March 11, 2020

Dear Members of Congress:

Thank you for your continued leadership on COVID-19 response efforts. On behalf of the Healthcare Information and Management Systems Society (HIMSS) and the Personal Connected Health Alliance (PCHAlliance), we are particularly grateful for your support in strengthening our nation's public health system, which relies on accurate, actionable, and timely information and data reporting, as well as your commitment to provide Medicare beneficiaries with increased access to vital telehealth services.

H.R. 6074, the *Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020,* provided the Secretary of Health and Human Services (HHS) with limited waiver authority over Medicare telehealth restrictions during the 2019 Coronavirus public health emergency. While we applaud your efforts to bring these safe and cost-effective services to additional Medicare beneficiaries who are otherwise ineligible to receive telehealth benefits, we believe additional changes are needed to further reduce barriers to timely care, decrease risk of transmission for health care workers and patients, and maximize the benefits of a connected health ecosystem during this public health emergency.

HIMSS and PCHAlliance want to bring to your attention two connected care proposals that could address these gaps and better respond to the growing public health need. We offer our recommendations based on our evidence development and work in bringing evidence-based connected care to health care providers and patients:

1) Modify the "qualified provider" section of the *Telehealth Services During Certain Emergency Periods Act of 2020* to remove administratively cumbersome and overly restrictive barriers to telehealth delivery of care.

   Specifically, the requirement that a Medicare provider may only receive telehealth reimbursement IF they had a face-to-face visit with an eligible beneficiary that was billed to Medicare in the prior three years should be removed to enable access to care for all eligible beneficiaries. This provision establishes complex bureaucratic requirements that will delay care at best due to the additional administrative hurdles, and more likely incent patients and providers to continue in-person visits that increase transmission risk. When reducing the risk of transmission is an immediate public health priority, we need to ensure there are no barriers to delivering care in a manner that reduces transmission risk for health care workers as well as for patients who may be seeking care for other conditions. Additionally, the requirement that any service furnished in the prior three years must be billed under Medicare could preclude newly eligible Medicare beneficiaries from immediately accessing these telehealth benefits.

2) Provide secretarial authority to add Medicare Part B coverage for remote physiological monitoring for those testing positive for COVID-19 during the public health emergency.

   For those patients who test positive for COVID 19, home-based monitoring for symptom escalation using FDA listed connected devices whenever possible will help reduce transmission risk and target provision of hospital-based care if the need arises. Remote monitoring, which is asynchronous digital communication of biophysical patient information like pulmonology, temperature, and blood pressure, using FDA listed devices, is not Medicare telehealth (which, by statute, must be live audio and visual) and is not subject to Section 1834(m) restrictions. Unfortunately, Medicare does not pay for remote patient monitoring of acute, time-limited conditions.[1] We urge Congress to provide authority to the Secretary of HHS to establish remote monitoring of COVID-19 disease progression, particularly for a patient's physiological indicators deemed appropriate by their provider for the duration of the COVID-19 public health emergency, and allow the Secretary to determine the patient specific coverage period, e.g. 4 to 8 weeks of monitoring.

Connected care advancements offer unique tools that enable patient-centered care and promote patient engagement in a manner that could help reduce transmission of COVID-19. We appreciate your leadership on COVID-19 response efforts, and look forward to additional dialogue on this important matter.

Sincerely,

Harold F. Wolf III, FHIMSS
President & CEO
HIMSS

Steve Wretling
Chief Technology and Innovation Officer
HIMSS (on behalf of PCHAlliance)

[1] Medicare Part B covers remote monitoring by clinicians of chronic conditions. It covers, on a monthly basis, physician education/set up; physician distributed device(s), and clinical staff time spent reviewing biophysical data and communicating with the patient.