

November 10, 2020

Matt Eyles
President and CEO
America's Health Insurance Plans
600 Pennsylvania Ave NW
Washington, DC 20004

RE: Telehealth access during the COVID-19 Public Health Emergency

Dear Mr. Eyles:

We are writing in response to numerous press reports^{1,2} and changes outlined on health insurer websites^{3,4} that many health insurers are not or soon will no longer be waiving copayments and deductibles for certain telehealth visits for patients during the COVID-19 Public Health Emergency (PHE). Our organizations represent millions of individuals with acute and chronic conditions, who often require ongoing monitoring and evaluation by medical professionals to maintain their health. According to the Centers for Disease Control and Prevention (CDC), many of these patients are “at increased risk” or “might be at an increased risk” for some of the worst consequences of the pandemic—including higher rates of hospitalization and mortality, if they were to contract COVID-19.⁵

Telehealth has proven to be critical to the populations we represent, and we applaud the health insurance industry for rapidly expanding access to telehealth services to its customers. This has enabled patients to be cared for by their health care providers from the safety of their homes, allowing them to address their health conditions while reducing their risk of being exposed to the coronavirus. The additional step of waiving patient cost-sharing for telehealth removed a significant barrier to diagnosis and treatment which is critical when trying to slow the spread of a highly contagious disease in the midst of an economic downturn.

A Pew Research Center survey from September 2020 finds that one in four adults have had trouble paying their bills since the coronavirus outbreak started, a third have dipped into savings or retirement accounts to make ends meet, and about one in six adults have borrowed money from friends or family or gotten food from a food bank. Further, among lower-income adults, 46% say they have had trouble paying their bills since the pandemic started and roughly one third (32%) say it has been hard for them to make rent or mortgage payments. Approximately one in five middle-income adults have faced these challenges as well.⁶

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Unfortunately, recent data indicates that COVID-19 cases and related hospitalizations are once again rising in more than half the states in the country,⁷ and public health experts⁸ continue to warn that, in the coming months, the United States could face another resurgence in COVID-19 infections, hospitalizations, and mortalities. Additionally, last month, Department of Health and Human Services Secretary Alex Azar, extended the current COVID-19 PHE through January 21, 2021.⁹ At the same time, insurance companies are re-instituting copays and deductibles for telehealth services.

Given the likelihood that a third COVID-19 wave is imminent, we urge all health insurers to waive patient cost-sharing, including deductibles and co-pays, for telehealth services, for at least the duration of the COVID-19 PHE. Eliminating this important health access barrier will help protect the health of some of the most vulnerable members of our society many of whom continue to be disproportionately impacted by the COVID-19 pandemic. Waiving patient cost-sharing will permit patients with chronic conditions to continue to receive the care they need without needlessly exposing themselves to the coronavirus and contributing to its spread.

We would like to discuss this important issue at your convenience, so please reach out to our policy staff, Laura Friedman at the American Diabetes Association (LFriedman@diabetes.org), Patrick Stone at the National Psoriasis Foundation (pstone@psoriasis.org) or Heidi Ross at the National Organization for Rare Disorders (HRoss@rarediseases.org). Thank you for your consideration of our request.

Sincerely,



Tracey D. Brown
CEO
American Diabetes Association



Peter L. Saltonstall
President and CEO
National Organization for
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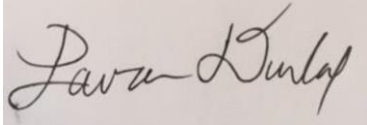


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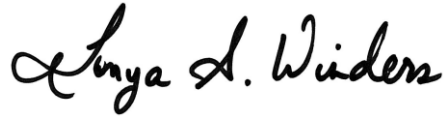
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Executive Director
Advocacy & Awareness for Immune Disorders
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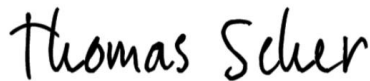
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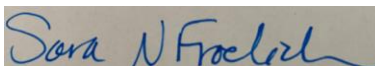
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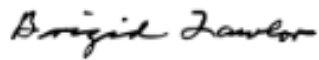
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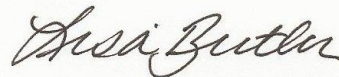
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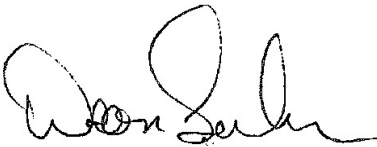
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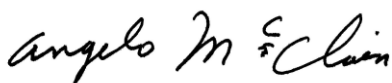
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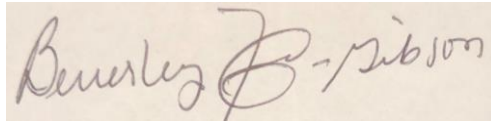
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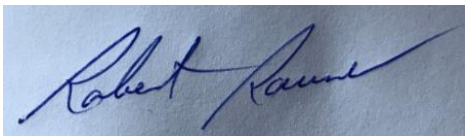
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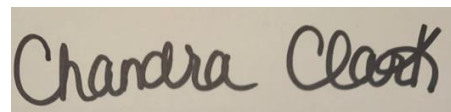
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CC:

Anthem, Inc.

BlueCross BlueShield Association

Cigna

CVS Health

Health Care Service Corp

Humana

Kaiser Foundation Health Plan, Inc.

UnitedHealthcare

November 10, 2020

Gail Boudreaux
President and CEO
Anthem, Inc.
220 Virginia Avenue
Indianapolis, IN 46204

RE: Telehealth access during the COVID-19 Public Health Emergency

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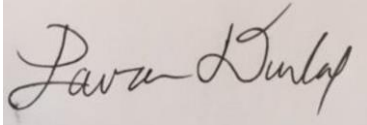


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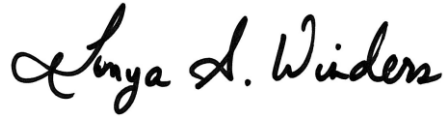
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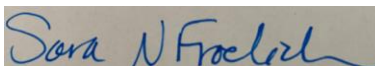
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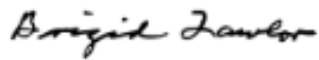
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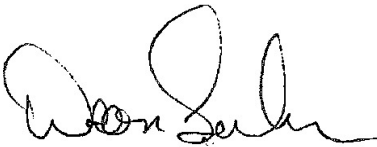
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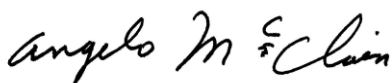
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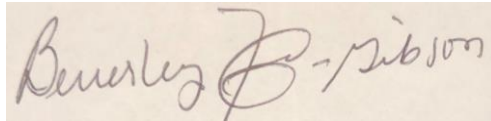
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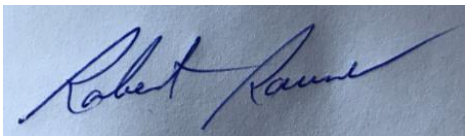
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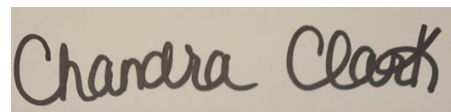
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November 10, 2020

Scott P. Serota
President and CEO
BlueCross BlueShield Association
225 N. Michigan Ave
Chicago, IL 60601

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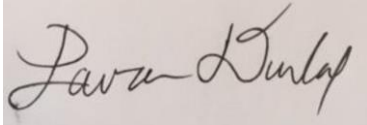


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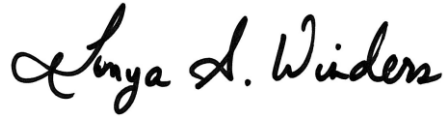
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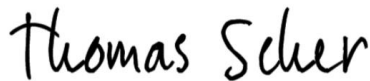
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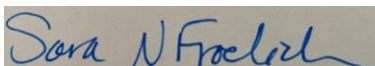
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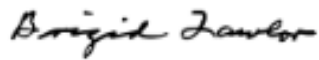
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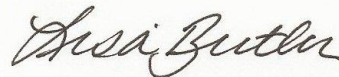
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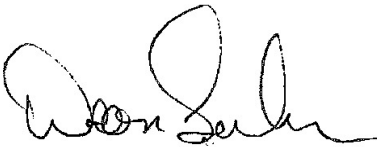
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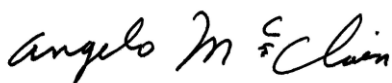
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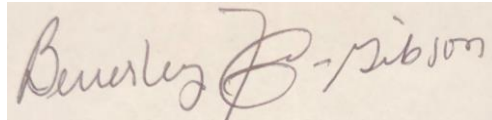
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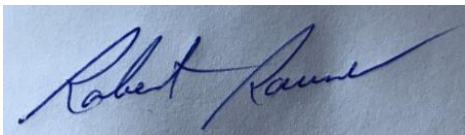
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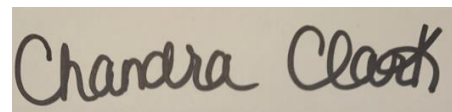
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CC:

America's Health Insurance Plans

Anthem, Inc.

Cigna

CVS Health

Health Care Service Corp

Humana

Kaiser Foundation Health Plan, Inc.

UnitedHealthcare

November 10, 2020

David Cordani
CEO
Cigna
900 Cottage Grove Road
Bloomfield, CT 06002

RE: Telehealth access during the COVID-19 Public Health Emergency

Dear Mr. Cordani:

We are writing in response to numerous press reports^{1,2} and changes outlined on health insurer websites^{3,4} that many health insurers are not or soon will no longer be waiving copayments and deductibles for certain telehealth visits for patients during the COVID-19 Public Health Emergency (PHE). Our organizations represent millions of individuals with acute and chronic conditions, who often require ongoing monitoring and evaluation by medical professionals to maintain their health. According to the Centers for Disease Control and Prevention (CDC), many of these patients are “at increased risk” or “might be at an increased risk” for some of the worst consequences of the pandemic—including higher rates of hospitalization and mortality, if they were to contract COVID-19.⁵

Telehealth has proven to be critical to the populations we represent, and we applaud the health insurance industry for rapidly expanding access to telehealth services to its customers. This has enabled patients to be cared for by their health care providers from the safety of their homes, allowing them to address their health conditions while reducing their risk of being exposed to the coronavirus. The additional step of waiving patient cost-sharing for telehealth removed a significant barrier to diagnosis and treatment which is critical when trying to slow the spread of a highly contagious disease in the midst of an economic downturn.

A Pew Research Center survey from September 2020 finds that one in four adults have had trouble paying their bills since the coronavirus outbreak started, a third have dipped into savings or retirement accounts to make ends meet, and about one in six adults have borrowed money from friends or family or gotten food from a food bank. Further, among lower-income adults, 46% say they have had trouble paying their bills since the pandemic started and roughly one third (32%) say it has been hard for them to make rent or mortgage payments. Approximately one in five middle-income adults have faced these challenges as well.⁶

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Given the likelihood that a third COVID-19 wave is imminent, we urge all health insurers to waive patient cost-sharing, including deductibles and co-pays, for telehealth services, for at least the duration of the COVID-19 PHE. Eliminating this important health access barrier will help protect the health of some of the most vulnerable members of our society many of whom continue to be disproportionately impacted by the COVID-19 pandemic. Waiving patient cost-sharing will permit patients with chronic conditions to continue to receive the care they need without needlessly exposing themselves to the coronavirus and contributing to its spread.

We would like to discuss this important issue at your convenience, so please reach out to our policy staff, Laura Friedman at the American Diabetes Association (LFriedman@diabetes.org), Patrick Stone at the National Psoriasis Foundation (pstone@psoriasis.org) or Heidi Ross at the National Organization for Rare Disorders (HRoss@rarediseases.org). Thank you for your consideration of our request.

Sincerely,



Tracey D. Brown
CEO
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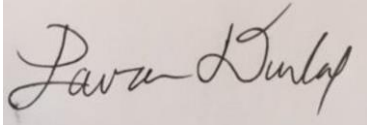


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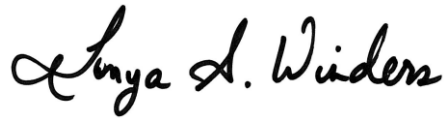
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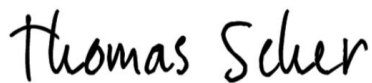
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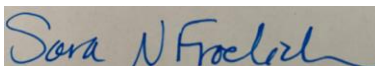
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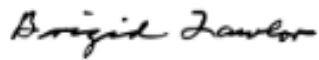
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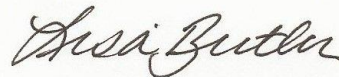
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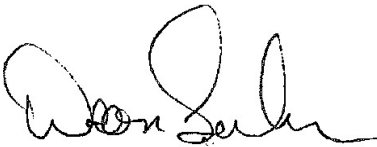
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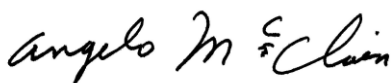
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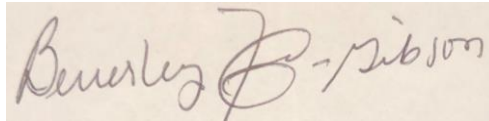
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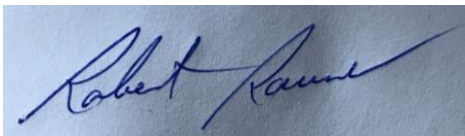
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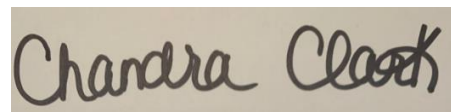
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Kaiser Foundation Health Plan, Inc.

UnitedHealthcare

November 10, 2020

Larry J. Merlo
President and CEO
CVS Health
One CVS Drive
Woonsocket, RI 02895

RE: Telehealth access during the COVID-19 Public Health Emergency

Dear Mr. Merlo:

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CEO
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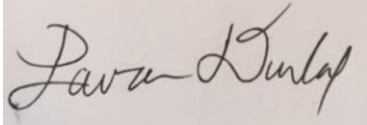


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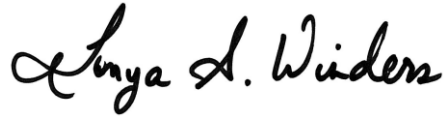
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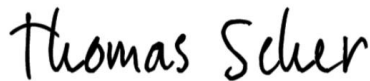
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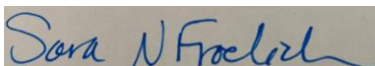
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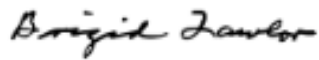
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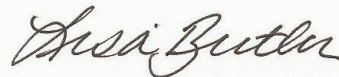
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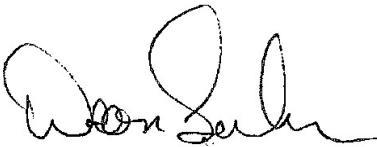
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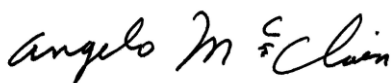
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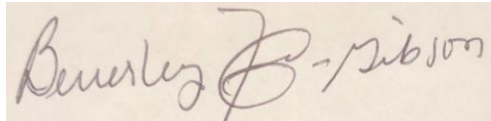
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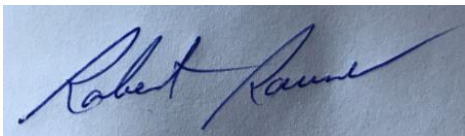
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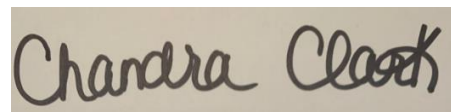
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November 10, 2020

Maurice Smith
President and CEO
Health Care Service Corp
300 E. Randolph St.
Chicago, IL 60601

RE: Telehealth access during the COVID-19 Public Health Emergency

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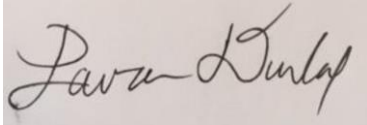


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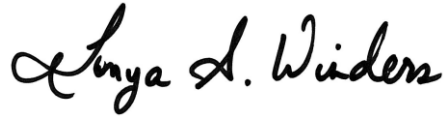
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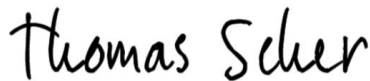
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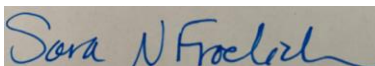
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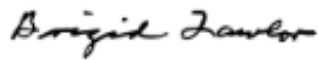
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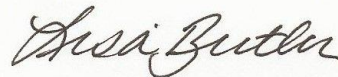
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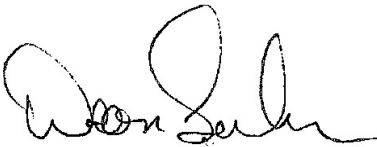
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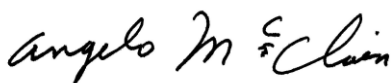
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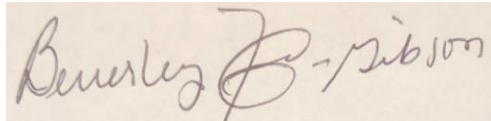
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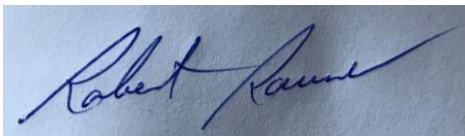
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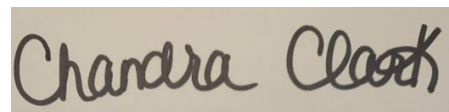
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CC:

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Cigna Corporation

CVS Health

Humana

Kaiser Foundation Health Plan, Inc.

UnitedHealthcare

November 10, 2020

Bruce D. Broussard
CEO
Humana
500 W. Main St.
Louisville, KY 40202

RE: Telehealth access during the COVID-19 Public Health Emergency

Dear Mr. Broussard:

We are writing in response to numerous press reports^{1,2} and changes outlined on health insurer websites^{3,4} that many health insurers are not or soon will no longer be waiving copayments and deductibles for certain telehealth visits for patients during the COVID-19 Public Health Emergency (PHE). Our organizations represent millions of individuals with acute and chronic conditions, who often require ongoing monitoring and evaluation by medical professionals to maintain their health. According to the Centers for Disease Control and Prevention (CDC), many of these patients are “at increased risk” or “might be at an increased risk” for some of the worst consequences of the pandemic—including higher rates of hospitalization and mortality, if they were to contract COVID-19.⁵

Telehealth has proven to be critical to the populations we represent, and we applaud the health insurance industry for rapidly expanding access to telehealth services to its customers. This has enabled patients to be cared for by their health care providers from the safety of their homes, allowing them to address their health conditions while reducing their risk of being exposed to the coronavirus. The additional step of waiving patient cost-sharing for telehealth removed a significant barrier to diagnosis and treatment which is critical when trying to slow the spread of a highly contagious disease in the midst of an economic downturn.

A Pew Research Center survey from September 2020 finds that one in four adults have had trouble paying their bills since the coronavirus outbreak started, a third have dipped into savings or retirement accounts to make ends meet, and about one in six adults have borrowed money from friends or family or gotten food from a food bank. Further, among lower-income adults, 46% say they have had trouble paying their bills since the pandemic started and roughly one third (32%) say it has been hard for them to make rent or mortgage payments. Approximately one in five middle-income adults have faced these challenges as well.⁶

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Unfortunately, recent data indicates that COVID-19 cases and related hospitalizations are once again rising in more than half the states in the country,⁷ and public health experts⁸ continue to warn that, in the coming months, the United States could face another resurgence in COVID-19 infections, hospitalizations, and mortalities. Additionally, last month, Department of Health and Human Services Secretary Alex Azar, extended the current COVID-19 PHE through January 21, 2021.⁹ At the same time, insurance companies are re-instituting copays and deductibles for telehealth services.

Given the likelihood that a third COVID-19 wave is imminent, we urge all health insurers to waive patient cost-sharing, including deductibles and co-pays, for telehealth services, for at least the duration of the COVID-19 PHE. Eliminating this important health access barrier will help protect the health of some of the most vulnerable members of our society many of whom continue to be disproportionately impacted by the COVID-19 pandemic. Waiving patient cost-sharing will permit patients with chronic conditions to continue to receive the care they need without needlessly exposing themselves to the coronavirus and contributing to its spread.

We would like to discuss this important issue at your convenience, so please reach out to our policy staff, Laura Friedman at the American Diabetes Association (LFriedman@diabetes.org), Patrick Stone at the National Psoriasis Foundation (pstone@psoriasis.org) or Heidi Ross at the National Organization for Rare Disorders (HRoss@rarediseases.org). Thank you for your consideration of our request.

Sincerely,



Tracey D. Brown
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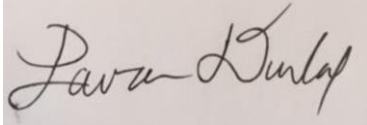


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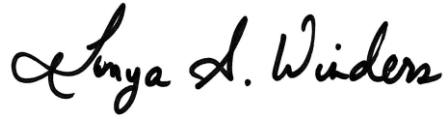
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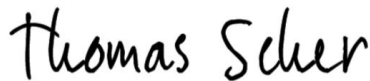
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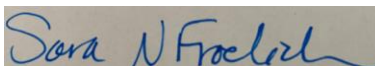
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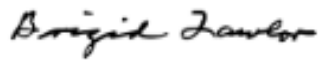
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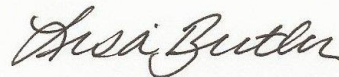
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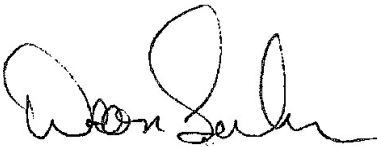
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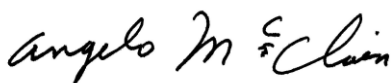
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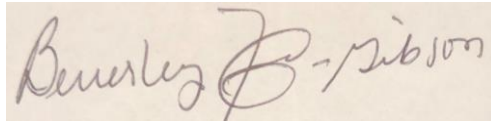
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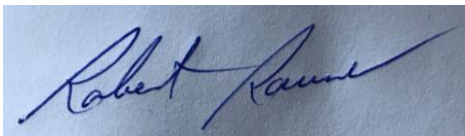
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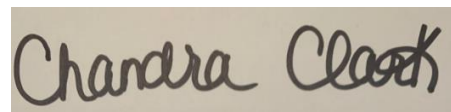
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Kaiser Foundation Health Plan, Inc.

UnitedHealthcare

November 10, 2020

Greg A. Adams
Chairman and CEO
Kaiser Foundation Health Plan, Inc.
3600 Broadway
Oakland, CA 94611

RE: Telehealth access during the COVID-19 Public Health Emergency

Dear Mr. Adams:

We are writing in response to numerous press reports^{1,2} and changes outlined on health insurer websites^{3,4} that many health insurers are not or soon will no longer be waiving copayments and deductibles for certain telehealth visits for patients during the COVID-19 Public Health Emergency (PHE). Our organizations represent millions of individuals with acute and chronic conditions, who often require ongoing monitoring and evaluation by medical professionals to maintain their health. According to the Centers for Disease Control and Prevention (CDC), many of these patients are “at increased risk” or “might be at an increased risk” for some of the worst consequences of the pandemic—including higher rates of hospitalization and mortality, if they were to contract COVID-19.⁵

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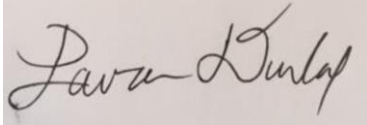


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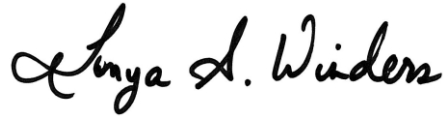
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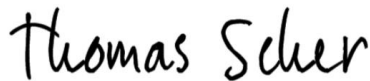
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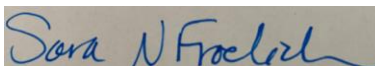
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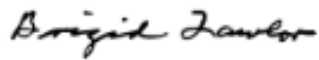
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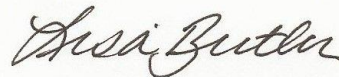
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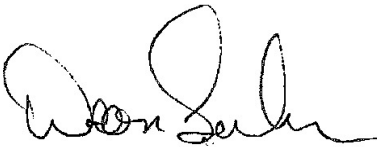
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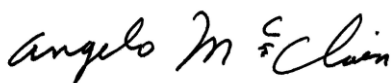
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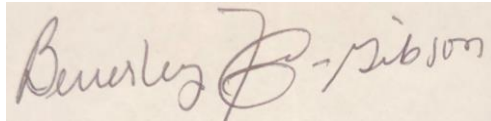
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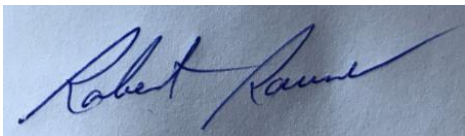
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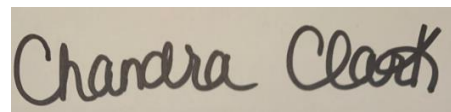
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UnitedHealthcare

November 10, 2020

Dirk McMahon
President and CEO
UnitedHealthcare
5901 Lincoln Drive
Minneapolis, MN 55436

RE: Telehealth access during the COVID-19 Public Health Emergency

Dear Mr. McMahon:

We are writing in response to numerous press reports^{1,2} and changes outlined on health insurer websites^{3,4} that many health insurers are not or soon will no longer be waiving copayments and deductibles for certain telehealth visits for patients during the COVID-19 Public Health Emergency (PHE). Our organizations represent millions of individuals with acute and chronic conditions, who often require ongoing monitoring and evaluation by medical professionals to maintain their health. According to the Centers for Disease Control and Prevention (CDC), many of these patients are “at increased risk” or “might be at an increased risk” for some of the worst consequences of the pandemic—including higher rates of hospitalization and mortality, if they were to contract COVID-19.⁵

Telehealth has proven to be critical to the populations we represent, and we applaud the health insurance industry for rapidly expanding access to telehealth services to its customers. This has enabled patients to be cared for by their health care providers from the safety of their homes, allowing them to address their health conditions while reducing their risk of being exposed to the coronavirus. The additional step of waiving patient cost-sharing for telehealth removed a significant barrier to diagnosis and treatment which is critical when trying to slow the spread of a highly contagious disease in the midst of an economic downturn.

A Pew Research Center survey from September 2020 finds that one in four adults have had trouble paying their bills since the coronavirus outbreak started, a third have dipped into savings or retirement accounts to make ends meet, and about one in six adults have borrowed money from friends or family or gotten food from a food bank. Further, among lower-income adults, 46% say they have had trouble paying their bills since the pandemic started and roughly one third (32%) say it has been hard for them to make rent or mortgage payments. Approximately one in five middle-income adults have faced these challenges as well.⁶

¹ <https://www.statnews.com/2020/09/29/united-healthcare-anthem-telemedicine-coverage-insurers/>

² <https://www.nytimes.com/2020/10/03/health/covid-telemedicine-insurance.html>

³ <https://www.cigna.com/coronavirus/individuals-and-families>

⁴ https://ir.antheminc.com/news-releases/news-release-details/anthem-waives-cost-share-covid-19-treatment?field_nir_news_date_value%5bmin%5d=

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

⁶ <https://www.pewsocialtrends.org/2020/09/24/economic-fallout-from-covid-19-continues-to-hit-lower-income-americans-the-hardest/>

Unfortunately, recent data indicates that COVID-19 cases and related hospitalizations are once again rising in more than half the states in the country,⁷ and public health experts⁸ continue to warn that, in the coming months, the United States could face another resurgence in COVID-19 infections, hospitalizations, and mortalities. Additionally, last month, Department of Health and Human Services Secretary Alex Azar, extended the current COVID-19 PHE through January 21, 2021.⁹ At the same time, insurance companies are re-instituting copays and deductibles for telehealth services.

Given the likelihood that a third COVID-19 wave is imminent, we urge all health insurers to waive patient cost-sharing, including deductibles and co-pays, for telehealth services, for at least the duration of the COVID-19 PHE. Eliminating this important health access barrier will help protect the health of some of the most vulnerable members of our society many of whom continue to be disproportionately impacted by the COVID-19 pandemic. Waiving patient cost-sharing will permit patients with chronic conditions to continue to receive the care they need without needlessly exposing themselves to the coronavirus and contributing to its spread.

We would like to discuss this important issue at your convenience, so please reach out to our policy staff, Laura Friedman at the American Diabetes Association (LFriedman@diabetes.org), Patrick Stone at the National Psoriasis Foundation (pstone@psoriasis.org) or Heidi Ross at the National Organization for Rare Disorders (HRoss@rarediseases.org). Thank you for your consideration of our request.

Sincerely,



Tracey D. Brown
CEO
American Diabetes Association



Peter L. Saltonstall
President and CEO
National Organization for
Rare Disorders

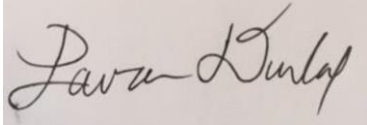


Randy Beranek
President and CEO
National Psoriasis
Foundation

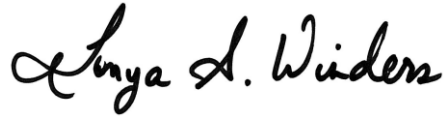
⁷ https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases

⁸ <https://www.cnbc.com/2020/10/17/us-may-face-substantial-third-wave-of-coronavirus-cases-experts-warn.html>

⁹ <https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx>



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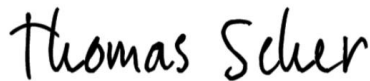
Ann M. Palmer
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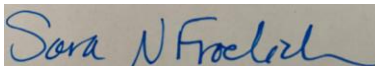
Kenneth Mendez
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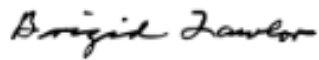
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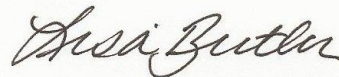
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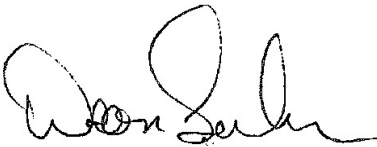
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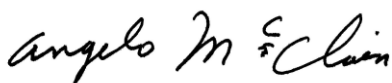
Keith Harper
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Angelo McClain, PhD, LICSW
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Our Odyssey



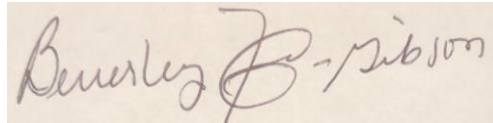
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CEO
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Brad A. Wong
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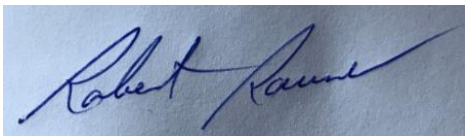
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Michael Ruppel
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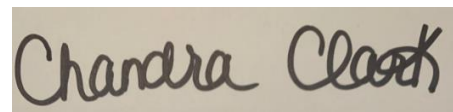
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Chandra Clark
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CC:

America's Health Insurance Plans

Anthem, Inc.

BlueCross BlueShield Association

Cigna Corporation

CVS Health

Health Care Service Corporation

Humana

Kaiser Foundation Health Plan, Inc.