Congress of the United States
Washington, DC 20515

June 17, 2020

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives
H-232, The Capitol
Washington, D.C. 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
H-204, The Capitol
Washington, D.C. 20515

Dear Speaker Pelosi and Minority Leader McCarthy,

In light of the current COVID-19 global pandemic, we are writing to urge for the extension of the Centers for Medicare and Medicaid Services' (CMS) emergency telehealth waivers to be included in a potential Phase IV coronavirus relief package. Specifically, we are advocating to extend these waivers for a period of at least 22 months or longer.

The coronavirus is disrupting our lives and has hit our healthcare system incredibly hard, causing providers to make drastic changes to the way they serve their patients. On March 30, 2020, CMS issued several blanket waivers under section 1135 authority and a draft interim final rule providing additional flexibilities for providers, facilities, and plans related to treatment, reporting, and use of telehealth services. The telehealth and telemedicine waivers have demonstrated to be effective and efficient for both providers and patients in urban, suburban, and rural communities.

Additionally, these section 1135 waivers have been beneficial in delivering behavioral health treatments to our nation's most vulnerable. Importantly, among these several waivers there are four specific provisions which expand access to tele-behavioral health during this emergency time: 1) allowing providers to evaluate beneficiaries who have audio phones only, virtual check-in services, or brief check-ins between a patient and their doctor by audio or video device, which could previously only be offered to patients that had an established relationship with their doctor; 2) providing the ability to prescribe controlled substances via telemedicine without prior in-person exam; 3) loosening cross-state licensure requirements to better allow provision of services when needed; and 4) eliminating originating/geographic site requirements to reimburse telehealth services provided at any location, including a patient's home.

Unfortunately, the telehealth emergency waivers are set to expire as the public health emergency declaration ends. This will gravely impact numerous providers, and more importantly patients who desperately depend on this service for lifesaving treatment. In these unprecedented times, it is now more important than ever to ensure uninterrupted access to telehealth services especially for the country's most fragile consumers.

Studies show that access to tele-behavioral health helps to reduce the no-show rate[1] and lessens the burden for individuals in rural communities or individuals who face transportation barriers. Telehealth visits have been shown to be just as effective if not more so than in-person visits,[2] and the Congressional Budget Office (CBO) recently released a report that indicates the coronavirus epidemic will last at least 22 months in the United States.[3] For example, Centerstone, the nation's largest non-profit behavioral healthcare organization, has shifted to a mainly-telehealth model during the first week of the national state of emergency and has since provided 350,000 telehealth services through the end of May. Ultimately, without this vital service during the outbreak, many individuals and families who need behavioral health services and treatments could face a lapse in treatment, which will cause unintended consequences.

As the coronavirus crisis continues to ravage our country, we must ensure that the millions of Americans who rely on telehealth services are not forced to go without the medication and treatment they need to stay alive. We ask for your support by extending these emergency waivers for at least 22 months of the emergency declaration to help the nation's most vulnerable safely maintain access to their necessary treatment services. We thank you for your leadership and look forward to working together in ensuring the wellbeing of all Americans.

Sincerely,

David Kustoff
Member of Congress

Darren Soto
Member of Congress

David P. Roe, M.D.
Member of Congress

Stephanie Murphy
Member of Congress

Jim Hagedorn
Member of Congress

Robert B. Aderholt
Member of Congress

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[1] Cullen, B.A. (2018). Altering the Attendance Rate Successfully for New Patients at an Outpatient Mental Health Clinic. Psychiatric Services 2018; 69:1212–1214; doi: 10.1176/appi.ps.201800161

[2] Flodgren, G., Rachas, A., Farmer, A. J., Inzitari, M., & Shepperd, S. (2015). Interactive telemedicine: effects on professional practice and health care outcomes. The Cochrane database of systematic reviews, 2015(9), CD002098. https://doi.org/10.1002/14651858.CD002098.pub2

[3] Swagel, Phillip L. (2020) Letter to Honorable Mike Enzi. Congressional Budget Office Report Dated April 16, 2020. Retrieved from: https://www.cbo.gov/system/files/2020-04/hr748.pdf

Brian Fitzpatrick
Member of Congress

Andy Harris, M.D.
Member of Congress

Bruce Westerman
Member of Congress

Michael Guest
Member of Congress

Ann Wagner
Member of Congress

Steve Cohen
Member of Congress

W. Gregory Steube
Member of Congress

Josh Harder
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Gerald E. Connolly
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Donna E. Shalala
Member of Congress

Ben Cline
Member of Congress

Troy Balderson
Member of Congress

Roger Williams
Member of Congress

Fred Keller
Member of Congress

Al Lawson
Member of Congress

Alcee Hastings
Member of Congress

Earl L. "Buddy" Carter
Member of Congress

Michael Waltz
Member of Congress

TJ Cox
Member of Congress

French Hill
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Greg Gianforte
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Tim Burchett
Member of Congress

Mikie Sherrill
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Rodney Davis
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Matt Gaetz
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Rob Bishop
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Neal P. Dunn, M.D.
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Julia Brownley
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