

July 10, 2020

The Honorable Charlie Baker
Governor of Massachusetts
24 Beacon Street
Room 280
Boston, Massachusetts 02133

RE: Enhancing Patient Access to Care by Extending Telemedicine Gains Realized during COVID-19

Dear Governor Baker:

On behalf of the more than 151,000 osteopathic physicians (DOs) and medical students represented by the American Osteopathic Association (AOA), the Massachusetts Osteopathic Society (MOS) and the undersigned osteopathic specialty organizations, we write to express our appreciation for your efforts to combat the Coronavirus (COVID-19) pandemic and protect the health and welfare of citizens in Massachusetts, including facilitating the enhanced use of telemedicine to increase safe, timely access to care. As states work to recover from the current emergency and prepare for future emergencies, we urge you to extend the flexibilities and coverage for telemedicine that was implemented during COVID-19, which will help ensure patient access to care and prevent community spread during the current and future outbreaks.

DOs have been on the front lines of the pandemic response since the beginning, caring for patients across the country despite challenging conditions, equipment shortages and great personal risks to themselves and their families. While DOs make up approximately 12% of all physicians in the United States, they comprise 40% of the physicians practicing in medically underserved areas, a population that stands to benefit greatly in the long term from the gains made in telemedicine over the last few months. Some of the benefits reported by patients and providers as a result of the widespread use of telemedicine during COVID-19 include a reduction in virus transmission, a reduction in patient “no-shows,” and an ability for patients to seek care earlier, since they do not have to rearrange their schedules and travel to a doctor’s office, which saves money for both patients and insurers.^{1,2} Further, coverage for telemedicine helps rural physician practices remain viable during the pandemic when they may be unable to see patients in person, and extending this coverage will allow them to continue to serve these communities after the pandemic is over.

Although the practice of telemedicine has been occurring for decades – and has vastly improved access to care for patients in rural and underserved areas, and for those with limited mobility – the ability of physicians and hospitals to fully realize its potential has been hindered by coverage, payment and regulatory barriers. Due to the unprecedented circumstances created by the COVID-19 pandemic, however, telemedicine usage has risen exponentially in the past few months, thanks in large part to the increased coverage and other flexibilities implemented by state and federal governments.

Although not all health care services can be appropriately delivered via telemedicine, its widespread, successful use during the current crisis demonstrates the vast potential that new technologies hold to improve access to

¹ <https://www.beckershospitalreview.com/hospital-management-administration/reducing-no-show-rates-at-children-s-omaha-using-telehealth.html>.

² <https://healthpayerintelligence.com/news/telehealth-key-to-payer-covid-19-prevention-diagnosis-testing>

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care for patients and lower costs to our nation's health care system. For these reasons, we urge you to permanently implement the following changes:

- Require *both* coverage parity *and* payment parity for telemedicine by payers, to ensure that *all* appropriate services that are covered in-person are also covered via telemedicine, and that the same services are reimbursed at the same rates, regardless of the delivery mechanism.
- Require coverage and payment parity for audio-only (telephone) telemedicine services.
- Define telemedicine to cover Health Insurance Portability and Accessibility Act (HIPAA)-compliant software, devices and other emerging technologies that complement and facilitate licensed physician services.
- Remove originating site and location restrictions for health care providers and patients, to allow telemedicine to occur in the home and other appropriate sites of choice.
- Implement payment parity for federally qualified health centers (FQHCs) and rural health clinics (RHCs).
- Continue use of expanded telemedicine services for medical conditions unrelated to COVID-19.

Thank you for allowing us to share our perspective on the telemedicine gains realized during the COVID-19 emergency, as well as opportunities to ensure that our health care infrastructure is prepared for possible future pandemics. The AOA, the MOS and the undersigned specialty organizations stand ready and willing to support Massachusetts and act as a resource as we move forward together.

Sincerely,

American Osteopathic Association
Massachusetts Osteopathic Society
American Osteopathic Academy of Addiction Medicine
American College of Osteopathic Emergency Physicians
American College of Osteopathic Family Physicians
American College of Osteopathic Internists
American College of Osteopathic Neurologists and Psychiatrists
American College of Osteopathic Obstetricians & Gynecologists
American Osteopathic Academy of Orthopedics
American College of Osteopathic Pediatricians
American College of Osteopathic Surgeons