

July 15, 2020

The Honorable Frank Pallone
Chairman
Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Greg Walden
Ranking Member
Energy & Commerce Committee
2322 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Richard Neal
Chairman
Ways & Means Committee
1102 Longworth House Office Building
Washington, D.C. 20515

The Honorable Kevin Brady
Ranking Member
Ways & Means Committee
1139 Longworth House Office Building
Washington, D.C. 20515

Dear Chairman Pallone, Ranking Member Walden, Chairman Neal & Ranking Member Brady,

On behalf of the following organizations representing consumers, families, mental health and addiction providers, disability groups, advocates, and other stakeholders committed to strengthening access health care, we write to express our strong support of the Evaluating Disparities and Outcomes of Telehealth During the COVID-19 Emergency Act of 2020 or EDOT Act (H.R. 7078), which would require data collection on telehealth utilization within the Medicare and Medicaid programs.

The Trump administration, Centers for Medicare & Medicare Services (CMS), and Congress have rapidly expanded telehealth during the pandemic, which has served as a lifeline for millions of Americans during this unprecedented time. According to CMS Administrator Verma, virtual visits have grown from 11,000-12,000 per week to about one million per week.¹ This substantial increase shows providers and patients have adapted to this type of health care delivery model as restrictions have loosened for services, payment, licensing, and privacy enforcement.

The EDOT Act seeks to leverage this unique opportunity to learn more about how the rapid expansion of Medicare telehealth services benefits Americans through a study commissioned by the Department of Health and Human Services (HHS). The study would collect data on fraud, privacy/security issues, utilization, and expenditures/savings. Importantly, the utilization data will be broken down by site of care, type of technology, and demographic factors including age, gender, race, disability status, region, and income as applicable.

Additionally, the bill provides grants to states to collect similar data on state Medicaid programs to further inform efforts to improve access, coverage, and delivery of care via telehealth. Data released by CMS² shows people on both Medicare and Medicaid are far more likely to get COVID-19. Further, Blacks have been hospitalized at four times the rate of white people, with Hispanic

¹ Tahir, Darius. (June 10, 2020). Telehealth: door delivery and never going back? PoliticoPro Morning eHealth. Retrieved from <https://www.politico.com/newsletters/morning-ehealth/2020/06/10/telehealth-door-delivery-and-never-going-back-788389>

² Centers for Medicare & Medicaid Services. (June 23, 2020). Preliminary Medicare COVID-19 Data Snapshot. Retrieved from <https://www.cms.gov/files/document/medicare-covid-19-data-snapshot-fact-sheet.pdf?source=email>

and Asian people also having higher incidences of infection than white people.³ Additionally, American Indian and Alaska Native populations face disproportionate risks from the COVID-19 outbreak. The EDOT Act will assist in further efforts to understand health disparities and how they play out differently across the nation. Having access to data to inform future telehealth policy is critical in closing healthcare gaps that have persisted for too long.

Thank you again for your commitment toward investing within the technology we have at our disposal and working to ensure the health care system works for all Americans.

Sincerely,

2020 Mom

American Art Therapy Association

American Association for Marriage and Family Therapy

American Association for Psychoanalysis in Clinical Social Work

American Association of Suicidology

American Association on Health and Disability

American Counseling Association

American Dance Therapy Association

American Foundation for Suicide Prevention

American Network of Community Options & Resources

American Physical Therapy Association

American Psychiatric Association

American Psychological Association

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

Association for Behavioral Health and Wellness

Association of Academic Psychiatrists

Brain Injury Association of America

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Clinical Social Work Association

³ *Ibid.*

Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Education Development Center
Global Alliance for Behavioral Health and Social Justice
International OCD Foundation
The Jewish Federations of North America
Lakeshore Foundation
National Alliance for Mental Illness
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Social Workers
National Association of State Mental Health Program Directors
National Council for Behavioral Health
National Eating Disorders Association
Postpartum Support International
Residential Eating Disorders Consortium
SMART Recovery
The Michael J. Fox Foundation for Parkinson's Research