



October 5, 2023

The Honorable Jason Smith  
Chairman  
House Committee on Ways & Means  
1139 Longworth House Office Building  
Washington, DC 20515

Re: Improving Access to Health Care in Rural and Underserved Areas

*Submitted electronically*

Dear Chairman Smith,

The Health Innovation Alliance (HIA) appreciates the opportunity to comment on your request for information on Improving Access to Health Care in Rural and Underserved Areas. HIA is a diverse coalition of patient advocates, healthcare providers, consumer organizations, employers, technology companies, and payers who support the commonsense use of data and technology to improve health outcomes and lower costs. We urge you to leverage data and technology through policies that encourage virtual care, virtual training, and automation for administrative processes and patient care. In particular, we recommend you:

- Advance access to virtual care by permanently allowing remote care for Medicare beneficiaries, supporting the use of remote monitoring technologies, and ensuring telehealth technology delivers on its value by phasing out payment parity policies, and
- Leverage advanced technology, including artificial intelligence (AI), to improve fraud detection in Medicare, reduce clinician burden for administrative tasks, including prior authorization processes, and improve the workforce through remote training opportunities.

HIA has worked with Congress for over 15 years to advance the use of health technology and data. Our major policy priorities include modernizing public health data, improving access to virtual care, increasing the interoperability of health care information, and ensuring patient data is private and secure. All these policies contribute to care for rural and underserved populations. Increased adoption of health care technology is the most promising opportunity to increase access and continuity of care uniformly across the country. By leveraging remote monitoring, virtual visits, data sharing, and more, HIA believes that the commonsense adoption of health technology will transform the care experience for patients and providers and lead to improved outcomes.

### **Advance Access to Virtual Care**

#### *Telehealth*

Last December, Congress voted to extend pandemic-era telehealth flexibilities until the end of 2024. While HIA supports the continued temporary reimbursement of telehealth services under Medicare we believe Congress

needs to extend these flexibilities permanently, beyond the current deadline of December 31, 2024. Expanded use of telehealth and remote patient monitoring can help to capitalize on new and existing technologies transforming how care is provided and improving reimbursement to move towards value-based care. This will not only improve patient outcomes but will also reduce overall health costs.

We also believe that the value proposition of virtual care will lead to decreased costs to the health system overall once technologies are integrated. Virtual care should and will cost less than in-person visits, and we support phasing out reimbursement in parity with other services.

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. We support the bipartisan Telehealth Expansion Act, H.R. 1843, passed by Ways & Means earlier this year, and believe it should be moved quickly through the House and Senate to President Biden's desk where it can be signed into law.

### *Remote Monitoring*

HIA also supports the use of remote patient monitoring and other technologies to allow providers and patients to expand care beyond scheduled office visits. We have endorsed the bipartisan Expanding Remote Monitoring Access Act, H.R. 5394, that will allow for the expanded use of current and future technologies to advance virtual care and remote monitoring. We believe these policies are key to advancing a more convenient, efficient, and modern health delivery system.

## **Leveraging the Potential of Advanced Technology and AI**

### *Combatting Waste, Fraud, and Abuse*

Medicare loses up to \$300 billion each year to errors, fraud, and abuse.<sup>1</sup> Current efforts to combat fraud have hinged on expensive, frequent audits of providers, chasing crooks after they have been paid, and requiring patients to see doctors in person before using remote care. The private sector long ago adopted artificial intelligence to combat improper payments. These models outperform government strategies because they incorporate more factors that can predict and identify fraud consistently and because it is easier and faster to retrain models to keep up with or stay ahead of fraudsters. Congress can take steps to ensure the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) have the resources necessary to identify and reduce fraud in real time through AI.

Congress should act to ensure that fraud detection and prevention at CMS is modernized and incorporates new technologies like AI for all government health programs. HIA has worked with Congress to develop legislation to make HHS good on its promise. By updating CMS's Fraud Prevention System to include AI, machine learning, and other advanced algorithmic technologies, CMS could begin to transition to a true post-service, prepayment system of fraud prevention. We look forward to working with your office to see the Medicare Fraud Reduction Act introduced and passed into law.

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<sup>1</sup> <https://www.nhcaa.org/tools-insights/about-health-care-fraud/the-challenge-of-health-care-fraud/>

## *Reducing Clinician Burden and Administrative Costs*

One of the most promising uses of AI in health care is for administrative tasks. Clinicians spend almost 50 percent of their time on administrative tasks like documentation and authorization processes with payers.<sup>2</sup> Advanced algorithms can replace tedious and burdensome tasks with automated services, freeing up staff time for other purposes. HIA members are currently engaged in using AI for activities like claims adjudication after services have been delivered, streamlining document intake (like faxes) to classify files and create orders, and inputting appropriate insurance information after scanning a patient's card. These types of activities could be overhauled through the appropriate adoption of more advanced AI and related technologies. For example, prior authorization could become a completely automated activity with diminished staff time required. Responsible AI tools can compile and synthesize the information from a clinician's office required by payers to approve treatments. These types of activities are very low risk in terms of creating harm to patients or others.

Clinical decision support (CDS) software can provide clinicians with the most recent evidence-based research and patient-specific information to inform decisions. More consistent adoption of these technologies will lead to more standardized care and improved outcomes. Some types of CDS software have been carved out of regulation as medical devices by the Food and Drug Administration (FDA) in the 21st Century Cures Act. FDA released final guidance in 2022 that contradicts the 2016 statute, so Congress should engage in careful and thorough oversight of these policies. We urge you to support the adoption of responsible AI without inadvertently creating a regulatory environment that inhibits the ability of clinicians to use tools that can digest and distill large amounts of data, including data collected from patients, to inform healthcare decision-making. Congress should encourage the adoption of these types of technologies and services to improve the health care work environment, reduce costs to the system, and improve care delivery for patients.

### *Prior Authorization*

We worked closely with Congress to develop and pass into law requirements for the use of electronic prior authorization (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 the 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 \$437 million in savings and give providers 16 minutes of their time back for each transaction.<sup>3</sup> According to the HHS Office of the Inspector General, 13 percent of PA denials met Medicare requirements and would have been approved by the Centers for Medicare and Medicaid Services (CMS).<sup>4</sup> Decreasing provider burden while improving consistency for plans will result in better care for patients and savings for the healthcare system.

Last Congress, we watched closely the advancement of the Improving Seniors' Timely Access to Care Act, H.R. 3173, culminating in passage by the House. We understand the concerns raised by the Congressional Budget Office's estimate that H.R. 3173 would raise costs by \$16.2 billion over 10 years due to increased services and the cost of technology adoption. With the release of the proposed rule on ePA for medical services by CMS in December 2022, that score should now be much lower. Given the negligible score of the 2018 policy for drugs, we urge you to consider standardizing ePA for drugs as well as items and services to ensure patients have access to both the medications and services they need.

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<sup>2</sup> <https://www.acpjournals.org/doi/10.7326/M16-0961?articleid=2546704>

<sup>3</sup> <https://www.caqh.org/sites/default/files/explorations/index/2021-caqh-index.pdf>

<sup>4</sup> <https://oig.hhs.gov/oei/reports/OEI-09-18-00260.pdf>

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 is adopted consistently between providers and plans to achieve seamless exchange and improve patient care and access to both prescriptions and services.

### *Workforce and Training*

Health technology and AI have the potential to help alleviate some of the health workforce shortages, when used for administrative tasks and can also aid in the analysis of patient health data and imaging. Federal investments need to be made in the ongoing training of students, faculty, and clinicians in digital technologies such as AI. Clinicians are overburdened with the large influx of data and health information available to them and AI tools can help clinicians in their decision making resulting in better patient outcomes.

AI can also supplement hands-on learning in nursing, medicine, and allied health by increasing students' ability to conduct patient assessments and develop clinical reasoning skills thereby improving practice readiness. For example, the use of generative AI in education has the potential to give real-time feedback to students, personalize learning, and assist educators by providing evidence-based content they can use in their teaching. Additionally, experiential learning and the use of simulation training equipment can help expand the nursing and provider workforce to help address the ongoing provider shortage and ensure access to adequate training and experience for clinicians in rural and underserved areas.

We appreciate the opportunity to comment on your RFI and look forward to working with you to modernize health care to improve access and outcomes for rural and underserved populations.

Sincerely,



Brett Meeks  
Executive Director