HRSA Health Workforce Federal Advisory Committees

Advisory Committee on Interdisciplinary, Community-Based Linkages
National Advisory Council on Nurse Education and Practice
Advisory Committee on Training in Primary Care Medicine and Dentistry
Council on Graduate Medical Education
National Advisory Council on the National Health Service Corps

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April 4, 2022

The Honorable Xavier Becerra
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

The Honorable Patty Murray
Chair, Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Richard Burr
Ranking Member, Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Frank Pallone
Chair, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Cathy McMorris Rodgers
Ranking Member, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

Dear Secretary Becerra, Chairman Murray, Ranking Member Burr, Chairman Pallone, and Ranking Member McMorris Rodgers:

As the Chairs of the five health workforce federal advisory committees under the Bureau of Health Workforce (BHW), Health Resources and Services Administration (HRSA), we are writing to express our collective support of several federal legislative and policy provisions, many developed or advanced in response to the COVID-19 pandemic, that have contributed to the rapid expansion and growing acceptance of telehealth services.

The Committees recognize the recent efforts of the Centers for Medicare and Medicaid Services (CMS) in adapting several reimbursement rules related to telehealth,[1] and request that CMS make permanent, payments for telehealth services at the same rate as allowed for in-person visits as has been allowed during the public health emergency:

a) to promote reimbursement parity for expanded patient care through telehealth, using either video or voice-only communications for healthcare visits including medical, dental, mental health and behavioral health, and
b) to support reimbursement parity for telehealth clinicians across disciplines and geography, especially in rural areas.

The five committees under BHW are:

- Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL)
- National Advisory Council on Nurse Education and Practice (NACNEP)
- Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD)
- Council on Graduate Medical Education (COGME)
- National Advisory Council on the National Health Service Corps (NACNHSC)

These committees provide advice and recommendations concerning policy, program development, and other matters of significance related to a wide range of health care education, training, and workforce grant programs authorized under the Public Health Service (PHS) Act, as amended. The programs overseen by these committees work across all of the health professions and serve to enhance access to high-quality, culturally competent care across the nation, with a particular focus on rural and other medically underserved communities.

Telehealth technologies have served to broaden access to, and increase value of, health care across many populations, and should be permanently integrated into the spectrum of health care methodologies. Ongoing support for both video and voice-only methodologies may enhance health equity by allowing rural Americans and those in underserved and impoverished communities to access care, even in areas where broadband internet or cellular phone service is absent, inconsistent, or unaffordable.

During the COVID pandemic, quarantine and other restrictions led to remarkable advancements in and acceptance of telehealth technology. Furthermore, telehealth enhanced access for other groups with previously under-recognized access barriers, including: older adults; rural or frontier residents and those in healthcare "deserts"; persons living with disabilities, the homebound, or people who use a wheelchair or mobility device; homes in which caregivers/parents work alternative shifts; and those with poverty barriers. Many people have become comfortable with alternative methods of communication and the use of digital technology in their day-to-day life. Health care is no exception.

Access to telehealth has also eased transportation barriers. For example, in the State of Montana, rural residents often must to travel from 25 to 80 miles to the nearest primary care clinic, and much further for specialty care or consultation.[2] For those who lack consistent access to broadband internet or even cell or satellite phone service, health care access through the traditional phone landline should be covered. As a component of integrated care delivery, telehealth has demonstrated the capacity to provide care on par with in-person visits for select conditions or treatments. However, its long-term role needs more study to ensure quality, equity, and program integrity.[3]

Federal and state authorities, along with health profession regulators and licensing bodies, educational accreditors, and health insurers, have employed a variety of interventions to promote access to telehealth during the pandemic response. Interventions have included easing licensing requirements to permit practice across state lines, adjusting informed consent requirements, suspending telehealth copayment and deductible charges, and revising electronic security requirements for telehealth services. As a result, telehealth use sharply increased.[4] Regional studies have demonstrated the value and acceptance of telehealth technology, while overall satisfaction[5] with telehealth services

demonstrates its popularity with patients and clinicians. However, many of these interventions were implemented on a temporary basis. Policy review will be needed to examine how these temporary regulatory interventions can provide a blueprint to permanently increase access to telehealth, especially for underserved rural and urban communities that lack access to in-person services.

Reimbursement based on the components of the visit, as exists in other health care areas, is advised for these electronic visits. Reimbursement parity, specifically the same reimbursement for the same service and of equal time provided by a physician, advanced practice registered nurse,[6] physician assistant, registered nurse, pharmacist, social worker, psychologist, or health care practitioner of another discipline, is recommended. This is especially important in rural and underserved areas as there are workforce shortages that further limit access to health care.

The members of our committees urge HHS and Congress to continue its progress in improving and expanding equitable access to health care through telehealth technologies, and we stand ready to provide any further information as needed. We greatly appreciate your consideration of this request.

Sincerely,

/s/Sandra Y. Pope, MSW
Chair, Advisory Committee on Interdisciplinary, Community-Based Linkages

/s/CAPT Sophia Russell, MBA, RN, U.S. Public Health Service
Chair, National Advisory Council on Nursing Education and Practice

/s/Sandy Snyder, DO
Chair, Advisory Committee on Training in Primary Care Medicine and Dentistry

/s/Peter Hollmann, MD
Chair, Council on Graduate Medical Education

/s/Keisha Callins, MD, MPH
Chair, National Advisory Council on the National Health Service Corps

1. Centers for Medicare and Medicaid Services. Calendar Year (CY) 2022 Medicare Physician Fee Schedule Final Rule. Published November 2, 2021. Available at https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-final-rule

2. Smith, J. Montana Physician Workforce Visuals. Prepared by WIM Tracking LLC for the Montana Area Health Education Center, Montana Office of Rural Health, and the Montana Graduate Medical Education Council. September 2020.

3. Dorsey, E.R., and Topol, E.J. State of telemedicine. N Engl J Med. (2020) 375(2): 154-161.

4. Koonin LM, Hoots B, Tsang CA, et al. Trends in the use of telehealth during the emergence of the COVID-19 pandemic – United States, January – March 2020. MMWR Morb Mortal Wkly Rep 2020;69:1595–1599.

5. Andrews E, Bergofer K, Long J, et al. Satisfaction with the use of telehealth during COVID-19: An integrative review. Int J Nurs Stud Adv 2020 Nov.

6. The roles of advanced practice registered nurse encompass: Nurse Practitioner, Certified Registered Nurse Anesthetist, Certified Nurse Midwife, and Clinical Nurse Specialist.

The **Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL)** provides advice and recommendations concerning policy, program development, and other matters of significance related to interdisciplinary, community-based training grant programs authorized under Title VII, Part D, Sections 750–759, of the Public Health Service (PHS) Act, as amended. These programs work to enhance access to high-quality, culturally competent care for rural and other medically underserved communities and populations through a focus on health care training and interprofessional education and practice.

The **National Advisory Council on Nurse Education and Practice (NACNEP)** provides advice and recommendations to the Secretary of Health and Human Services concerning policy matters arising in the administration of the activities under Title VIII of the PHS Act, including the range of issues related to the nursing workforce, nursing supply, nursing education, and nursing practice improvement.

The **Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD)** provides advice and recommendations on policy and program development concerning medicine and dentistry activities authorized under Section 747 of the PHS Act. The ACTPCMD also develops, publishes, and implements performance measures and longitudinal evaluations, as well as recommends appropriation levels for training programs in primary care medicine and dentistry authorized under Part C of Title VII of the PHS Act.

The Council on Graduate Medical Education (COGME) is an independent, non-discretionary advisory committee, responsible for assessing physician workforce needs on a long-term basis, recommending appropriate federal and private sector efforts necessary to address these needs, and providing a forum to enable appropriate consideration of these needs. COGME is authorized to make recommendations with respect to the physician workforce, undergraduate and graduate medical education training and financing policies, foreign medical school graduates, and other relevant healthcare workforce issues.

The National Advisory Council on the National Health Service Corps (NACNHSC) serves as a forum to discuss and identify the priorities of the National Health Service Corps (NHSC), bring forward new priorities as needed, and anticipate health workforce emerging program trends as well as challenges. The NACNHSC provides ongoing communication with Council members, professional organizations, and with the NHSC. The Council functions as a sounding board for proposed policy changes by using the varying levels of expertise represented on the Council to advise on specific program areas and new initiatives.