

March 3, 2020

The Honorable Nancy Pelosi
Speaker of the House
U. S. House of Representatives
1236 Longworth House Office Building

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
317 Russell Senate Office Building

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
2421 Rayburn House Office Building

The Honorable Charles Schumer
Minority Leader
U.S. Senate
322 Hart Senate Office Building

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

We applaud your leadership in developing a bipartisan supplemental appropriations package responding to the coronavirus, or COVID-19. Your efforts should complement and bolster the extraordinary measures taken by the Administration to contain the virus and keep this disease from spreading. Likely a pandemic at this point, it is apparent that we must undertake significant efforts to contain COVID-19 within the United States.

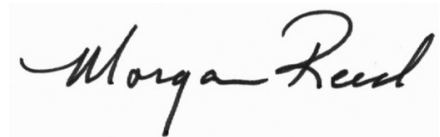
Because the virus spreads via face-to-face contact, government representatives, employers, and schools are instructing Americans to stay home if they are sick. This presents a problem for healthcare providers, who simultaneously need to treat patients and need to stop the spread of the virus by keeping patients home. Reaching patients at home via voice or digital communications is therefore an important part of responding to coronavirus. But the laws that guide the Centers for Medicare and Medicaid Services (CMS) make it very difficult for providers to utilize remote patient monitoring (RPM) or digital medicine technologies. Therefore, we urge you to amend federal law to remove these barriers in your emergency supplemental.

Digital medicine services can benefit the people at the greatest risk of contracting this disease — people over 65 years of age, many of whom are Medicare patients. The safest way to combat this disease and provide such services is voice and video tech that enables a patient in their home to connect with clinicians.

Beyond live voice and video consultations, clinicians treating those with COVID-19 will need to monitor patient-generated health data collected throughout the day. Reams of data already demonstrate that continuous monitoring enables the most informed and timely clinical interventions, which saves lives. While CMS provides an incentive mechanism in its regulations for reasonable payment to clinicians using telehealth and RPM services, significant barriers still limit its utility. Namely, CMS continues to require a 20 percent copay requirement on monthly remote patient monitoring services, which a *patient* must pay (the provider is prohibited from picking up the tab). Congress should waive the copay requirement for RPM services in legislation addressing the COVID-19 crisis to ensure that RPM systems deploy as rapidly as possible.

As you put together the emergency funding package, we urge you to incorporate the priorities of the sponsors of the CONNECT for Health Act (S. 2741 / H.R. 4932) by adding a provision that waives telehealth reimbursement restrictions during national emergencies. However, we also urge you to provide a general waiver of those restrictions. Finally, we urge you to remove a major barrier to providers working remotely with coronavirus victims by waiving the mandatory 20 percent copay requirement for RPM billing. Instead of revisiting the barriers to telehealth and digital health each time we face a crisis, recommend that Congress permanently remove the 1834(m) restrictions to Medicare telehealth services reimbursement and waive the unnecessary mandatory copays that accompany RPM codes.

Thank you for considering our request. We look forward to working with you on the extremely important and bipartisan task of responding to the coronavirus pandemic.



Morgan Reed
Executive Director
Connected Health Initiative

The Connected Health Initiative (CHI), an initiative of ACT | The App Association, is the leading multistakeholder spanning the connected health ecosystem seeking to effect policy changes that encourage the responsible use of digital health innovations throughout the continuum of care, supporting an environment in which patients and consumers can see improvements in their health. CHI is driven by the its Steering Committee, which consists of the American Medical Association, Apple, Bose Corporation, Boston Children's Hospital, Cambia Health Solutions, Dogtown Media, George Washington University Hospital, Intel Corporation, Kaia Health, Microsoft, Novo Nordisk, Otsuka Pharmaceutical, Podometrics, Proteus Digital Health, Rimidi, Roche, Spekt, United Health Group, the University of California-Davis, the University of Mississippi Medical Center (UMMC) Center for Telehealth, the University of New Orleans, and the University of Virginia Center for Telehealth.

For more information, see www.connectedhi.com.