



November 15, 2022

The Honorable Nancy Pelosi
Speaker
United States House of Representatives
H-232, The Capitol
Washington, DC 20515

The Honorable Chuck Schumer
Majority Leader
United States Senate
S-221, U.S. Capitol
Washington, DC 20510

The Honorable Steny Hoyer
Majority Leader
United States House of Representatives
H-107, The Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Republican Leader
United States Senate
S-230, U.S. Capitol
Washington, DC 20510

The Honorable Kevin McCarthy
Republican Leader
United States House of Representatives
H-204, The Capitol
Washington, DC 20515

Dear Speaker Pelosi, Leaders Schumer, McConnell, Hoyer and McCarthy,

I write to urge the House and Senate to take action this year on several key issues to improve health care access and delivery. Specifically, we ask that you work to advance expansion of telehealth benefits for Medicare beneficiaries, digitize and streamline prior authorization processes for plans, providers, and patients, create a commission to issue recommendations to Congress on whether and how to modernize federal laws and regulations governing health care data, and pass laws to modernize our public health system and improve accountability for public health agencies, including the Centers for Disease Control and Prevention (CDC).

Health Innovation Alliance (HIA) is a diverse coalition of patient advocates, healthcare providers, consumer organizations, employers, technology companies, and payers who support the adoption and use of health IT to improve health outcomes and lower costs. We ask that you advance the following policies through legislative action this Congress.

Telehealth:

In July of this year, the House passed the Advancing Telehealth Beyond COVID–19 Act to extend pandemic-era telehealth flexibilities for two years after the end of the official public health emergency (PHE).

While HIA supports the continued temporary reimbursement of telehealth services under Medicare in response to the COVID-19 public health emergency (PHE), we believe Congress needs to extend these flexibilities permanently, beyond the currently proposed deadline of 151-days after the official end of the PHE. HIA believes that telehealth services covered under Medicare during the COVID-19 PHE should remain reimbursable to ensure patients have continued access to care and to modernize our health delivery system.

Congress needs to make sure this progress is not lost as the pandemic ends. Expanded use of virtual care and remote patient monitoring can help us capitalize on new and existing technologies to transform how care is provided and to improve value-based care. This will not only improve patient outcomes, but it will also reduce overall health costs.

Beyond flexibilities tied to the PHE, HIA supports the permanent extension of the High-Deductible Health Plan (HDHP) safe harbor for Health Savings Accounts (HSA) that allows patients to use their HSA to pay for telehealth services without first meeting their deductible. Without Congressional action, this benefit will expire for nearly 32 million Americans at the end of the year.

We urge you to permanently extend these flexibilities, including the ability to use health savings accounts to pay for telehealth services, as part of a year-end package in 2022. Barring permanency, Congress should extend the flexibilities at least through the end of 2024 while it continues to work on a permanent policy.

Electronic Prior Authorization (ePA):

We worked closely with Congress to develop and pass into law requirements for the use of ePA for covered medications in the Medicare Part D and Medicare Advantage Prescription Drug spaces as part of the SUPPORT for Patients and Communities Act in 2018. This was a critical first step to streamlining prior authorizations (PA), reducing friction in the system, alleviating burden for providers, and improving the timeliness of access to necessary therapy for patients. Streamlining and digitizing PA processes in other programs will ensure more patients receive the same benefits.

Switching from more traditional PA processes to real-time ePA could result in a \$437 million in savings and give providers 16 minutes of their time back for each transaction.¹ According to the HHS Office of the Inspector General, 13 percent of prior authorization denials actually met Medicare requirements and would have been approved by the Centers for Medicare and Medicaid Services.² Decreasing provider burden while improving consistency for plans will result in better care for patients and savings for the healthcare system.

We have watched closely the advancement of the Improving Seniors' Timely Access to Care Act, H.R. 3173, including recent passage by the House. We understand the concerns of the Congressional Budget Office's estimate that H.R. 3173 would raise costs by \$16.2 billion due to increased services and the cost of technology adoption. Given the negligible score of the 2018 policy for drugs, we urge you to consider a more tailored approach to standardizing ePA for items and services such as focusing on some existing issues that could advance this policy as a whole.

HIA believes that improving PA processes will benefit nearly every actor in these transactions, and we ask you to work toward advancing these commonsense policies. Congress should pass legislation implementing a standards-based, real-time approach to PA that moves the system forward and ensures patient care and access to goods and services.

We appreciate the work Congress and the Administration have done to improve our healthcare delivery system, and we encourage Congress to include measures implementing expanded ePA policies in any moving legislative vehicle.

Privacy Commission

¹ <https://www.caqh.org/sites/default/files/explorations/index/2021-caqh-index.pdf>

² <https://oig.hhs.gov/oei/reports/OEI-09-18-00260.pdf>

As the nation continues to adopt new and evolving technologies that surround everyday life and digitize nearly every interaction we have, personal privacy has never been a more important issue for policymakers. Congress is considering comprehensive privacy reform – and we support these efforts – but most of these conversations are focused on consumer technology and data. Health data is either carved out of these proposals or included in a new category of “consumer health data” which could lead to many entities being subject to duplicative requirements. The Health Insurance Portability and Accountability Act (HIPAA) law that led to today’s HIPAA Privacy Rule was passed over 25 years ago, and while HIPAA is still functioning well, it does not address the growing concerns regarding third-party applications or other technologies accessing health data that fall outside of HIPAA’s reach. Providers, health plans, and other covered entities and their business associates covered by the Privacy Rule as well as the patients they serve need clarity and consistency in health data privacy and use rules.

As we approach the end of the year, Congress should include the Health Data Use and Privacy Commission Act, S. 3620, in any end-of-year package. The bill seeks to implement a blue-ribbon commission to provide Congress with informed recommendations on how to modernize the use of health data and privacy laws to ensure patient privacy and trust while balancing the need of doctors to have information at their fingertips to provide care.

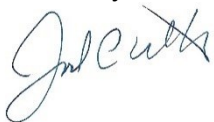
Public Health

As the entire country has witnessed over the past two and a half years, the public health system of the United States did not have the necessary systems in place to adequately respond to the COVID-19 threat. Congress and two different Administrations have done significant amounts of work to shore up our current system, provide the needed resources to federal, state, local and tribal entities, and put processes in place to correctly address the future threat of another pandemic. We appreciate that work but believe that further efforts need to be made.

Specifically, Congress should pass legislation that increases oversight of the Centers for Disease Control and Prevention (CDC), such as those included in the PREVENTS Pandemics Act, S. 5799. Not only has the CDC been provided an extensive amount of additional funding for COVID-19 response, but the agency failed to update and modernize its response plans and systems as required by Congress in 2006, and again twice since then. Through its oversight role, Congress also should ensure that the CDC is not using the additional funding to duplicate successful work already occurring in the private sector and not creating policies and regulations that require unnecessary reporting, and therefore unneeded burden, on state and local public health entities. Rather, CDC should focus on taking actionable steps to ensure data is flowing both up to the agency but also back to the providers, front-line health workers, and public health entities that need it for treatment and response. We have included suggested line edits to the PREVENT Pandemics Act here to achieve these goals.

Thank you for your consideration of our requests. We stand ready to work with you and your staff to advance these policies.

Sincerely,



Joel White
Executive Director