

March 5, 2022

Rep. Mariannette J. Miller-Meeks, M.D. (R-IA)  
Rep. Mike Kelly (R-PA)  
Rep. H. Morgan Griffith (R-VA)  
Healthy Future Task Force-*Modernization Subcommittee*  
United States House of Representatives  
Washington, DC 20510

Re: Healthy Future Task Force – Modernization Subcommittee Request for Information

Dear Representatives Miller-Meeks, Kelly, and Griffith:

The Medicaid Health Plans of America (MHPA) appreciates this opportunity to respond to the Modernization Subcommittee’s request for information (RFI) as part of the Healthy Future Task Force in the U.S. House of Representatives. We believe this is an important effort to engage stakeholders for their input on the optimal paths forward for facilitating access to health care treatments and services and for the promotion of health care innovation.

MHPA is the only national trade association with a sole focus on Medicaid, representing more than 130 managed care organizations (MCOs) serving more than 43 million Medicaid beneficiaries in 40 states, the District of Columbia and Puerto Rico. MHPA’s members include both for-profit and non-profit, national and regional, as well as single-state health plans that compete in the Medicaid market. Nearly three-quarters of all Medicaid beneficiaries receive health care through MCOs, and the association provides research and advocacy services that support policy solutions to enhance the delivery and coordination of comprehensive, cost-effective, and quality health care for Medicaid beneficiaries.

Our responses to the RFI focus on the expansion of telehealth under the COVID-19 public health emergency and the impact on the Medicaid beneficiaries we serve.

**RFI Question: Which flexibilities created under the COVID-19 public health emergency should be made permanent?**

The COVID-19 pandemic has accelerated state Medicaid programs’ expansion of telehealth services. Prior to the pandemic, states had broad flexibility to cover telehealth services through Medicaid, including telephone, video conferencing, and other methods of communication. To support health care accessibility during the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) provided flexibilities under the COVID-19 public health emergency declaration. The flexibilities included the temporary easing of many compliance requirements and quick authorization by the federal government and states for reimbursement requirements related to documentation and telehealth codes. With these flexibilities in place, all fifty states and the District of Columbia expanded access to healthcare services via telehealth for Medicaid beneficiaries. For example, many states are now allowing telehealth services via telephone,

electronic, and virtual means and allowing the beneficiary's home as the originating site for telehealth services.

MHPA believes these steps were essential for supporting access to care and continuity of care for Medicaid beneficiaries needing treatment during this time and that consideration should be given to making permanent the flexibilities that have helped remove barriers to treatment for this vulnerable population. As the unwinding of the PHE nears, we would recommend continued support for telehealth as an important vehicle for facilitating access to care and would encourage the following considerations and actions:

- Make permanent the telehealth flexibilities involving delivery of home care, to include waiving geographic location and originating site requirements
- Support the expansion of the types of providers who can provide telehealth services for those services that are not dependent on in-person contact
- Consider pathways to enable providers to practice medicine in a state without a state license (e.g., licensing interstate compacts)
- Support efforts/initiatives with enhanced funding for states to promote ongoing infrastructure development of telehealth capabilities with a focus on rural/frontier and underserved areas
- Provide Medicaid managed care plans the discretion over what is clinically appropriate for telehealth

**RFI Question: How does telehealth affect healthcare costs in the short-term, medium-term, and long-term?**

Telehealth can reduce costs in the short- and medium-term by providing care in a more efficient way such as reducing patient and/or clinician travel and enabling a clinician to convert travel time to clinical time and increasing the number of patients the provider is able to treat.

Telehealth services can also reduce the need for costly in-hospital monitoring and in-home visits through the use of Remote Patient Monitoring (RPM). Continual RPM can also produce cost savings by reducing the number of hospital admissions and readmissions and reduce the number of specialist outpatient visits and Emergency Department visits.

**RFI Question: Employers and plans are often faced with provider shortages in certain geographic areas. Increased use of telemedicine may help alleviate these shortages, but barriers still exist that keep providers from practicing across state lines. Should Congress allow for healthcare providers who hold a valid license in good standing in at least one state to practice via telemedicine in all other states? Why or why not?**

During the pandemic, all 50 states have used emergency authority to waive some aspect(s) of state licensure laws providing widespread access to care. We would encourage further examination of the impact of the waivers on access, particularly for its impact on Medicaid

beneficiaries. We would also encourage support for state efforts to foster cross state licensure reciprocity for all provider types to support increased access to services. Cross state licensure could help alleviate existing provider shortages and could provide new resources to communities that are lacking providers, particularly for specialty health care services such as behavioral health care.

Once again, thank you for the opportunity to provide input as you consider policy options related to these important health care issues. We believe this pathway for stakeholder engagement will ultimately benefit the Medicaid program and the beneficiaries we serve.

Please feel free to reach out to me directly at [sattanasio@mhcpa.org](mailto:sattanasio@mhcpa.org) with any questions or should you need any additional information.

Sincerely,

/s/

Shannon Attanasio  
Vice President, Government Relations and Advocacy