America's Health Insurance Plans
601 Pennsylvania Avenue, NW
South Building, Suite Five Hundred
Washington, DC 20004

VIA E-Mail

September 23, 2020

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

Re: NCOIL Health Insurance & Long-Term Care Committee Meeting - Telemedicine Authorization and Reimbursement Act

Dear Chairwoman Hunter:

America's Health Insurance Plans (AHIP)[1] appreciates the opportunity to provide feedback to the National Council of Insurance Legislators (NCOIL) Health Insurance & Long-Term Care Committee on the Telemedicine Authorization and Reimbursement Act, and our industry's efforts to leverage telehealth to expand and enhance the delivery of health care services to Americas.

As you know, COVID-19 brought with it an explosion in telehealth use that provided the ability for patients and providers to connect despite social distancing. As we have previously noted, 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.

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.

Telemedicine Authorization and Reimbursement Act

Overall, AHIP believes that the Model that was released in the 30-day materials contains many good provisions, and the structure is generally positive. ***However, we have some specific comments regarding the Model, and a number of changes that we request, and which are contained in the attached red-lined copy of the Model.***

AHIP believes that in order to continue to allow for innovation and increased use of telehealth, flexibility should generally be allowed in plan design, and the regulatory structure around providers should be similarly flexible. That being said, we also believe that there are appropriate guardrails, such as key HIPAA protections, which should not be eroded.

As we have previously commented, 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, government should not be burdening it 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

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[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.