June 16, 2020

The Honorable Lamar Alexander
Chairman
Senate HELP Committee
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Senate HELP Committee
428 Dirksen Senate Office Building
Washington, DC 20510

RE: Hearing to examine telehealth, focusing on lessons learned from the COVID-19 pandemic

Dear Chairman Alexander and Ranking Member Murray:

Thank you for your continued leadership in responding to the COVID-19 pandemic. The Alliance of Specialty Medicine represents more than 100,000 specialty physicians, and is dedicated to the development of sound federal health care policy that fosters patient access to the highest quality specialty care. The Alliance appreciates the HELP Committee scheduling a hearing to examine telehealth and would like to share some of our members’ experiences as active providers of telemedicine during the 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.

For example, in tele-ophthalmology, an urgent care virtual clinic was created at the Bascom Palmer Eye Institute (BPEI) in Miami to treat patients with low-acuity conditions remotely, while expediting treatment of high-acuity patients. This visit type minimized crowding of the dedicated ophthalmic emergency department (ED) and kept patients in the at-risk categories for contracting the severe form of COVID 19 at home. While common conditions such as chalazia and conjunctivitis were managed virtually, patients suspicious for new flashes and floaters, vision loss, or eye trauma were expedited for in-person ED evaluation.

Consults between physicians have proved critical, primarily by minimizing the number of physical encounters with multiple subspecialists. Real-time video slit lamp examinations were also utilized at times. For example, a patient with an atypical corneal infection presented to the BPEI ED. A slit lamp adapter was fastened to the slit lamp and a smartphone was inserted. A Zoom call was initiated from the device and the screen was shared, allowing a corneal subspecialist to view the exam remotely and to direct the referring ophthalmologist and patient through the treatment plan.
Video visits dedicated to discussion and counseling have also lent themselves well to a virtual workflow. Providers observed that patients seemed more relaxed in their home environments and family members participated more often, either virtually or in the patient’s home. Cataract and refractive discussions, uveitis, neurologic, and genetics counseling were some of the most successful visits.

To ensure physicians can continue to maximize the benefits of telehealth and enhance patient access to care, the **Alliance supports the extension of certain telehealth flexibilities beyond the end of the current PHE for COVID-19.** As described above, the transition to telemedicine has allowed providers to continue to care for patients without risking them leaving their home, and without the risk of face-to-face encounters. We encourage Congress to work with CMS to remove Medicare originating site requirements and eliminate the list of originating sites and geographic eligibility requirements. This would ensure Medicare patients can receive care via telehealth from their home or other location deemed appropriate by the Secretary. Many patients - especially the elderly - cannot or do not want to use video encounters. The Alliance believes that site-of-service payment differentials for telehealth visits should be eliminated, and Medicare coverage for “telephone” E/M services (CPT 99441 – 99443) should be maintained.

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. A urologist licensed in Maryland explains that his patients come from both Maryland and bordering communities in Pennsylvania due to the geographic location of his practice. Fortunately, many states, including Pennsylvania, allowed physicians to obtain a temporary license to facilitate seeing patients across state lines. However, improved guidance and adoption of the IMLC would improve these scenarios moving forward.

The Alliance thanks the Committee for examining the importance of leveraging telehealth to serve patients during the PHE and for considering extending many of the flexibilities implemented in response to COVID-19 beyond the pandemic. Such flexibilities will be important to ensure the health care system is prepared to address future PHEs, including additional waves of COVID-19 infections should they arise.

Please contact us at info@specialtydocs.org if we may provide additional information or answer any questions.

Sincerely,

The Alliance of Specialty Medicine

cc:  Members, Senate HELP Committee