

Monday, March 15, 2021

The South Carolina General Assembly
Columbia, SC 29201

Re: Support for Equitable Telehealth Service and Payment Legislation

Dear Members and Staff of the South Carolina State Legislature:

Telehealth has been an essential component of COVID-19 preparedness and response in South Carolina (SC), allowing healthcare providers across the state to reach more patients while managing increasing demands on our workforce. Temporary telehealth policy changes amidst this Public Health Emergency (PHE) have greatly increased patient access to primary care, mental health, and specialty services. Many of these advancements in telehealth, however, will revert unless the SC legislature acts swiftly to ensure these policies are enacted long-term. SC Department of Health and Human Services (SCDHHS) has indicated that temporary Medicaid flexibilities will only last through the end of the PHE, and some private payers—including SC Blue Cross Blue Shield—only plan to cover telehealth at reduced rates as compared to in-person care after the PHE.

As leading healthcare organizations in SC, we unitedly urge the SC General Assembly to pass legislation ensuring that the SCDHHS and private payers operating in SC:

- **Cover telehealth services.** Health insurers should be required to provide coverage for health care services delivered via telehealth to the same extent the services would be covered if delivered via an in-person encounter.
- **Remove originating site restrictions.** The COVID-19 pandemic has clearly demonstrated the need for telehealth in rural areas, in urban areas, at work, at school, at home and many other locations. Originating site restrictions are obsolete and outdated; the location of the patient should not matter for telehealth.
- **Remove provider type restrictions.** Health insurers should cover the full range of providers that make up the care team and that can deliver telehealth-appropriate services.
- **Provide equitable payment for services delivered via telehealth.** Reimbursing telehealth visits at rates considerably less than in-person care disincentivizes providers and health systems from utilizing telehealth.

Patients in all geographic areas have been empowered during the PHE to seek virtual care, finding that the convenience, privacy, quality, and ease of receiving care virtually can create a more patient-centered experience. Despite being a national leader in telehealth, South Carolina is one of the last states in the country without a telehealth coverage legislation in place. If we

do not advocate for major payers to extend temporary telehealth policies, providers and patients will lose this critical tool in addressing healthcare needs across our state. Enacting legislation that ensures consistent payment for services rendered via telehealth would build on the legislature's long commitment to telehealth and ensure its sustainability into the future and beyond this crisis.

Sincerely,

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