



**Statement for the Record
House Committee on Energy and Commerce
Subcommittee on Health
Comments Regarding the Future of Telehealth
February 25, 2021**

The Cystic Fibrosis Foundation writes to the House Energy and Commerce Committee recommending the following policy considerations when drafting telehealth legislation. Telehealth has long been an important care delivery method for improving access in underserved communities, particularly in rural areas and areas with physician shortages. Telehealth also helps ensure access to care when in-person visits are not a safe or feasible option, which has been critical during the COVID-19 pandemic. The CF Foundation commends the committee for identifying telehealth as a key element of care and appreciates the opportunity to provide written comment.

Individuals with CF receive multidisciplinary, specialized care at accredited CF care centers and sometimes get care at outside their state of residence. During this time of COVID-19, individuals with CF are particularly conscientious about potential exposure to the virus and therefore rely heavily on access to telehealth services. The CF Foundation urges this committee to pass legislation that would increase access to essential telehealth services in the following areas.

Temporary Licensing Reciprocity

For those who rely on out-of-state care centers to help manage their CF, clinician licensure reciprocity is an important tool to make remote care accessible. The *Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act* would enable temporary licensing reciprocity for all licensed and certified practitioners in all states for all types of services for the duration of the COVID-19 public health emergency (PHE). While many states have adjusted their licensure requirements to enable greater flexibility of care and telehealth access for patients who live in a different state from their providers, the variability from state-to-state results in some individuals with CF still struggling to maintain continuous care with their established care team. We advise this committee to pass legislation that would ease patient access to telehealth services through temporary clinician licensure reciprocity.

Geographic Restrictions

As we look beyond this PHE, originating site and geographic restrictions should be permanently eliminated to ensure that patients are not required to travel to specific locations to access telehealth services unless special equipment is necessary for an examination by a remote provider. Before the COVID-19 pandemic, Medicare rules largely limited use of a patient's home as the originating site to those living in rural areas or with a specific condition. The drastic increase in telehealth usage during the PHE has shown the futility of geographic restrictions and it is appropriate and safe for patients to receive care from their homes. We recommend this committee pass legislation permanently removing originating site and geographic requirements.

Audio-only Visits

At the beginning of the PHE, the Centers for Medicare and Medicaid Services (CMS) established a temporary coverage policy for audio-only telephone visits, ensuring patients without access to the internet or video platform are still able to receive needed care while avoiding potential exposure to coronavirus. This flexibility is particularly important for rural and low-income populations who are more likely to have limited or no access to the internet or insufficient broadband to support video conferencing.

While audio-only visits are not a suitable for all health care services and not a substitute for in-person care, there are a number of aspects of a regular CF visit that can be conducted through the phone. For instance, clinicians can easily review medical history, current medications, and symptoms, and adjust a patient's care plan. CF patients and care teams can also review data from home spirometers to track trends in lung function. For CF providers, listening to a patient's cough can also provide actionable information about potential exacerbations. CMS has taken steps to continue expanding audio-only coverage in Medicare and we encourage this committee to work with the agency to make audio-only visits a permanent benefit as appropriate.

Expanding Eligible Practitioners

The CF clinical care team includes physicians, nurses, dietitians, social workers, and respiratory therapists – each of whom plays a unique role in managing CF care. Such access to all members of the care team could help patients better maintain and manage their care, leading to more consistent and better outcomes. We ask the committee to work with CMS to continue evaluating and expanding providers eligible to deliver telehealth services.

The CF Foundation appreciates the work of the Energy and Commerce Committee to advance telehealth as a priority during the COVID-19 pandemic and beyond this PHE. We ask the committee to take the above policies into consideration when drafting legislation. Thank you for the opportunity to comment.