June 19, 2020

The Honorable Mitch McConnell
Senate Majority Leader
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Charles Schumer
Senate Minority Leader
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
H-204 The Capitol
Washington, DC 20515

The Honorable Kevin McCarthy
Republican Leader
H-204 The Capitol
Washington, DC 20515

Dear Majority Leader McConnell, Speaker Pelosi, Minority Leader Schumer, and Republican Leader McCarthy,

As chief executives of some of the nation's leading academic medical centers, we commend Congress for taking swift action to respond to the COVID-19 pandemic. The CARES Act and other supplemental appropriations and relief legislation have offered critical support to the nation's health care delivery system at a time of crisis. Please know of the immense gratitude we hold for your collective efforts, and that each of us and our institutions stand ready to be a resource as you advance additional policy proposals around responding to COVID-19 and strengthening our public health defenses against future pandemic threats.

While there are no shortage of policy recommendations Congress is being asked to consider, we urge you to include three elements to any forthcoming COVID-19 relief/stimulus package that would each have tremendous benefit to academic medical centers serving on the frontlines of the fight against the virus, both at patients' bedsides and in research laboratories.

I. Securing and Building on the Gains Made in Telehealth:

This pandemic is causing major health systems like ours to re-evaluate and adapt how we staff and respond to large scale health care crises, including how we might eliminate barriers to telehealth and communication technology-based services to mitigate the exposure risk of patients and health care professionals. Given the severity of the public health crisis and its effect on the national economy, we believe federal legislation is needed to support continued responsive and effective expansion of telehealth.

Licensure

Early in the pandemic, Governors and state legislatures issued executive orders and emergency declarations to temporarily allow some degree of license reciprocity, but the results varied widely. For example, some states extended reciprocity only to certain types of providers while others required providers to apply for a temporary license, and in some states these (limited) flexibilities now are set to expire.

In order to help strengthen our collective response, we urge Congress to take immediate action to temporarily extend license reciprocity across the nation. This would ensure that sufficient health care and mental health services are available to meet the needs of all individuals, regardless of the state of residence. That's particularly important for our health care providers to ensure continuity of care for university students who return to homes in a different state after state or local shelter-in-place orders. At a minimum, a federal framework should allow a licensed health care provider to practice within the scope of his or her license either in person or via telehealth in any state after a declaration of a national public health emergency. We support the proposal and safeguards outlined in the Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act.

Each of our centers is also grateful for the temporary flexibilities Congress and the Department of Health and Human Services have afforded providers around telehealth, but we note the benefits of telehealth extend far beyond the current pandemic. Telehealth can not only help flatten the curve of this virus by enhancing physical distancing, but also ensures that all individuals in our nation have access to the care they need when they need it. Congress should legislatively extend some of the temporary flexibilities made possible by emergency waivers on a more permanent, statutory basis, including:

Patient Location: Telehealth services should be covered for patients in any geographic location and at any site, including the patient's home.

Payment: Likewise, provider reimbursement for telehealth services should equal payment for the same service and intensity level provided in-person. CMS has significantly enhanced telephone reimbursement during the crisis, bringing it closer to full parity with video and in-person. Bringing telephone-based care into parity with telehealth and in-person care would ensure technology and the published "digital divide" does not drive further disparities in access

Expansion of Covered Services: Congress also should call upon CMS to make permanent the list of covered telehealth services that were added during the pandemic (including store-and-forward technology and remote patient monitoring) and encourage commercial plans to align with the Medicare telehealth provisions. It should also expand the types of providers allowed to be distant site providers during a telehealth interaction to include therapists, nutritionists, and others. Finally, Congress should urge CMS to consider telehealth visits as an Evaluation and Management visit for purposes of assignment in the Medicare Shared Savings Program.

Infrastructure: Congress should provide additional funding for telehealth infrastructure and coverage, perhaps through a payroll tax credit for hospital facility expenditures to support connectivity, new equipment and staff/clinician training necessary to provide virtual care.

II. Ensuring the Availability of Affordable Coverage Options for Individuals/Families

Academic medical centers are committed to caring for all persons who walk through our facilities' doors, and in many regions of the country we are the only medical center capable of providing many forms of specialty and procedural care. However, we need your help ensuring Americans can access quality, affordable, and continuous health care coverage during this precarious pandemic period. The economic downturn sparked by COVID-19 threatens tens of millions of Americans' access to coverage. To help address this challenge, we urge you to strongly consider extending the employer-sponsored health coverage of individuals recently laid-off with a time-limited federal subsidy to preserve their existing coverage under the COBRA program. Federal subsidization of COBRA premiums would allow newly unemployed Americans to maintain their employer-sponsored health coverage and access health care providers with whom they have existing relationships. This approach has the added benefit of reducing strain on the Medicaid program.

Other coverage options that should be considered include the creation of a special enrollment period that will be applicable to all states' health exchange marketplaces, including those in which the federal government administers the marketplace, so independent contractors and others who find themselves newly unemployed may have a means of securing affordable healthcare coverage.

Even if COBRA subsidies and special exchange enrollment are advanced, additional support for Medicaid is warranted, given the central role this federal-state program plays in supporting vulnerable patient populations. We urge Congress to increase the Federal Medical Assistance Percentage (FMAP) beyond the initial 6.2 percent increase enacted into law earlier and augment Medicaid Disproportionate Share Hospital (DSH) payments by at least 2.5 percent for up to one year beyond the COVID-19 emergency period. Congress should also take steps to prevent planned Medicaid DSH cuts from being implemented this fall and block finalizing the proposed Medicaid Fiscal Accountability Rule (MFAR.)

III. Supporting the World's Preeminent Biomedical Research Enterprise

Another concern at our centers revolves around the disruption of the vital biomedical research enterprise. We appreciate Congress's continued support for medical research as evidenced by additional appropriations for the NIH. We urge Congress to continue this show of support in the regular FY21 appropriations process and in future COVID supplemental legislation. In response to the COVID crisis, our institutions suspended a majority (in some cases, as much as 95 percent) of non-COVID related research for a period of several months, putting tremendous strain on research personnel and infrastructure.

Thankfully, non-COVID research programs are beginning to scale up operations again while following social distancing practices and strict guidelines for the protection of every person on our campuses. Even though research activity is normalizing, our institutions have incurred substantial expenses associated with the winding down and ramping back up of projects and laboratories. Testifying on this topic before the Senate

HELP Committee on May 7, NIH Director Dr. Francis Collins explained that "if you add up what this is going to cost just in terms of the lost productivity, the need to keep people employed, the estimates are something like $10 billion of NIH-funded research is going to disappear because of the way in which this virus has affected everybody, requiring this kind of distancing and sending people home." In order to offset a portion of these expenses, we call on Congress to consider emergency supplemental appropriations of $10 billion for targeted research relief at the NIH. Preserving the biomedical research enterprise will be key to the discovery of medical breakthroughs that will protect Americans from future pandemics.

Thank you for your thoughtful consideration of these policy recommendations and, again, for your tireless efforts.

Sincerely,

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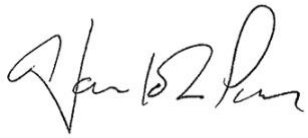

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