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March 4, 2022

The Honorable Mariannette Miller-Meeks
U.S. House of Representatives
1716 Longworth House Office Building
Washington, DC 20515

The Honorable Mike Kelly
U.S. House of Representatives
1707 Longworth House Office Building
Washington, DC 20515

The Honorable Morgan Griffith
U.S. House of Representatives
2202 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Miller-Meeks, Kelly and Griffith:

On behalf of the nation's children's hospitals and the patients and families we serve, thank you for the opportunity to respond to your request for information (RFI) on the utilization of wearable technologies, the expansion of telemedicine and the digital modernization efforts in the United States health care system. We wanted to share our thoughts on telehealth and important policy considerations for children. Telehealth has been a critical tool to ensuring access to care for children during the pandemic. We strongly recommend its continuation and enhancement for children moving forward.

The over 220 children's hospitals that comprise the Children's Hospital Association (CHA) are dedicated to the health and well-being of our nation's children. Children's hospitals advance child health through innovations in the quality, cost and delivery of care—regardless of payer—and serve as a vital safety net for uninsured, underinsured and publicly insured children. We are regional centers for children's health, providing highly specialized pediatric care across large geographic areas.

Children are not little adults, and their health care needs, the delivery system to meet those needs and support systems (e.g., schools, childcare settings) are different from those of adults. Children are constantly growing and developing, and disruptions in their care, trauma, social isolation, financial stresses, food and housing insecurity, and grief associated with a natural disaster or pandemic can have a significant negative impact on children's mental and physical health and their long-term well-being. This is especially true for children in underserved, under-resourced, and racial and ethnic minority communities who face a range of environmental and socio-economic challenges.

Pediatric care typically involves other family members or guardians, and requires extra time, monitoring, specialized medications and equipment and specially trained health care providers who are compassionate and understand kids of all ages and from all backgrounds. Children's hospitals, unlike adult-focused medical facilities, are equipped to provide this child-centric care. However, children's specialty care is regional in nature, with children's hospitals serving large geographic areas. They are increasingly the only places in their region with the breadth of pediatric specialists and subspecialists, equipment and other resources required to treat children, particularly those with rare and complex clinical conditions. Furthermore, teams of pediatric specialists are typically concentrated near large children's hospitals, underscoring the regional nature of pediatric specialty care for high-acuity conditions.

As a result, it is not uncommon for children, particularly those with medical complexity or specialized health care needs, to travel out of their communities, regions or states to receive care that can only be provided at a children's hospital. For these children, the children's hospital is the focal point of care, as pediatric specialists are frequently needed to provide expertise in treating their rare and complex clinical conditions. It can be challenging when children need to travel outside their state for care or access a provider in another state via telehealth.

Given the uniqueness of children's needs and the pediatric health care system, we recommend the following as you develop telehealth policies and next steps:

1. Include telehealth policy improvements needed for children. It is critical that policy approaches are tailored to children's unique health care needs and coverage. Medicaid is the single largest payer for children and provides health coverage to close to 40 million children. Given their focus on adults, policies developed for Medicare and private insurance plans do not always work for children or the Medicaid program..

2. Examine opportunities for national Medicaid policies that level the playing field across the country for children, either through CMS existing authorities or statutory changes. This is particularly important for children with special health care needs or complex conditions who will routinely need to connect with providers located outside of their home states. How telehealth policies translate across state lines will be critical for children to be able to access needed care.

   Sustain policies implemented during the pandemic, particularly those improving access for families, by advancing information about state Medicaid supports, incentives and learnings to encourage more widespread and high-quality use and adoption of telehealth for children. For example, in April 2020, the Centers for Medicare and Medicaid Services (CMS) issued a toolkit for state Medicaid and CHIP agencies to aid in identifying potential policy barriers to speed the adoption of telemedicine in their state. The toolkit contains a section on pediatric-specific considerations, including issues related to privacy and security, consent and pediatric provider licensure and credentialing requirements. Congress should encourage CMS to regularly update the toolkit with additional resources specific to various subpopulations of child patients. Congress should also enact the TIKES Act (H.R. 1397/S. 1798), which would support states by requiring CMS guidance on ways to increase access to telehealth.

3. Enact the bipartisan Accelerating Kids' Access to Care Act (H.R. 3089/S. 1544) to bolster the use of telehealth in Medicaid. This bill seeks to facilitate access to care and remove burdensome and costly processes by creating a pathway for children's health care providers to enroll in multiple state Medicaid programs if certain requirements are met. Even with the adoption of policies eliminating barriers to the use of telemedicine, Medicaid providers may face onerous screening and enrollment requirements of out-of-state Medicaid programs, adding additional cost, time and administrative burdens. Streamlining these types of requirements, along with standardizing or supporting consistency in out-of-state administrative processes, would allow providers to use telehealth to its maximum benefit and ensure children receive needed care in a timely manner.

More background and specifics on these asks are below.

The rapid expansion and adoption of telehealth made possible by the flexibilities authorized during the COVID-19 pandemic has been transformational to pediatric care delivery and children's access throughout the crisis. As you develop telehealth policies, we encourage you to specifically address telehealth policies that could be sustained and improved for children who receive their health care coverage through Medicaid. Codifying best practices and policies that facilitate the sustainable provision of high-quality telehealth under Medicaid and across payers would ensure that better care continues to be delivered longer-term.

Children's hospitals continue to work to improve access to high-quality primary and specialty care, increase efficiencies and improve collaboration and communication among clinicians through pediatric telehealth programs. Since the beginning of the pandemic, children's hospitals rapidly ramped up existing telehealth efforts, implemented additional telehealth services and saw significant increases in telehealth visit volume. Some hospitals with fewer than one hundred telehealth visits per month pre-pandemic saw exponential growth into the thousands. Going forward, children's hospitals are interested in leveraging learnings from the experience during this crisis and sustaining changes made to telehealth policy during the public health emergency. Telehealth was and is an important tool to ensure access to care for children, especially given the access to care challenges associated with the pandemic.

Challenges with Telehealth in Medicaid for Children

Medicaid is the single largest health insurer for children in the United States and serves as the backbone of children's health care. Medicaid ensures that children get the care they need to reach their full potential, whether that be comprehensive care through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit or specialized health care services. On average, more than half of the care provided at children's hospitals is funded by the Medicaid program, and children account for about half of all Medicaid beneficiaries. The program provides affordable coverage with pediatric-appropriate benefits for children in low-income families and children with special health care needs or chronic or complex conditions. Medicaid also provides coverage or fills coverage gaps for services not covered by private insurance.

The differences between the approaches to telehealth coverage in Medicare and Medicaid demonstrate the added obstacles Medicaid providers face when seeking to use telehealth for their patients. Providers serving Medicaid patients in multiple states must navigate the complexities, including variations in the types of providers eligible to furnish care via telehealth, and in administrative processes like enrollment, covered services and payment. Generally, states have broad flexibility to deliver Medicaid-covered services via telehealth. However, unlike Medicare, which sets payment rates and eligibility requirements for telehealth services furnished to Medicare beneficiaries across the country, reimbursement or service limitations in Medicaid programs are reflective of a state's telehealth policies and regulations. Although Medicare policies may have an indirect effect on Medicaid policies by acting as a 'pace car' for Medicaid coverage, changes to Medicare policy do not quickly translate to Medicaid programs. Medicare policy changes may also not be appropriate for the Medicaid program given Medicare's different role and beneficiaries and, in some cases, those changes may have a negative impact on children.

Unique Pediatric Telehealth Considerations

With telehealth, there are unique policy considerations for pediatric care delivery. For example, services that are appropriate for adults may not be appropriate for children or adolescents without the presence of a parent, such as when the child cannot verbally communicate with the clinician. Additionally, there are additional privacy, informed consent and security issues associated with pediatric telehealth, particularly for telehealth in school-based settings. Telehealth also cannot substitute for certain aspects of well-child or preventive clinic visits, such as vaccinations or physical exams.

Telehealth services are complementary and synergistic to in-person care and in some cases have enhanced care delivery, such as being able to do more frequent mental health care check-ins. These virtual visits can provide invaluable insights into a child's health and mental health status that clinicians would not see otherwise. Children and adolescents may feel more comfortable seeing their health care provider in their own homes, and the provider is able to see their home environment, which can have implications for their care and outcomes. Children with special needs or complex or chronic conditions, such as those who are dependent on technology, also benefit from expanded access to telehealth services. During the pandemic, patient and family satisfaction has increased for families with children dependent on technology who are protected from unnecessary exposure and able to engage in care delivery more efficiently by forgoing long and complicated trips to one or more clinics.

The massive increase in utilization across patient populations, geographic locations and modalities provides an opportunity to gather new data on how the use of telehealth during the COVID-19 pandemic has impacted access, costs and outcomes. Additional research and evaluation are needed to continue to identify best practices and to identify which services are appropriate for delivery via telehealth in different patient populations or within medical specialties and subspecialties.

There are also unique considerations for children who must travel long distances and out of state to receive specialized care. These children's families face enormous challenges in managing the complexity of their care and often face delays, unclear processes and administrative burdens as well as financial and logistical issues with travel and lodging. For some kids, the care they need is not available in their state at all. These families and their providers then must take on not only the arduous tasks of coordinating necessary care, but also any specialized services and supports in a child's home state when they return after receiving out-of-state care. Robust telehealth networks with appropriate reimbursement will help continuity of care for children after they return to their home states from out-of-state children's hospitals. Supporting critical communication between specialty providers and community providers will allow kids to stay close to home as much as possible.

While we recognize that Medicaid is a joint program between states and the federal government, creating more consistency in policies like credentialing, payment and telehealth would greatly help both in Medicaid managed care and fee-for-service Medicaid for this small but very complex population. CHA previously requested that CMS provide guidance on the use of telehealth, particularly for children with medical complexity who receive care out-of-state, including clarity regarding current authority and rules around telehealth use and payment under Medicaid. We encourage the task force to work with CMS on this guidance.

Specific Telehealth Policies for Consideration

Throughout the pandemic, children's hospitals have identified policies that have been beneficial to expanded utilization of telehealth and apply to both Medicaid and private payers. While this is not an exhaustive list, it does represent the most referenced policies by CHA members. Children's hospitals would like to see the following policies continue past the pandemic:

Reimbursement. Consistent reimbursement policy across payers is important to encourage providers to furnish telehealth services. Reimbursement is a primary driver of telehealth adoption by providers. There is inconsistency on the types of services and providers that are eligible for reimbursement for telehealth services. There are also inconsistencies in payment for telehealth services—either telehealth services being paid at a different rate than in-person services or states not requiring payment parity in private health plans for telehealth and in-person services.

When considering payment parity issues, policymakers should not discount costs associated with furnishing telehealth services and the standard of care provided. Although patients are not being seen in a health care facility, there are infrastructure, training and administrative costs for the provider or practice, and the skill and quality of care provided to that patient does not change.

Providing care across state lines. Children's hospitals, particularly those in border states, have noted that compliance with multiple states' licensing or credentialing requirements creates unnecessary administrative burdens and limits their ability to provide or coordinate care across state lines. Despite some relaxing of these requirements, the patchwork system of licensure continues to be a challenge for providers attempting to provide care for out-of-state patients. This policy can be found within the TREAT Act (H.R. 708/S. 168), which temporarily authorizes the interstate provision of in-person and telehealth services. We encourage the task force to consider policy approaches to streamline the cross-state licensure processes to facilitate care across state lines.

Audio-only telehealth. Prior to the pandemic, Medicare did not cover audio-only or store and forward asynchronous technologies. While Medicaid programs and private payers are not prohibited from covering these services, coverage policies varied by state and plan. Children's hospitals and patients are supportive of audio-only telehealth, particularly for behavioral or mental health care services, and encourage the task force to advance policies to allow for the continuation of audio-only coverage.

Originating site/distant site. States chose to expand the originating site, or the site where the patient is located, to allow for the patient's home to be considered an eligible originating site during the pandemic. Prior to the pandemic, patients might have been required to travel to a health care facility to receive care via telehealth. Similarly, the distant site was expanded to include the clinician's home, allowing these clinicians to provide care while required to self-isolate or socially distance due to exposure to the coronavirus or increased risk. We also support removing geographic restrictions to allow broader access to telehealth. Congress should advance policies that continue these site expansions.

Tele-behavioral health. Tele-behavioral health has been referred to as an ideal application of telehealth. Stresses associated with the COVID-19 pandemic have exacerbated existing mental, emotional and behavioral health issues in children and led to a significant increase in cases among children. Tele-behavioral health care services helped to fill gaps in care, and policies that support delivery of tele-behavioral health at home are especially needed. Anecdotal experience during the pandemic indicates patients may be more comfortable seeking behavioral health services using video or audio-only modalities, and no-show rates for these types of appointments have declined. In some cases, group therapy sessions have seen 100% participation for the first time. Children must continue to have access to tele-behavioral health moving forward.

Private health plans. Prior to the pandemic, some states passed laws requiring coverage and/or payment parity for in-person and telehealth services. Although private payers or plans have adopted several of the flexibilities authorized by the federal government, such as waiving of prior authorization, they are not tied to any timeframe and present an additional layer variation in coverage and reimbursement. We encourage the task force to work with CMS, the Department of Labor and states to advance policies that will continue to ease access to telehealth services for children with private coverage.

Many of the policies above are found in the bipartisan CONNECT for Health Act of 2021 (H.R. 2903/S. 1512), which expands coverage of telehealth services under Medicare. Although Medicare policies do not directly impact kids and those on Medicaid, they often serve as a blueprint for state Medicaid programs and agencies when shaping policy.

Again, thank you for this opportunity to respond to your RFI, and we look forward to partnering with you as you explore these issues further and their impact on our nation's children. If you have any questions or need additional information on any of these issues, please contact me.

Sincerely,

Aimee C. Ossman

Aimee Ossman
Vice President, Policy
Children's Hospital Association