



# Children's Hospital Association Statement for the Record

## U.S. House Energy and Commerce Subcommittee on Health Hearing, "Legislative Proposals to Support Patient Access to Telehealth Services" April 10, 2024

On behalf of the nation's children's hospitals and the children and families we serve, thank you for holding this hearing, "Legislative Proposals to Support Patient Access to Telehealth Services." We applaud your efforts to ensure that telehealth services are expanded and encourage you to prioritize the distinct needs of children, who represent some 25% of the total U.S. population.

Children's hospitals 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. Additionally, many children, especially those in rural areas or residing far from specialized medical centers in their home state, face significant challenges in accessing care. Telehealth plays a crucial role in addressing these challenges by enabling children to connect with healthcare providers remotely, reducing the need for extensive travel and ensuring timely access to specialized care when appropriate.

Congress should examine opportunities to encourage and incentivize states to promote telehealth access and advance national Medicaid policies that level the telehealth playing field across the country for children. We encourage you to work with states to sustain telehealth policies implemented during the COVID-19 pandemic by advancing information about state Medicaid supports, incentives and learnings to encourage more widespread and high-quality use and adoption of telehealth for children. In particular, policies that allow for parity of telehealth coverage and reimbursement, including telehealth facility fees for clinical support services and infrastructure will help sustain telehealth access moving forward.

Telehealth has played a critical role in addressing some of the constraints that children and their families face accessing care due to geography—particularly in rural and other underserved areas. It also has allowed children with special health care needs or complex conditions, including technology-dependent children, to forgo long and complicated trips to one or more facilities and to connect with providers located outside of their home state. As a result, patient and family satisfaction has increased, and they can engage in care more efficiently.

## Telehealth and PHE

The temporary expansions in telehealth regulations during the PHE have greatly facilitated access to care for children, especially those with chronic or complex conditions and those residing in remote areas. These flexibilities, including broader coverage and reimbursement policies, have proven instrumental in ensuring continuity of care and improving patient outcomes. However, to sustain these benefits beyond the emergency period, it is crucial to prioritize legislative actions that solidify telehealth's role in pediatric care delivery.

## Telebehavioral Health

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. Children and youth with access to telemental behavioral services seem to feel more comfortable seeing their mental 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. However, there is significant variation across states regarding telehealth policies and regulations, which is concerning because children with special needs or medical complexity, such as those who are dependent on technology, benefit from expanded access to telehealth services.

## 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. Before the pandemic, patients might have been required to travel to a health care facility for 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.

## Congressional Action Needed

As the landscape of healthcare delivery evolves, it is imperative for legislative actions to keep pace with the needs of patients, particularly vulnerable populations such as children. The following bills present tangible opportunities for Congress to enact meaningful reforms that support patient access to telehealth services:

**H.R. 4189, CONNECT for Health Act:** Sponsored by Representatives Thompson, D-Calif., Schweikert, R-Ariz., and Matsui, D-Calif., this legislation aims to enhance Medicare coverage and reimbursement for telehealth services. Recognizing the interconnectedness of Medicare and Medicaid policies, the CONNECT for Health Act sets a precedent that could impact Medicaid coverage and reimbursement structures. By addressing barriers to telehealth adoption in Medicare, such as licensure restrictions and originating site requirements, this bill paves the way for similar reforms in Medicaid. We encourage incentivizing states to align their Medicaid programs with the principles outlined in the CONNECT for Health Act, particularly by reconsidering the six-month in-person requirement. Removing this barrier would notably improve access to telehealth services for children and youth, especially for telemental health services, ensuring equitable healthcare access regardless of location. As advocates for children and

families, we call for the alignment of Medicaid policies with the CONNECT for Health Act to promote universal access to telehealth services.

**H.R. 1110, KEEP Telehealth Options Act:** Sponsored by Representatives Balderson, R-Ohio, Lee, D-Nev., Hinson, R-Iowa, and Neguse, D-Colo., this bill requires the Department of Health and Human Services, the Medicare Payment Advisory Commission, and the Medicaid and CHIP Payment and Access Commission to conduct studies to provide information about the expanded use of telehealth during the COVID-19 pandemic. Additional data on telehealth uptake and usage is critical to help inform changes that will need to be addressed going forward to ensure patients, including children, can continue to benefit from the convenience and accessibility of telehealth. We endorse this effort and anticipate collaborating on next steps, particularly in advancing telehealth support within Medicaid.

**H.R. 5541, Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act:** Introduced by Representatives Latta, R-Ohio and Dingell, D-Mich., the TREAT Act addresses interstate licensure barriers, facilitating the provision of telehealth services across state lines during a PHE. This measure is crucial for children with specialized healthcare needs who may require access to out-of-state pediatric specialists during a national emergency. By promoting temporary licensure reciprocity, the TREAT Act enhances access to high-quality care for children regardless of geographical constraints.

In light of the invaluable role telehealth plays in pediatric care delivery, we urge Congress to prioritize the passage of these critical pieces of legislation. By supporting these bills, lawmakers can ensure that children and families have continued access to telehealth services, promoting equitable healthcare access and improved health outcomes nationwide.

In closing, we extend our sincere gratitude to the House Energy and Commerce Committee Chair Cathy McMorris Rodgers, R-Wash., Subcommittee on Health Chair Brett Guthrie, R-Ky., and all members of the committee for their commitment to advancing legislation that supports patient access to telehealth services, including children. As representatives of the nation's children's hospitals and the children and families we serve, we commend your dedication to ensuring that telehealth remains a viable option for all patients, particularly those in rural areas or facing unique healthcare challenges. We stand ready to collaborate with you in achieving these critical goals and look forward to a future where telehealth continues to play a central role in delivering high-quality, patient-centered healthcare. Thank you for your unwavering commitment to the well-being of our nation's children.