



March 4, 2022

The Honorable Mariannette Miller-Meeks
United States House of Representatives
1716 Longworth House Office Building
Washington, DC 20515

The Honorable Mike Kelly
United States House of Representatives
1707 Longworth House Office Building
Washington, DC 20515

The Honorable Morgan Griffith
United States House of Representatives
2202 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Miller-Meeks, Kelly, and Griffith:

The Cancer Support Community (CSC), an international nonprofit organization that provides support, education, and hope to cancer patients, survivors, and their loved ones, appreciates the opportunity to provide feedback to the Healthy Future Task Force's Modernization Subcommittee request for information. As the largest provider of social and emotional support services for people impacted by cancer, CSC has a unique understanding of the cancer patient experience. In addition to our direct services, our Research and Training Institute and Cancer Policy Institute are industry leaders in advancing the evidence base and promoting patient-centered public policies. The increased number of cancer patients and survivors in the United States – 1.9 million new cancer diagnoses estimated in 2022 and nearly 17 million Americans with a history of cancer – emphasizes the importance of our feedback outlined below (ACS, 2022).

Telemedicine Expansion

Employers, Payers, Providers, State, and other Stakeholders

1. Which flexibilities created under the COVID-19 public health emergency should be made permanent?

While telehealth has been an important care delivery method prior to 2020, the COVID-19 pandemic has highlighted the importance of access to telehealth and tele-mental health services for patients, especially those living with serious medical conditions such as cancer. Expanded coverage of telehealth and tele-mental health services during the COVID-19 public health emergency (PHE) has enabled patients to see providers from the safety of their homes and ensure continuity of care when in-person care was either not

available or presented heightened risk for people vulnerable to a poor outcome from exposure to the COVID-19 virus. With many of these flexibilities tied to the duration of the PHE, which needs to be renewed on a 90-day basis, we strongly urge policymakers to permanently extend current flexibilities in telehealth and tele-mental health services to ensure patients can continue to access these important services now and in the future. Policymakers should seek to advance legislation that promotes the provider-patient relationship, improves care coordination, and increases patient access to care.

- **Permanently removing Medicare’s geographic and originating site restrictions** requiring a patient to live in a rural area and be physically in a doctor’s office to use telehealth services modernizes our health care system and keeps the focus on patients’ health care needs and preferences. We also urge policymakers to expand eligible distant site providers to include rural health clinics (RHC) and federally qualified health centers (FQHCs), and reject policies that require patients to receive an in-person visit prior to a telehealth or tele-mental health visit.
- **Allowing the Secretary of Health and Human Services to permanently expand the types of health care providers permitted to offer telehealth services and the types of services covered under Medicare** (including tele-mental health services) will bring about even further changes that improve patients’ experiences, lives, and health.
- **Allowing the option of audio-only communication** is critical to individuals without internet access, those without a device with visual capability, people with disabilities, and those unfamiliar with technology.

5.b. How should this legislation address interstate licensure compacts?

Telehealth and tele-mental health services should not be restricted by a provider’s licensing state. Allowing patients to connect with their providers regardless of the patient’s physical location via telehealth and tele-mental health will help bridge gaps in care, particularly in rural and underserved communities. As the Healthy Futures Task Force examines the ways to address the current patchwork approach to interstate licensing, we recommend that patients be able to access their providers that are in good standing in their home state, even if that provider is licensed out of state.

6. How will AI affect access, delivery, and cost of healthcare and the role it plays in modernization?

There is a critical opportunity to modernize clinical trials through digital health technologies. Cancer clinical trials provide patients the opportunity to participate in ground-breaking research that may bring about treatments that improve quality of life, extend survival, and even prove lifesaving. However, many barriers to trial participation exist such as transportation and housing costs, taking time off work, physical limitations, and childcare. Decentralized clinical trials could improve trial participant engagement, including diversification of trials (e.g., sex, race, ethnicity, age) and policymakers should examine the ways to leverage telehealth capabilities and AI (e.g., wearables used to measure and relay different data points to the trial site) to advance these trials.

Finally, and perhaps most importantly, the broad adoption and use of telehealth and tele-mental services further exposed the digital divide, due in part to a lack of broadband access for many people. Recent data reveals that 23% of adults in the United States still do not have home broadband (Pew Research Center, 2021), and access to the internet varies across different demographic groups. Policymakers must prioritize the expansion of broadband to ensure that everyone can access telehealth and tele-mental services regardless of income, geographic location or access to smart phone.

Should you have any questions or would like to arrange a time to discuss further, please contact Rachel Solomon, Senior Policy Director at the Cancer Support Community at rsolomon@cancersupportcommunity.org.

Sincerely,

A handwritten signature in black ink that reads "Rachel Solomon". The script is cursive and fluid.

Rachel Solomon
Senior Director, Policy
Cancer Support Community Headquarters

References

American Cancer Society. (2022). Cancer Facts & Figures 2022. Retrieved from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annualcancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf>.

Pew Research Center. (2021). *Internet/Broadband Fact Sheet*. Retrieved from <https://www.pewresearch.org/internet/fact-sheet/internet-broadband/?menuItem=480dace1-fd73-4f03-ad88-eae66e1f4217>.