August 23, 2021

The Honorable Frank Pallone
Chairman
Energy & Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Cathy McMorris Rodgers
Ranking Member
Energy & Commerce Committee
2322 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Richard Neal
Chairman
Ways & Means Committee
1102 Longworth House Office Building
Washington, D.C. 20515

The Honorable Kevin Brady
Ranking Member
Ways & Means Committee
1139 Longworth House Office Building
Washington, D.C. 20515

Dear Chairman Pallone, Ranking Member McMorris Rodgers, Chairman Neal & Ranking Member Brady,

On behalf of the following organizations representing consumers, families, mental health and addiction providers, disability groups, advocates, and other stakeholders committed to strengthening access to health care, we write to express our strong support of the Evaluating Disparities and Outcomes of Telehealth During the COVID-19 Emergency Act of 2021 or EDOT Act (H.R. 4770), which would require data collection on telehealth utilization within the Medicare and Medicaid programs.

The Trump administration, Centers for Medicare & Medicaid Services (CMS), and Congress rapidly expanded telehealth during the pandemic and these expansions continue under the Biden administration. Nearly half of Medicare beneficiaries reported having a telehealth between July 2020-May 2021. Additionally, 60 percent of Medicare beneficiaries utilized telehealth services to see a psychiatrist or psychologist between the onset of the public health emergency and the summer of 2020, which demonstrates great promise for this demographic in seeking mental health treatment in a more private setting. In July 2020, dually eligible beneficiaries had higher rates of telemedicine service use at 34 percent versus 26 percent for Medicare-only beneficiaries. For Medicaid and CHIP beneficiaries, telehealth utilization increased by more than 2,600 percent with adults ages 19-64 receiving the most services delivered via telehealth.

The EDOT Act seeks to leverage this unique opportunity to learn more about how the rapid expansion of Medicare and Medicaid telehealth services benefits Americans through studies commissioned by the Department of Health and Human Services (HHS). The studies would collect data on fraud, privacy/security issues, utilization, and expenditures/savings. Importantly, the utilization data will be broken down by site of care, type of technology, type of service, and demographic factors including age, gender, race, disability status, region, and income as applicable.

2 Ibid.
Data released by CMS\(^5\) shows people on both Medicare and Medicaid are far more likely to get COVID-19. Further, Native Hawaiian/Pacific Islander, American Indian/Alaskan Native and Hispanic populations have experienced higher age-adjusted COVID-19 case rates compared to Black, White and Asian populations.\(^6\) Further, a study analyzing electronic health records from 53 health systems across 21 states found that among patients who test positive for COVID-19, Black, Hispanic, and Asian patients were at higher risk for hospitalization and death compared to White patients.\(^7\) The EDOT Act will assist in further efforts to understand health disparities and how they play out differently across the nation. Having access to data to inform future telehealth policy is critical in closing healthcare gaps that have persisted for too long.

Thank you again for your commitment toward investing within the technology we have at our disposal and working to ensure the health care system works for all Americans.

Sincerely,

2020 Mom

American Art Therapy Association
American Association for Geriatric Psychiatry
American Association for Marriage and Family Therapy
American Association for Psychoanalysis in Clinical Social Work
American Association of Suicidology
American Association on Health and Disability
American Counseling Association
American Dance Therapy Association
American Foundation for Suicide Prevention
American Network of Community Options & Resources
American Physical Therapy Association
American Psychiatric Association
American Psychological Association
Anxiety and Depression Association of America
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness

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\(^7\) Ibid.
Association of Academic Psychiatrists
Brain Injury Association of America
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Clinical Social Work Association
Depression and Bipolar Support Alliance
Eating Disorders Coalition for Research, Policy & Action
Education Development Center
Family Voices
Global Alliance for Behavioral Health and Social Justice
International OCD Foundation
The Jewish Federations of North America
Lakeshore Foundation
NAADAC, the Association for Addiction Professionals
National Alliance for Mental Illness
National Association for Children's Behavioral Health
National Association for Rural Mental Health
National Association of County Behavioral Health and Developmental Disability Directors
National Association of Social Workers
National Association of State Mental Health Program Directors
National Council for Mental Wellbeing
National Eating Disorders Association
Postpartum Support International
REDC Consortium
SMART Recovery
The Michael J. Fox Foundation for Parkinson’s Research
Wounded Warrior Project