

April 28, 2021

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The Honorable Lloyd Doggett
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Subcommittee on Health
Ways and Means Committee
U.S House of Representatives
Washington, D.C. 20515

The Honorable Devin Nunes
Ranking Member
Subcommittee on Health
Ways and Means Committee
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Doggett and Ranking Member Nunes:

On behalf of the Association for Clinical Oncology (ASCO), thank you for your efforts to improve access to telehealth for all patients. We represent nearly 45,000 clinical oncologists, researchers, and other oncology professionals who treat patients with cancer across the country. In response to your hearing entitled "Charting the Path Forward for Telehealth" we are pleased to submit the following comments and share our views on how telehealth can better serve oncology professionals and patients with cancer.

PHE Flexibilities and the Benefits for Patients with Cancer

Over the last year, expanded telehealth utilization has helped ensure patients with cancer had uninterrupted access to high-quality cancer care while minimizing potential exposure to the virus. Where appropriate, immunocompromised patients have been able to continue important cancer care with telehealth services without leaving the comforts and safety of their homes. Additionally, we have heard from some of our members that telehealth has provided patients with cancer the opportunity to consult with multiple specialists at one time improving communication and continuity of care for patients and caregivers alike.

The positive impacts of telemedicine were made possible, in large part, by the flexibilities and relief of telehealth restrictions granted by the Secretary of the Department of Health and Human Services (HHS) in its declaration of a public health emergency (PHE) under the Public Health Service Act. Most notably, HHS's temporary waiver of overly strict geographic and originating site restrictions allowed patients and providers around the country to utilize

telehealth as an effective care delivery tool, regardless of where the patient lived or where the patient participated in their telehealth care visit. Before these restrictions were temporarily lifted, only patients living in rural areas were able utilize telehealth, and even those patients were further limited to utilizing telehealth only when they were physically in a clinic, doctor's office, or other hospital setting.

The Telehealth Modernization Act

ASCO strongly supports the permanent waiver of these restrictions and calls on Congress to take immediate action to ensure all patients have access to convenient, high-quality care regardless of their geographic location. H.R. 1332, the *Telehealth Modernization Act*, led by Representatives Lisa Blunt-Rochester (D-DE) and Buddy Carter (R-GA), aims to ensure that patients across the country can continue to access telehealth services by permanently removing these geographic and originating site restrictions. If passed, this bill will ensure these restrictions are no longer in place when the PHE ends.

Universal Broadband, Audio-only services, and Patient Education on Telehealth

Reliable broadband connections are still needed in many areas of the United States to truly make telemedicine accessible to all. ASCO supports efforts that invest in our nation's infrastructure and expand broadband access across the United States. However, until universal broadband access becomes a reality, other solutions must be considered to ensure all patients have equitable access to care.

Patients who lack computer skills or who are unable to access Wi-Fi could potentially benefit from audio-only services, which connect patients to their providers in a meaningful way. The digital divide that pervades health care is exacerbated by complex barriers that include, but are not limited to socioeconomic factors, geographic location, age, language, and a lack of health literacy. Although resources are being developed for telemedicine under the PHE, few address the lack of technology, service, utilization, and literacy of patients who need to effectively utilize telemedicine. We respectfully request that Congress work with CMS to ensure appropriate coverage and reimbursement are permanent for audio-only services to expand telehealth access to these patients. This change can help increase the number of patients with cancer who are able to consult with their providers, increasing access to care and health literacy, and potentially decreasing health inequities.

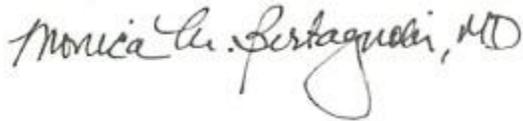
Health Equity

In addition to greatly benefitting immunocompromised patients, the expanded use of telehealth has helped providers reach historically underserved populations, including rural populations, and those that might find the need to take off work, find childcare, and arrange transportation to an in-person visit prohibitive. Telehealth intervention has been shown to increase a patient's adherence to medication schedules, support better continuity of care, enhance communication between provider and patients, result in greater treatment compliance, and create potential availability of data for scientific evaluation.¹ Access to these health care benefits is crucial as we work to increase health equity for all patients. As mentioned above, there is still more work to be done to address the digital divide, which prevents all patients from experiencing the effective use of telemedicine.

¹ ASCO Interim Position Statement, Telemedicine in Cancer Care, <https://www.asco.org/sites/new-www.asco.org/files/content-files/advocacy-and-policy/documents/2020-Interim-Position-Statement-Telemedicine.pdf>

Again, ASCO thanks you for your work on this important issue. For more detailed information on ASCO's positions on telehealth and cancer care, please see our Interim Position Statement on [Telemedicine in Cancer Care from our](#) affiliated organization, the American Society of Clinical Oncology. If you have questions on telehealth or any other issues related to the treatment of patients with cancer, please do not hesitate to contact Tyler Hanson at tyler.hanson@asco.org.

Sincerely,

A handwritten signature in black ink that reads "Monica A. Bertagnolli, MD". The signature is written in a cursive style with a large, looped 'M' and 'B'.

Monica Bertagnolli, MD, FACS, FASCO
Chair of the Board
Association for Clinical Oncology

Cc: The Honorable Richard Neal, Chairman
The Honorable Kevin Brady, Ranking Member