

June 23, 2020

The Honorable Alex M. Azar III
Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Azar:

The undersigned organizations represent the nation's clinicians, hospitals, health systems and foremost experts in health informatics and health information management. We write today to express our strong support for the waivers which have allowed our members to treat patients safely and effectively amidst the global COVID-19 pandemic.

As society begins to re-open following nearly nationwide quarantine, healthcare provider organizations and clinicians continue to report strong patient support and need for continuing the policies which have enabled patients to be treated virtually. We understand the Department is examining ways to continue some telehealth policies should the federal emergency be terminated and in turn the flexibilities enabled by the related public health emergency (PHE) ended.

Terminating the telehealth flexibilities prematurely could have a devastating impact on patients and clinicians alike. **The uncertainty surrounding whether the policy flexibilities enabled under the waivers will disappear is having a devastating impact already on our members and stoking fear.** We are fielding calls and questions daily about longevity of these policies. We believe it is an imperative that the current telehealth policies continue for the duration of the pandemic, with consideration in making certain policies permanent after the opportunity to assess the effects of widespread telehealth adoption on patient and physician experiences. Removing these policies before the end of the pandemic needlessly risks the lives of clinicians and patients, and risks further spread of the virus.

The value of telehealth and remote monitoring cannot be understated. Thanks to the rapid action by HHS and its agencies we have seen rapid and prolific adoption of telehealth in a matter of days including by providers and clinicians who never or rarely used it prior to COVID-19. In some cases, the use has skyrocketed with some clinicians seeing an astonishing increase in use of more than 2,000 percent. It has helped prevent the spread of the disease meeting the patient where they are at – which is home. Many patients continue to express reluctance to be seen in person for their healthcare needs. Virtual care has also preserved our precious supply of clinicians and prevented more from contracting the disease. Importantly, clinicians have readily adopted and embraced telehealth technology. Extending the policies will also ensure that the investments made by providers are put to good use. Ending policies which enable widespread use of telehealth will not be sustainable for many providers unless these policies are carried forward.

In light of the fact that there is still no vaccine, that many experts expect a resurgence in the fall, and that the pandemic could last another 18-24 months, we believe it is prudent to continue these policies. We urge HHS to continue working with the provider community to continue the

use of these policies using the maximum degree of flexibility possible to ensure these policies are not abruptly withdrawn. Doing so will undermine the work we have achieved thus far to flatten the curve and will put unneeded strain on our already stretched medical professionals and threaten patient safety.

We appreciate the opportunity to share our perspective with the Department and are happy to discuss these concerns.

Sincerely,

American College of Physicians (ACP)

American Medical Informatics Association (AMIA)

College of Healthcare Information Management Executives (CHIME)

Medical Group Management Association (MGMA)

Premier Inc.