



May 24, 2021

The Honorable Brian Schatz
United States Senate
722 Hart Senate Office Building
Washington, DC 20510

RE: Supporting the CONNECT for Health Act of 2021

Dear Senator Schatz:

Thank you for your commitment to virtual care and your leadership on telehealth legislation. The Alliance of Community Health Plans (ACHP) is thrilled at the reintroduction of the CONNECT for Health Act and is pleased to offer our support. We believe this legislation is the necessary step to ensure a glidepath for telehealth out of the pandemic and public health emergency.

ACHP represents the nation's top-performing non-profit health plans improving affordability and outcomes in the health care system. ACHP member companies are provider-aligned health organizations that provide high-quality coverage and care to more than 24 million Americans across 36 states and D.C. They are leading the industry in practical, proven reforms around primary care delivery, value-based payment and data-driven systems improvement. ACHP member plans were incorporating virtual care into these reforms well before the pandemic, including innovating with remote-patient monitoring for a variety of conditions, mental health care mobile apps, triaging urgent care needs with virtual visits and many more.

The CONNECT for Health Act of 2021 accurately targets the major improvements necessary for sustainable coverage and access of telehealth and virtual care. ACHP supports the provisions removing barriers to telehealth coverage, specifically those that waive the geographic site of service requirements and the inclusion of "home" as an originating site. Together, these will make significant improvements to Medicare beneficiaries' ability to use telehealth. These provisions are essential to ensuring equitable access to virtual care and minimizing the effects of our nations digital divide.

ACHP is also pleased to see educational and training resources for beneficiaries and providers included in the legislation. As the health care industry adapts to new norms of care delivery, increased awareness of the value and uses of telehealth will also help to expand access and comfort with new virtual platforms and technology. The virtual experience gained throughout the pandemic enabled the fast identification of virtual best practices that should be compiled and disseminated broadly.

ACHP strongly supports the testing of models for both telehealth in Medicare and allowing additional provider types to offer telehealth. ACHP developed a [white paper](#) outlining potential payment models for telehealth in traditional Medicare that encourages value-based payments and a focus on patient outcomes. Expanding telehealth in traditional Medicare is essential to ensure all patients have access to virtual care. In addition, many private payers rely on traditional Medicare to establish reimbursement models and fee schedules. This expansion and development of a value-

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based payment model within traditional Medicare would encourage payers to incorporate or advance such models within their own systems. We envision these approaches as a starting point for stakeholders to ensure telehealth remains an available and affordable option for all and for the industry to explore full, value-based telemedicine in Medicare.

The provision for a model to allow additional health professionals to offer telehealth services is a valuable addition, especially for payers and providers in rural and underserved regions. In addition, this expansion of available provider resources will help sectors of care notoriously overburdened and facing provider shortages, such as primary care and mental and behavioral health care. Many ACHP member organizations continue to see increased need for virtual mental and behavioral health services. In addition, the ease of access to these virtual services has encouraged individuals to receive care they may have otherwise gone without and helped decrease the number of appointment “no-shows”, ensuring care plan continuation.

Lastly, ACHP appreciates the provision to grant the Secretary of Health and Human Services (HHS) the authority to waive requirements for payment of telehealth services. While we agree with this provision, ACHP maintains that Congress should simultaneously pass legislation to temporarily extend these waivers after the public health emergency, as the Medicare Payment Advisory Commission (MedPAC) recommended in the [March 2021 MedPAC Report](#) to Congress. This set amount of time gives the industry additional certainty as the pandemic winds down and will mitigate the potential termination of telehealth services. Health plans and providers design and plan benefit packages and work plans three to five years in advance. The continuation of the telehealth waivers and development of telehealth models will enable the health care industry to continue offering these value-based, efficient, affordable and satisfactory services. We encourage Congress to subsequently build an on-ramp for these models as they can take more than a year to develop and this on-ramp, as recommended in the ACHP white paper, to maintain regularity and certainty of virtual care offerings.

We appreciate any opportunities for engagement with you and of your staff to further discuss the CONNECT for Health Act and telehealth in general. Please contact Tricia Guay, ACHP Director of Legislative Affairs, at tguay@achp.org or (202) 897-6030 with any questions.

Sincerely,

A handwritten signature in cursive script that reads "Ceci Connolly". The signature is written in black ink and is positioned below the word "Sincerely,".

Ceci Connolly
President and CEO, ACHP