and providers alike. Under the Public Health Emergency, the federal government issued blanket waivers and lifted restrictions to enable widespread use of telehealth in Medicare, Medicaid, and commercial plans. The Centers for Medicare & Medicaid Services (CMS) eliminated restrictions on originating sites, eligible geographies, eligible services to be delivered via telehealth, and providers eligible to deliver care through telehealth. CMS also added a significant number of services to the Medicare Telehealth Service list, eliminated the need for an existing doctor-patient relationship, and allowed remote services to be included in Opioid Treatment Program bundles. CMS and the Departments of Health and Human Services, Labor, and Treasury allowed plans to make mid-

year plan changes to expand or provide additional benefits, including expanded coverage of telehealth services, or waive or reduce beneficiary cost-sharing for covered services in connection to the COVID-19 outbreak.

Likewise, many states modified or eliminated restrictive regulations around telehealth, including temporarily waiving state licensure requirements and expanding the eligibility of patients to have access to an expanded list of providers.

Health insurance providers enacted policies to extend and expand telehealth benefits to their members, helped providers navigate options for delivering services via telehealth, and worked with states to identify and remove barriers to increase access to telehealth services. Insurance providers support policies that expand access to high-quality, affordable care for members.

As a result of the policy changes enacted under the COVID crisis, millions of Americans have benefitted from access to care via telehealth – most of who may not have used the technology before. Patient and provider satisfaction rank very high and stakeholders are optimistic for the continued use of telehealth beyond the pandemic.

As America looks beyond the COVID crisis, insurance providers are at the forefront of advancing telehealth. Insurance providers support making permanent flexibilities in telehealth, including fewer restrictions related to originating sites, eligible geographies, eligible services, eligible providers, and requirements for existing doctor-patient relationships. We encourage policymakers to increase access to care by increasing flexibility for the technologies that can be used to deliver telehealth (e.g., smartphone, personal computer) and allowing telehealth visits to be counted towards risk adjustment calculations, quality, and performance metrics.

We strongly encourage multi-state licensure of providers, which would allow providers licensed in another state to practice in Connecticut and for Connecticut providers to practice in another state. This is vital for the development of national networks of virtual providers to maximize access to care. States should work to align rules and regulations that encourage multi-state operation and to eliminate the patchwork of state regulation.

Finally, we encourage states to establish policies that encourage innovation. States must not institute such rules that would stifle increased access to safe, affordable, high-quality care delivered virtually. Requiring equivalent payment between telehealth and in-person care beyond the Public Health Emergency limits a health plan's ability to design benefits for its members. Telehealth can be a tool in the shift from volume to value, and policymakers must not institute restrictive policies that will limit flexibility in benefit design.

Thank you for the opportunity to provide these comments. We look forward to working with Connecticut as we continue to explore solutions for expanding access to virtual care for residents of the state and the broader challenges facing the U.S. health care system.