



Sound Policy. Quality Care.

May 27, 2020

Seema Verma
Administrator
Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Baltimore, MD 21244-8016

Re: Improving Access to Medicare Telehealth Beyond the COVID-19 Public Health Emergency

Dear Administrator Verma:

On behalf of more than 100,000 specialty physicians from 14 specialty and subspecialty societies, and dedicated to the development of sound federal health care policy that fosters patient access to the highest quality specialty care, the undersigned members of the Alliance of Specialty Medicine (the "Alliance") write to request improvements in federal telehealth policies to ensure continued access to telehealth and virtual care services beyond the COVID-19 public health emergency (PHE).

Specialists and their patients have significantly benefitted from the temporary flexibilities and regulatory revisions provided by the Centers for Medicare and Medicaid Services (CMS) through two interim final rules and multiple 1135 waivers, which have enabled the ongoing provision of important, medically-necessary care and treatment during the PHE. In fact, most specialists and their patients have come to realize the value of delivering and receiving health care in a virtual environment. More importantly, and as we have learned from the novel coronavirus and other diseases, the likelihood of future community-wide outbreaks is high. To ensure physicians and patients can continue to deliver and receive care beyond the current public health emergency and in the event of future pandemics, ***CMS should work with the Congress and its federal agency partners to ensure ongoing access to telehealth services following the end of the PHE for COVID-19. Specifically, we urge CMS to implement the following changes on a permanent basis:***

- Maintain the updated Medicare telehealth list, to include retaining all of the services added to the Medicare telehealth list in response to the PHE for COVID-19;
- Eliminate site-of-service payment differentials for telehealth visits, and maintain Medicare coverage and enhanced payment for "telephone" E/M services (CPT 99441 – 99443);
- Allow key telehealth and virtual care services (e.g., virtual check-ins, e-visits, and other communication technology-based services) to be furnished to both new and established patients;
- Preserve direct supervision revisions that allow physicians to supervise in-office clinical staff using communications technologies, when appropriate; and
- Ensure physicians may perform telehealth services from their homes without updating their Medicare enrollment.

We further encourage CMS to work with Congress to remove Medicare originating site requirements. Specifically, CMS should work with Congress to eliminate the list of originating sites and geographic

eligibility requirements (i.e., those requirements that only allow for coverage of telehealth to patients in counties outside a Metropolitan Statistical Area (MSA) or rural Health Professional Shortage Areas (HPSAs) in rural census tracts). This would ensure Medicare patients can receive care via telehealth from their home or other location deemed appropriate by the Secretary. CMS should also work with Congress to promote changes with the Office of Civil Rights in the Department of Health and Human Services that would enable practitioners and patients to continue to use an array of non-public-facing audio and video technologies to deliver and receive virtual care and telehealth services.

Additionally, we urge CMS to work with state Medicaid programs and private payers (including Medicare Advantage, Medicaid managed care organizations, and plans in the health insurance exchanges) to further promote expanded use of communications technology to delivery care. CMS should encourage these payers to adopt similar policies to original Medicare and to reimburse providers for telehealth services in the same manner or at the same rate that they pay for face-to-face services. Additionally, we ask CMS to encourage states to adopt the Interstate Medical Licensure Compact (IMLC) to facilitate broader physician adoption of telehealth and improve access to care across state lines.

We appreciate the opportunity to provide comments on the aforementioned issues of importance to the Alliance. Should you have any questions, please contact us at info@specialtydocs.org.

Sincerely,

American Academy of Facial Plastic & Reconstructive Surgery
American Association of Neurological Surgeons
American College of Osteopathic Surgeons
American Gastroenterological Association
American Society of Cataract and Refractive Surgery
American Society for Dermatologic Surgery Association
American Society of Plastic Surgeons
American Society of Echocardiography
American Urological Association
Coalition of State Rheumatology Organizations
Congress of Neurological Surgeons
North American Spine Society