



VIA E-Mail

August 25, 2020

Chairwoman Pamela Hunter
711 East Genesee Street
2nd Floor
Syracuse, NY 13210-1540

Re: NCOIL Health Insurance & Long-Term Care Committee Interim Meeting - Telehealth

Dear Chairwoman Hunter:

America's Health Insurance Plans (AHIP)¹ appreciates the opportunity to provide information to the National Council Of Insurance Legislators (NCOIL) Health Insurance & Long-Term Care Committee on our industry's perspective on the use of telehealth, and policy recommendations that would help remove barriers, and strengthen and improve telehealth services moving forward.

COVID-19 brought with it an explosion in telehealth use that provided the ability for patients and providers to connect despite social distancing. A recent FAIR Health Report showed an 8,336% growth from April 2019 to April 2020 among commercial claims.²

Patients and providers are using telehealth in such increasing numbers because:

- In the time of COVID-19, telehealth just makes good sense – while in-person care has been deferred.
- It reduces the risk of spreading the virus by keeping patients home.
- Telehealth can improve access to care, particularly in rural communities.
- Telehealth has the potential to reduce health care costs for the entire health care system through better management of chronic diseases, reduced travel times, and fewer or shorter hospital stays.

For years, America's health insurance providers have offered telehealth as an effective and efficient way to ensure that consumers have access to care. Long before and now amidst the COVID-19 crisis, AHIP supported and helped advanced federal and state policy changes to encourage telehealth use and speed its adoption.

Now, as we consider what a post-COVID health care system will look, health care consumers are expecting policy measures to improve efficient access to care, enhance outcomes and produce cost savings. NCOIL plays an incredibly important role in this process and can encourage the growth of telehealth by including in a model:

- Expanding the type of providers eligible to deliver services via telehealth;
- Expanding the types of services eligible to be delivered via telehealth;
- Allowing providers to deliver service across state lines via telehealth;
- Allowing the use of safety and quality tools to improve patient care; and
- Expanding eligibility based on patient location and geography.

NCOIL could incidentally also discourage the growth of telehealth by making short-term policy decisions that have long-term unintended, negative impacts on Americans who need affordable health care. ***If policymakers require employers, individuals, and taxpayers to subsidize providers for bricks and mortar infrastructure as part of virtual visits, the cost-saving potential that telehealth promises will be jeopardized.*** Two recent sources of information show that the average telemedicine visit costs less compared to an in-person visit. Teladoc Health data shows the average telemedicine visit costs \$45 compared to \$141 for in-person and according to *Health Affairs*, the average telehealth visit costs \$79 compared to \$146 in-office.³ A mandate requiring that health care purchasers pay the same for the telehealth visit as the in-person visit will likely impact affordability. For telehealth to realize its potential, it should not be burdened with the same cost structure as brick and mortar health care settings.

Additionally, telehealth visits do not always require the same level of intensity, same amount of time, or the same equipment as in-person visits and are not a replacement for all in-person visits. Creating a one-size-fits-all policy measure for care that should and must be patient-centered and individually based is not only the wrong direction but could increase costs American's health care consumers.

Health insurance providers have long recognized the value of telehealth and are committed to ensuring the technology is used to improve access and care for all patients, regardless of where they live and work. We stand ready to work with NCOIL and policymakers across the country to ensure that these services continue to provide access, improve quality of care and ensure long term sustainability and affordability of health care.

Sincerely,



Brendan H. Peppard
Regional Director, State Affairs

c. Tom Considine
Will Melofchick

¹ **America's Health Insurance Plans** is the national association whose members provide insurance coverage for health care and related services. 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

² Sicoli, Dean, and Rachel Kent. "Telehealth Claim Lines Increase 8,336 Percent Nationally from April 2019 to April 2020." FAIR Health, 7 July 2020, www.fairhealth.org/press-release/telehealth-claim-lines-increase-8-336-percent-nationally-from-april-2019-to-april-2020.

³ Teladoc Health, Comment Letter on Proposed Legislation Oregon H 2693 (Jan. 28, 2019).; Ashwood, J. Scott, et al. "Direct-To-Consumer Telehealth May Increase Access To Care But Does Not Decrease Spending." *Health Affairs*, Vol. 36, No. 3: Delivery System Innovation, Mar. 2017, www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.1130.