

*The Taskforce on Telehealth Policy was established to develop recommendations to facilitate the long-term expansion and integration of telehealth and remote patient monitoring (RPM) services into the overall system of care. In Response to the Taskforce on Telehealth Policy request for comments to inform their deliberations, the American Lung Association submitted to the following comments on Thursday, July 9, 2020 via the [NCQA website](#):*

The American Lung Association appreciates the opportunity to submit comments to the Taskforce on Telehealth Policy convened by NCQA, the Alliance and ATA as they work to develop policy recommendations.

The American Lung Association is the oldest voluntary public health association in the United States, currently representing the more than 36 million Americans living with lung diseases including asthma, lung cancer and COPD.

In March 2017, the Lung Association committed to a set of healthcare principles. The principles state that any changes to the healthcare system must achieve healthcare that is affordable, accessible and adequate for patients. These same principles must apply to healthcare accessed via telehealth. The Lung Association encourages the Taskforce to keep patients at the center of any of its recommendations and to thoroughly review all the emergency relations through the patient lens.

Telehealth has emerged as a lifeline for many patients during the COVID-19 public health pandemic. Recognizing the need for patients, including those with lung disease, to continue to see their provider without exposing themselves or their families to COVID-19, the Administration and states issued emergency regulation to allow for easier utilization of telehealth.

Telehealth can continue to play an important role in the United States healthcare system moving forward; however, it cannot replace all in-person patient-provider interactions. Telehealth is a modality of healthcare to supplement the current system. The Lung Association urges the Taskforce to consider the impact any policy would have on patients. For example, removing Medicare's originating site requirements could make accessing healthcare much easier for patients. However, patients that have low technology literacy, lack of broadband or do not have access to technology cannot be punished. Policies that allow payors to incentivize telehealth over in-person visits should not be allowed.

Some of the emergency telehealth regulations are long overdue and should be made permanent but, others should not, as they do not improve affordability, accessibility or adequacy for patients.

The Lung Association believes the following policies within the emergency rule promote affordable, quality healthcare for patients, and empower patients along with their providers, to determine whether an in-person or telehealth visit is most appropriate for them. We urge the Taskforce that these provisions be maintained:

- Removing previous Medicare requirements that patients need to access to telehealth at a designated "originating site."
- Allowing all Medicare patients to access telehealth, not just patients in rural areas or a Health Professional Shortage Area (HPSA).

In addition, the Lung Association encourages the Taskforce to recommend the use of HIPAA compliant technology for telehealth visits after the public health emergency has ended. It is important that patients have confidence that their personal health information, including any remote monitoring is secure. There are many improvements that can be made to HIPAA compliant technologies to improve ease of use, however, the need for these improvements is not a reason to forgo privacy and security protections.

The American Lung Association also asks the Taskforce to view regulatory changes from a patient perspective, with special consideration given to patients are unable to utilize telehealth. Telehealth has great opportunity to expand access to healthcare, but when rushing to improve access telehealth, policymakers cannot inadvertently reduce access for some of the most vulnerable patients in our country. The Lung Association believes any changes to the telehealth regulations must center around patient access, affordability and adequacy.