



EDC Applauds Omnibus Passage of Telehealth Provisions to Inform Future Telehealth Policy

(Washington, D.C.) March 24, 2022—The Eating Disorders Coalition for Research, Policy & Action (EDC) celebrates the inclusion of provisions of the *Evaluating Disparities and Outcomes of Telehealth During the COVID-19 Emergency Act of 2021*, or EDOT Act (H.R. 4770) in the recently passed *Consolidated Appropriations Act, 2022* ([P.L. 117-103](#)) that was signed into law on March 15, 2022. The EDC were early supporters of this legislation and led two organizational support letters urging committee leadership in the U.S. House of Representatives to advance the bill. The letter from 2020 can be viewed [here](#) and the letter from 2021 [here](#). This legislation will examine the use of telehealth services under Medicare during the COVID-19 pandemic. The EDC extends our gratitude to Representative Robin Kelly (D-IL-02) for championing this important legislation.

The Centers for Medicare & Medicare Services (CMS) and Congress rapidly expanded telehealth during the pandemic and the service continues to bridge gaps in healthcare access. We know how important comprehensive coverage for eating disorders treatment is as individuals under age 65 comprise roughly 16% of Medicare enrollees; however, they represent 42% of enrollees with eating disorders.¹ Ensuring continued telehealth access and enhanced data collection will ensure our community continues to receive access to eating disorders treatment.

Medicare visits conducted via telehealth in 2020 increased 63-fold with over half of Medicare beneficiaries utilizing telehealth for a health care service between March 2020 and February 2021.² Specifically, behavioral health specialist appointments via telehealth skyrocketed 32-fold in 2020 from the year prior.³ Additionally, 60% of Medicare beneficiaries utilized telehealth services to see a psychiatrist or psychologist between the onset of the public health emergency and the summer of 2020, which demonstrates great promise for this demographic in seeking mental health treatment in a more private setting.⁴

Although telehealth services are greatly expanded, not everybody benefits equally. Reports from CMS have found telehealth use is greater in urban areas and among whites.⁵ Telehealth services can be particularly difficult for underserved population with one study finding patients with limited English proficiency

¹ Presskreischer, R., Steinglass, J. E., & Anderson, K. E. (2022). Eating disorders in the U.S. Medicare population. *International Journal of Eating Disorders*, 1–10. <https://doi.org/10.1002/eat.23676>

² Centers for Medicare & Medicaid Services. (December 3, 2021). New HHS Study Shows 63-Fold Increase in Medicare Telehealth Utilization During the Pandemic. Retrieved from <https://www.cms.gov/newsroom/press-releases/new-hhs-study-shows-63-fold-increase-medicare-telehealth-utilization-during-pandemic>

³ Samson, L., Tarazi, W., Turrini, G., Sheingold, S., Medicare Beneficiaries' Use of Telehealth Services in 2020 – Trends by Beneficiary Characteristics and Location (Issue Brief No. HP-2021- 27). Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. December, 2021.

⁴ Koma, Wyatt; Cubanski, Juliete & Neuman, Tricia. (May 19, 2021). Medicare and Telehealth: Coverage and Use During the COVID-19 Pandemic and Options for the Future. Kaiser Family Foundation. Retrieved from <https://www.kff.org/medicare/issue-brief/medicare-and-telehealth-coverage-and-use-during-the-covid-19-pandemic-and-options-for-the-future/>.

⁵ Centers for Medicare & Medicaid Services. (December 3, 2021). New HHS Study Shows 63-Fold Increase in Medicare Telehealth Utilization During the Pandemic. Retrieved from <https://www.cms.gov/newsroom/press-releases/new-hhs-study-shows-63-fold-increase-medicare-telehealth-utilization-during-pandemic>

utilized telehealth at one-third the rate of proficient English speakers.⁶ Provisions from the EDOT Act would help ensure the continuation of current policies does not worsen health disparities or access to care. The EDOT Act calls for an analysis to examine telehealth utilization, expenditures, payment policy, and impacts on access to care and quality for Medicare beneficiaries. The study may also further breakdown data on provider type and the geographic location of patients and providers. Additionally, the Office of Inspector General is also required to submit a report on instances of fraud, expenditures, and savings to further inform telehealth policy.

“I’m delighted to see provisions from the EDOT Act led by Representative Kelly signed into law,” **said Dr. Kim Dennis, MD, CEDS, Chief Medical Officer, CEO, and Co-Founder of SunCloud Health and EDC Board Member.** “Demand for eating disorder services has continued to shoot through the roof during the Covid-19 pandemic. Telehealth services have emerged as a powerful tool to increase access to quality eating disorder care. The time is now to center the healthcare needs of BIPOC patients and gender minorities, which have long been neglected in our healthcare system. Black Americans are significantly less likely to receive accurate diagnosis or adequate care for their eating disorders. Caring enough to look at the outcomes data on tele-health services for underserved communities is a crucial step in developing healthcare policy that closes mental health disparities that have persisted for far too long in our country.”

There is abundant data that greater access to care leads to higher quality of care and lower health care utilization and costs.⁷ Telehealth has the potential to improve health outcomes by supporting timely care interventions before an individual’s eating disorder progresses and a higher, costlier level of care is necessary. The EDC looks forward to the studies that provisions of the EDOT Act will provide to better our healthcare system for all.

The Eating Disorders Coalition for Research, Policy & Action (EDC) is a Washington, DC-based, federal advocacy organization comprised of advocacy organizations, academics, treatment providers, family/loved ones of children with eating disorders, and people experiencing eating disorders nationwide. The EDC advances the recognition of eating disorders as a public health priority throughout the United States. Additional resources can also be found at eatingdisorderscoalition.org.

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⁶ Rodriguez, J., Saadi, A., Schwamm, L., Bates, D., Samal, L. (2021, March). Health Affairs. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00823>.

⁷ Bentler, S. E., Morgan, R. O., Virnig, B. A., & Wolinsky, F. D. (2014, December 22). The Association of Longitudinal and Interpersonal Continuity of Care With Emergency Department Use, Hospitalization, and Mortality Among Medicare Beneficiaries. PLoS One, 9(12), e115088. <https://pubmed.ncbi.nlm.nih.gov/25531108/>.