December 9, 2020

The Honorable Mitch McConnell
Senate Majority Leader
United States Senate
Washington, DC 20510

The Honorable Chuck Schumer
Senate Minority Leader
United States Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Leader McConnell, Speaker Pelosi, Leader Schumer and Leader McCarthy:

As the chief executive officers of the member companies in the Alliance of Community Health Plans (ACHP), we thank you for your continued leadership in response to the COVID-19 pandemic. We are writing to urge Congress to extend the current telehealth flexibilities provided during the pandemic and enact a coordinated, national strategy for testing.

During this public health crisis, ACHP members have expanded benefits, waived cost sharing and premiums, and have been on the frontlines coordinating care and supporting the more than 22 million Americans who live in the communities we serve. In every instance, community health plans and their provider partners have gone above and beyond what is required under federal regulations to ensure that Americans are tested, diagnosed and treated.

One important reason why we have been able to meet the COVID-19 challenge is by fully utilizing telehealth. These widely-available tools have allowed doctors, nurses and clinicians to provide medical advice and needed care safely, accurately and in a timely manner without endangering patients or providers. Many of our member companies employ remote monitoring and virtual care to triage and treat COVID-19 patients. Telehealth has reduced emergency room and urgent care visits, opened access to specialists and provided a lifeline to Americans suffering from mental health distress.

HealthPartners in Bloomington, Minn., has seen a 19 percent increase in telebehavioral health visit volumes over the same time period one-year ago. Eighty percent of those new visits were conducted over video, and another 16 percent were done over the phone. No show rates for behavioral health have been reduced by 50 percent. And Security Health in rural Marshfield, Wis., saw an increase in the number of individuals from farming communities who accessed behavioral services via telehealth. Data from follow-up patient surveys found that many of those individuals credited telehealth for removing the perceived stigma of seeking mental health care.

Telehealth has been with us for decades, but its use up until now has been hampered by misaligned payment incentives and outdated federal restrictions. Flexibilities provided by the federal government in response to COVID-19 have created an environment in which patients can easily access care in the safety of their own home or wherever is convenient for them. Polls indicate up to

90% of telehealth patients rate their experience favorable, making telehealth one of the most popular, bipartisan opportunities in the policy environment.

Similarly, testing for COVID-19 has been integral in determining treatment paths and how to safely reopen local economies. In the earliest days of the COVID-19 pandemic, before any guidance from the federal government, we offered coronavirus testing as a covered benefit. We continue to expand coverage to treatment of COVID-19 in addition to testing and are working together to maximize access to medically necessary tests.

As Congress moves toward completing its work for the year, we urge you to act on both telehealth and testing to ensure stability through and beyond the current public health emergency. We support recommendations submitted to Congressional leadership by ACHP, including:

- Permanently removing statutory restrictions on geographic and originating sites to allow virtual care regardless of the patient's location, including in the home.

- Providing stability to seniors enrolled in Medicare Advantage and Accountable Care Organizations by authorizing the flexibilities currently provided by CMS through at least Dec. 31, 2022. Outside of the public health emergency, MA plans can offer telehealth services as a supplemental benefit. Under current flexibilities, plans have been able to count telehealth as a covered benefit allowing them to provide additional supplemental benefits to beneficiaries. Under law, MA bids for the next plan year are submitted in June. Without certainty that telehealth will be covered during the plan year, our companies may have to eliminate some supplemental benefits in order to maintain telehealth offerings.

- Providing HHS the authority to expand the eligible provider list (including non-physicians) for clinically appropriate telehealth.

- Developing a national, coordinated strategy for testing. Testing should be a responsibility shared by government at all levels, employers, private health insurers, educational institutions and laboratories. All stakeholders should be part of developing solutions included in the national testing strategy.

- Increase funding for testing. A national crisis of this magnitude requires adequate federal support. Congress should increase funding available to local, state and federal governments and provide testing for public health and safety.

- Differentiate public and private responsibility for COVID-19 testing. Public health surveillance and lab testing beyond the purpose of managing a patient's disease should not fall on private payers and the consumers they serve. The government should be responsible for testing conducted for public health.

Thank you for considering our recommendations. As health plan leaders and major employers in communities across this great country, we look forward to engaging with you on how to improve the health of the nation.

We are happy to discuss these recommendations with you in greater detail. Please contact Tricia Guay, ACHP's Director of Legislative Affairs, at tguay@achp.org, and she will coordinate on our behalf.

Sincerely,

Rick Haines
President & Chief Executive Officer
AultCare Health Plans, Canton, Ohio



John Bennett, M.D.
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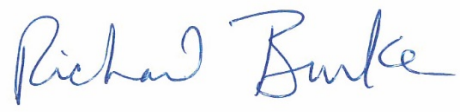
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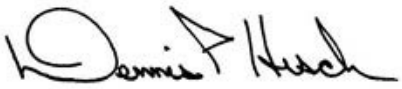
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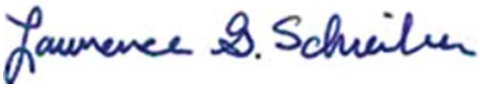
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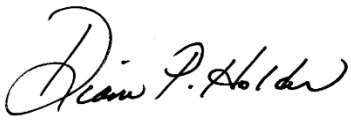
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