



JAMES L. MADARA, MD  
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org  
t (312) 464-5000

May 20, 2020

The Honorable Tina Smith  
United States Senate  
720 Hart Senate Office Building  
Washington, DC 20510

Re: Support for S. 3741 – The Health Care at Home Act

Dear Senator Smith:

On behalf of our physician and medical student members, the American Medical Association (AMA) is writing to **express our strong support for S. 3741, “the Health Care at Home Act.”**<sup>1</sup> Physician practices are working hard to quickly establish the ability to decrease patients’ risk of exposure to COVID-19 by providing care to patients through virtual means. However, the ability to access needed care through telemedicine will remain limited for many patients without legislative approval for health plans regulated by the Employee Retirement Income Security Act of 1974 (ERISA) to cover telehealth services.

Access to care via telehealth throughout this pandemic is proving particularly important especially for the elderly, individuals with chronic conditions, and patients with special mental health needs. However, while some health plans have taken voluntary steps to increase access to telehealth services, many efforts are insufficient. Limited access and a lack of uniformity remain among plans governed by ERISA. This leaves physicians and other health care providers unsure of whom, and under what conditions, they are permitted to provide medical services via telehealth. For example, health plans frequently have separate telehealth networks that may not include physicians who normally provide in-person care. In this situation, physicians may not be given the option to continue seeing their patients via telehealth. In other instances, the plan’s credentialing process to allow physicians to provide telehealth services is slow and cumbersome, leading to a long delay in much needed care. Moreover, some plans are requiring physicians to sign up with a specific telemedicine company to provide services or incentivizing or directing patients to a select telehealth provider for care, rather than the patient’s normal physician. This has led to a disruption in continuity of care and created additional anxiety and confusion for patients during an already stressful time.

Similar to the guidelines provided by Medicare, it is of the utmost importance that telehealth coverage is expanded to ERISA plans. As outlined in S. 3741, this coverage should include requiring that services provided via telehealth be reimbursed at the same rate as in-person services, allowing for the use of expanded modalities for the provision of telehealth to include telephone visits in addition to common audio-video technology, and enabling physicians to offer telehealth services to new and established

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<sup>1</sup> <https://www.congress.gov/bill/116th-congress/senate-bill/3741/text?q=%7B%22search%22%3A%5B%22S.+3741%22%5D%7D&r=1&s=1>.

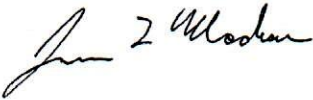
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patients. These changes will make it possible for ERISA plan patients to access the care they need without having to increase their risk of exposure by traveling to their physician's office or a hospital.

Telehealth is a vital tool for physicians and other health care professionals in caring for their patients while protecting them from COVID-19. Congress has an important role to play to help safeguard the health and safety of millions of Americans who are currently covered under ERISA plans by ensuring that they have access to care via telehealth. For these reasons, the AMA urges Congress to pass S. 3741.

Thank you in advance for your attention to this important matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jim L. Madara".

James L. Madara, MD



May 21, 2020

The Honorable Chad Wolf  
Acting Secretary  
U.S. Department of Homeland Security  
Washington, DC 20528

The Honorable Matthew Albence  
Deputy Director and Senior Official Performing the Duties of the Director  
U.S. Immigration and Customs Enforcement  
Washington, DC 20536

Dear Acting Secretary Wolf and Acting Director Albence:

As medical and mental health providers for children and families, we are deeply concerned by reports that the Administration is forcing immigrant families at the border to choose between (1) remaining indefinitely detained with their children or (2) relinquishing custody of their children and being separated from them. This policy ignores the overwhelming evidence of harm from separating children from their parents as well as from detention. Our organizations spoke out in strong opposition to family separation under the Zero Tolerance Policy and we do so again now. Family separation can cause irreparable harm to children, and it is an act from which some families may never recover. In fact, courts have ruled the practice unconstitutional.

Prolonged detention of migrant children with their parents during the COVID-19 pandemic is not a solution to the separation of children from their parents at the U.S. border. Studies of detained immigrants have shown that children and parents may suffer negative physical and emotional symptoms from detention, including anxiety, depression and posttraumatic stress disorder. Most recently, a judge has ruled that Immigration and Customs Enforcement has not implemented sufficient measures to ensure that children and families in its detention centers are protected against COVID-19. Families in these centers are unable to practice social distancing and often lack frequent access to hand washing and cleaning supplies. Prior to COVID-19, physicians visiting family detention centers reported seeing sick children in need of urgent medical care including for impetigo, boils, and dehydration.<sup>i</sup> These facilities are not appropriate places for families, especially now.

The nation watched in horror as DHS carried out the Zero Tolerance Policy which separated thousands of children from their parents. This failed policy harmed countless children and families, some irreparably. It was implemented despite the overwhelming evidence of harm to child health and development. As medical and mental health providers, we urge you to immediately abandon any policy that seeks to separate parents from their children and to end family detention once and for all.

If we as a nation are serious about addressing the full scale of this public health emergency, we cannot leave anyone out of our response, especially those who are most vulnerable.

Sincerely,

Academic Pediatric Association  
American Academy of Pediatrics  
American College of Obstetricians and Gynecologists  
American College of Physicians  
American Medical Association

American Pediatric Society  
American Psychiatric Association  
Association of Medical School Pediatric Department Chairs  
National Association of Pediatric Nurse Practitioners  
Pediatric Policy Council  
Society for Pediatric Research

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<sup>i</sup> <https://www.usatoday.com/story/opinion/2019/03/05/doctor-sick-immigrant-children-border-detention-centers-captivity-conditions-column/3050522002/>



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May 20, 2020

The Honorable Kim Schrier  
United States House of Representatives  
1123 Longworth House Office Building  
Washington, DC 20515

The Honorable Joe Morelle  
United States House of Representatives  
1317 Longworth House Office Building  
Washington, DC 20515

The Honorable Phil Roe  
United States House of Representatives  
102 Cannon House Office Building  
Washington, DC 20515

The Honorable Jeff Van Drew  
United States House of Representatives  
331 Cannon House Office Building  
Washington, DC 20515

**Re: Support for H.R. 6644 – The Health Care at Home Act**

Dear Representatives Schrier, Roe, Morelle, and Van Drew:

On behalf of our physician and medical student members, the American Medical Association (AMA) is writing to **express our strong support for H.R. 6644, “the Health Care at Home Act.”**<sup>1</sup> Physician practices are working hard to quickly establish the ability to decrease patients’ risk of exposure to COVID-19 by providing care to patients through virtual means. However, the ability to access needed care through telemedicine will remain limited for many patients without legislative approval for health plans regulated by the Employee Retirement Income Security Act of 1974 (ERISA) to cover telehealth services.

Access to care via telehealth throughout this pandemic is proving particularly important especially for the elderly, individuals with chronic conditions, and patients with special mental health needs. However, while some health plans have taken voluntary steps to increase access to telehealth services, many efforts are insufficient. Limited access and a lack of uniformity remain among plans governed by ERISA. This leaves physicians and other health care providers unsure of whom, and under what conditions, they are permitted to provide medical services via telehealth. For example, health plans frequently have separate telehealth networks that may not include physicians who normally provide in-person care. In this situation, physicians may not be given the option to continue seeing their patients via telehealth. In other instances, the plan’s credentialing process to allow physicians to provide telehealth services is slow and cumbersome, leading to a long delay in much needed care. Moreover, some plans are requiring physicians to sign up with a specific telemedicine company to provide services or incentivizing or directing patients to a select telehealth provider for care, rather than the patient’s normal physician. This has led to a disruption in continuity of care and created additional anxiety and confusion for patients during an already stressful time.

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<sup>1</sup> <https://www.congress.gov/bill/116th-congress/house-bill/6644/text?q=%7B%22search%22%3A%5B%22H.R.+6644%22%5D%7D&r=1&s=5>.



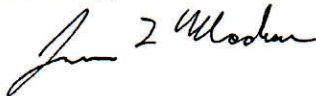
The Honorable Kim Schrier  
The Honorable Phil Roe  
The Honorable Joe Morelle  
The Honorable Jeff Van Drew  
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Similar to the guidelines provided by Medicare, it is of the utmost importance that telehealth coverage is expanded to ERISA plans. As outlined in H.R. 6644, this coverage should include requiring that services provided via telehealth be reimbursed at the same rate as in-person services, allowing for the use of expanded modalities for the provision of telehealth to include telephone visits in addition to common audio-video technology, and enabling physicians to offer telehealth services to new and established patients. These changes will make it possible for ERISA plan patients to access the care they need without having to increase their risk of exposure by traveling to their physician's office or a hospital.

Telehealth is a vital tool for physicians and other health care professionals in caring for their patients while protecting them from COVID-19. Congress has an important role to play to help safeguard the health and safety of millions of Americans who are currently covered under ERISA plans by ensuring that they have access to care via telehealth. For these reasons, the AMA urges Congress to pass H.R. 6644.

Thank you in advance for your attention to this important matter.

Sincerely,

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James L. Madara, MD