

July 20, 2020

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

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

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

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

Dear Speaker Pelosi, Leader McConnell, Leader McCarthy, and Leader Schumer:

On behalf of the nine undersigned organizations, we write to urge you to include \$50 million in the next COVID-19 relief legislation for the Agency for Healthcare Research and Quality (AHRQ) to generate the data needed to make an informed decision about which telehealth flexibilities Congress and the administration should make permanent.

Physicians and patients are grateful for the swift expansion of telehealth services during the COVID-19 public health emergency. Many physician practices quickly converted the majority of in-person visits to telehealth or telephone visits. This has had two benefits - ensuring that patients continued to receive care without unnecessary exposure to the virus and allowing practices to maintain some degree of financial viability. At a recent Senate Health, Education, Labor, and Pensions Committee hearing on telehealth, witnesses shared the following important information about the use of telehealth during the pandemic:

- Witnesses and Chairman Lamar Alexander agreed that the three most important telehealth policy changes are relaxing the originating site requirement, which allows patients to receive care wherever they are located, including their homes; the expanded number of covered telehealth services, including emergency department visits, initial nursing facility visits, discharges from those facilities, and therapy services; and doctors are allowed to conduct telehealth appointments using video apps or even a landline;
- Patient and provider satisfaction continue to be high regarding their telehealth experiences; and
- In the mental health field specifically, more patients are likely to visit their doctors via telehealth because it removes the travel, waiting, and interaction with others and can be done in the comfort of one's own home.

Telehealth provides flexibilities for providers and patients that may have long-term benefits to the health care system beyond those directly related to responding to COVID-19. For example, telehealth may reduce spending by connecting patients to care before their conditions become acute, or may increase productivity by allowing patients to keep medical appointments with minimal disruption of work or school schedules. However, Congress must understand what COVID-19 related policies worked well and for whom as well as how to improve telehealth's safety, quality, and value before enacting legislation to make these COVID-related flexibilities permanent.

AHRQ is uniquely situated to help Congress gain a better understanding of the recent telehealth flexibilities by supporting rapid-cycle research grants to study the implementation and outcomes of telehealth expansion. This research would answer the following questions:

- Which healthcare services were most effectively transferred to virtual visits?
- What training and infrastructure is needed for healthcare professionals and patients to use telehealth successfully?
- How should telehealth be integrated and coordinated with in-person care?
- How can providers best ensure trust and confidentiality when using telehealth?
- How can tele-mentoring of healthcare professionals be used to expand implementation of evidence and best practices?
- How can providers and policymakers use telehealth to decrease disparities in healthcare access and increase equity in health outcomes?

With an investment of \$50 million over three years, AHRQ could fund three waves of these research grants and generate useful information that could be shared within four to six months by requiring the early dissemination of the findings.

AHRQ is the appropriate home for this research as it is the only agency within the Department of Health and Human Services already engaged in evaluating the rapid expansion of telehealth. The agency has a long history of funding digital health research, including the initial funding for Project ECHO (Extension for Community Healthcare Outcomes) and research on health information exchanges. More importantly, AHRQ already identifies what works – and what does not – in the safety and quality of health care.

It is critical that Congress and the administration gain a better understanding of what the expansion of telehealth can mean for the health care system before making any policy flexibilities permanent. Therefore, the signatories below urge you to include \$50 million over 3 years for AHRQ to develop the evidence base necessary to make informed policy decisions.

Sincerely,

American Academy of Neurology  
American Clinical Neurophysiology Society  
American Gastroenterological Association  
American Society for Transplantation and Cellular Therapy  
American Society for Gastrointestinal Endoscopy  
American Society of Hematology  
Endocrine Society  
Johns Hopkins Medicine  
Society of General Internal Medicine

cc: Chairman Roy Blunt, Senate Labor, Health and Human Services, and Education Appropriations Subcommittee  
Ranking Member Patty Murray, Senate Labor, Health and Human Services, and Education Appropriations Subcommittee  
Chairwoman Rosa DeLauro, House Labor, Health and Human Services, and Education Appropriations Subcommittee  
Ranking Member Tom Cole, House Labor, Health and Human Services, and Education Appropriations Subcommittee