September 23, 2020

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

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

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
United States House of Representatives
Washington, DC 20515

Dear Congressional Leadership:

Thanks to decisive congressional action, the CARES Act allowed safety-net providers to offer telehealth services during the Public Health Emergency (PHE), and rural health clinics (RHCs) and federally qualified health centers (FQHCs) were able to adopt telehealth to safely provide continuity of care to underserved communities. As we look towards the future of telehealth, it is critical that safety-net providers retain their ability to provide telehealth services and are reimbursed appropriately for these visits.

Section 3704 of the CARES Act, which allows RHCs and FQHCs to serve as distant site providers, has been an essential tool in our efforts to battle COVID-19. It has allowed RHCs and FQHCs to provide care to Medicare beneficiaries without subjecting patients to unnecessary exposure to the coronavirus. However, this provision is set to expire at the end of the PHE.

As Congress deliberates which of the temporary Medicare telehealth policies should be extended beyond the PHE, it is imperative that safety-net providers are included in the solution. To that end, safety-net providers seek two major policies:

1. Extending the ability to provide care as distant site providers; and
2. Payment parity between face-to-face services and telehealth services (i.e., payment pursuant to the PPS methodology for FQHCs, and to the cost-based payment methodology for RHCs)

The temporary policy has been incredibly valuable to RHCs, FQHCs, and the communities we serve, but there are major flaws in the reimbursement structure that must be addressed if we want underserved communities to have full access to telehealth services in the future.

The current policy contains a "special payment rule" for safety-net providers which establishes a single composite rate for all telehealth services significantly below in-person rates. Unlike our fee-for-service peers, who receive payment and coding parity between telehealth and in-office visits, safety-net providers have lower reimbursement and awkward coding rules that, if made

permanent, would severely disincentivize the long-term adoption of telehealth services in RHCs and FQHCs. This temporary RHC/FQHC telehealth policy has worked well as a stopgap measure during the public health emergency, but it is not a sustainable solution.

Unlocking the potential of telehealth is critical to our nation's efforts to achieve the health care "Triple Aim" of improved patient experience, improved patient outcomes, and reduced per capita costs. However, the immense potential will only be partially realized if Medicare does not extend fair telehealth reimbursement policies to safety-net providers.

Thankfully, there are several bipartisan legislative solutions that address the shortcomings of the current, temporary telehealth policy for RHCs and FQHCs. Below are three pieces of legislation that represent viable policy options as we develop telehealth policy post-PHE:

H.R. 6792, S. 3998: The *Improving Telehealth for Underserved Communities Act of 2020* allows RHCs and FQHCs to use normal coding and billing for telehealth services (payment parity between telehealth and in-person services) for the duration of the public health emergency while raising the limits on payment for independent rural health clinics who have long been paid below cost due to the RHC Medicare "cap."

H.R. 7663: The *Protecting Access to Post-COVID-19 Telehealth Act of 2020* permanently expands distant site provisions for RHCs and FQHCs and allows payment for telehealth services to be paid via our normal in-person rates as if the services were provided without the use of a telecommunications device.

H.R. 7187: The *HEALTH Act of 2020* permanently expands distant site provisions for RHCs and FQHCs and e*xplicitly* requires telehealth reimbursement for safety-net providers be made through normal safety-net reimbursement mechanisms. Rural Health Clinics would receive their All-Inclusive Rate (AIR) payment while Federally Qualified Health Centers would receive their normal Prospective Payment System (PPS) rate.

We strongly urge Congress to consider these bills before the end of the PHE because underserved communities deserve access to telehealth services. Without Congressional action, telehealth will only be a viable option for patients of our fee-for-service peers.

Sincerely,

Bill Finerfrock	Alan Morgan	Tom Van Coverden

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