American Heart Association.
You're the Cure

February 16, 2021

Dear Senator Sanborn, Representative Tepler, and Members of the Health Coverage, Insurance and Financial Services Committee

The American Heart Association (AHA) is the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke, whose mission is to be a relentless force for a world of longer, healthier lives. We are writing to support of **LD 1 "An Act To Establish the COVID-19 Patient Bill of Rights"**

As a science-based organization, the American Heart Association (AHA) is working with researchers, medical experts, community leaders, businesses, families and more to reduce the impact of the coronavirus. As COVID-19 continues to surge, every day the scientific community learns more about the impact and interaction of cardiovascular diseases with COVID-19. For the approximately 120 million people in the United States who have one or more cardiovascular diseases, this is a particularly worrisome time for our constituents. Cardiovascular disease and hypertension are associated with more severe coronavirus cases and an increased fatality rate of two or three times higher than the general population. Preliminary data from the Centers for Disease Control and Prevention found that 21.5% of individuals hospitalized for COVID-19 required treatment in the Intensive Care Unit. Reports from China showed coronavirus fatality rates of 10.5% for patients with cardiovascular disease and 6% for patients with hypertension, compared to 0.9% of patients with no preexisting conditions. AHA is advocating for policies that ensure families nationwide have access to care in the face of COVID-19, frontline health workers have the ability to care for people with medical needs during this public health crisis and charitable organizations can continue their life-changing work in communities nationwide.

In addition, we know that the outbreak of COVID-19 has put a strain on the healthcare industry and laid bare significant gaps in access to quality care in the United States. Issues such as large populations of uninsured and underinsured, primary and specialty care shortages, hospital closures, and the disproportionate impact of chronic disease on minority ethnic and racial populations have been magnified exponentially by the outbreak. Additionally, many states and local communities have implemented stay-at-home edicts, thereby further restricting patients' access to traditional healthcare. The crisis has forced healthcare systems and regulatory bodies to turn to turn to telehealth to provide healthcare. Telehealth has enabled patients, healthcare providers and health systems to communicate through virtual channels in in-patient, ambulatory, and non-healthcare environments. As such, in March 2020 the federal government temporarily lifted restrictions on Medicare reimbursement for telehealth. Various state governments did the same with Medicaid. The new measures have facilitated significant changes in the way healthcare is provided, enabling patients to access healthcare in the privacy of their own residency regardless of their geographical location. However, while telehealth has the potential to make quality health care accessible to more people, the increased emphasis on it amid the COVID-19 pandemic has exposed additional inequities in the United States

healthcare system that have not been previously addressed. Therefore, the AHA recognizes the potential impact of telehealth on access to quality care and supports policies that ensure patients and healthcare providers are adequately reimbursed for it and have access to its benefits when it is clinically appropriate. In recent years, the AHA published statements on telehealth, rural health, and expanding access to adequate and affordable care, all of which outline a set of principles that collectively point to the AHA's vision of enhancing population wellness by addressing all sources of inequity, including race and ethnicity, gender, sexual orientation, and socioeconomics. They also underscore the AHA's mission to be a relentless force for a world of longer, healthier lives. The COVID-19 pandemic shifted the paradigm, however, when it comes to ensuring all patients have access to adequate and affordable care. Telehealth filled the void and quickly shifted from a previously slow adoption path to a record pace of uptake. Telehealth potentially allows quality health care to be delivered to patients in communities where in-person subspecialty services are not available, providing support and training for complex medical conditions to local providers, increasing accessibility for families to specialists, and minimizing time away from work and home. For the AHA our priorities around telehealth are that three elements to be covered within a state's Medicaid program, inclusion of a person's home as an originating site; not limiting reimbursement to video only, so that audio-only is covered; which it looks like LD 1 addresses and allowing for the coverage of cardiac rehabilitation. We look forward to working with you as you work to expand telemedicine coverage.

In addition to the telemedicine piece, we are supportive of the policy actions included in LD1 that require all state-regulated health plans to cover COVID-19 testing and vaccination before the deductible is met, with no cost-sharing; require that state-regulated health plans allow a 90-day fill of prescription medications or lift all restrictions on how often a patient can refill prescriptions. For the above reasons, we urge you to support Senate President Jackson's amended version of LD 1. Thank you for your time, attention, and consideration of our comments. If you have any questions or need further information, please contact me via email at allyson.perron@heart.org or by phone at 867-540-9686.

Sincerely
Allyson Perron Drag
American Heart Association/ Stroke Association
Government Relations Director

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