



Sound Policy. Quality Care.

March 6, 2022

The Honorable Mariannette Miller-Meeks
United States House of Representatives
1716 Longworth House Office Building
Washington, DC 20515

Representative Morgan Griffith
United States House of Representatives
2202 Rayburn House Office Building
Washington, DC 20515

The Honorable Mike Kelly
United States House of Representatives
1707 Longworth House Office Building
Washington, DC 20515

Submitted via: Kendyl.Wilcox@mail.house.gov

**RE: Healthy Futures Task Force – Modernization Subcommittee – Request for Information:
Telehealth Expansion**

Dear Representatives Miller-Meeks, Kelly, and Griffith:

The Alliance of Specialty Medicine (the “Alliance”) represents more than 100,000 specialty physicians and is deeply committed to improving access to specialty medical care through the advancement of sound health policy. Today, we write to share feedback in response to the aforementioned request for information (RFI) from the perspective of practicing specialty medicine providers.

Telehealth Expansion

Specialty physicians and their patients have realized the benefits of “virtual” healthcare, including telehealth, due to congressional and agency action to expand access to these services in response to the COVID-19 public health emergency (PHE). Because of legislative and regulatory action, many patients – especially those who are immunocompromised – have been able to remain at home while continuing to receive important, medically necessary care.

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American Association of Neurological Surgeons • American College of Mohs Surgery • American College of Osteopathic Surgeons
American Gastroenterological Association • American Society for Dermatologic Surgery Association
American Society of Cataract & Refractive Surgery • American Society of Echocardiography • American Society of Plastic Surgeons
American Society of Retina Specialists • American Urological Association • Coalition of State Rheumatology Organizations
Congress of Neurological Surgeons • National Association of Spine Specialists

Given that the likelihood of future community-wide outbreaks is high, it is important to maintain robust access to virtual care, including telehealth services, beyond the current PHE. However,

even absent future outbreaks, patients and physicians have fully embraced virtual healthcare as a key component of modern care. For many physicians and patients, it is difficult to imagine returning to a world in which telehealth does not play an integral part in standard medical care.

Telehealth may also help alleviate key pressures in our healthcare system, including the fact that some geographic regions lack specialists and subspecialists. Where clinically appropriate, telehealth provides a way for specialty physicians to reach patients who live in rural areas or patients with mobility issues who may face challenges traveling.

For these reasons, we urge the Congress to establish legislation that would:

- 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), to ensure Medicare patients can receive care via telehealth from their home or other location deemed appropriate by the Secretary;
- 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;
- 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;
- Preserve direct supervision revisions that allow physicians to supervise in-office clinical staff using communications technologies, when appropriate;
- Ensure physicians may perform telehealth services from their homes without updating their Medicare enrollment; and,
- 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.

While the Secretary may be authorized to advance some of these policies via regulation, a comprehensive legislative approach would provide unambiguous direction to the agency and ensure these flexibilities are made permanent.

In addition, Congress should direct the Secretary to work with state Medicaid programs and private payers (including Medicare Advantage, Medicaid managed care organizations, and Exchange plans) to further promote expanded use of virtual care and telehealth, encouraging these payers to adopt policies similar to original Medicare's and to reimburse providers for these services in the same manner and at the same rate that they pay for face-to-face services.

Thank you for considering our feedback as you develop legislation to address these issues. Please contact us at info@specialtydocs.org if you have any questions or would like to schedule a meeting.

Sincerely,

American Association of Neurological Surgeons
American Academy of Otolaryngology-Head and Neck Surgery
American College of Osteopathic Surgeons
American Gastroenterological Association
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American Society for Dermatologic Surgery Association
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