

June 25, 2020

Alex Azar  
Secretary  
Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

*RE: Executive Order on Regulatory Relief to Support Economic Recovery*

Dear Secretary Azar and Administrator Verma:

The Endocrine Society appreciates the actions that the administration through the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) has taken to expand access to services to address the COVID-19 public health emergency. We respectfully submit the following suggestions for policies that should remain in effect after the end of the public health emergency to support economic recovery, pursuant to the President's Executive Order on Regulatory Relief to Support Economic Recovery.

The Society is the world's largest professional organization of endocrine clinicians and scientists engaged in the treatment and research of endocrine disorders, including diabetes, cancer, obesity, osteoporosis, thyroid disease, and infertility. Our over 18,000 members continue to research and provide care to vulnerable patients with these complex, chronic conditions that place them at higher risk should they contract COVID-19.

*Extend the Public Health Emergency for Another 90 Days*

We strongly urge HHS to extend the public health emergency for another 90 days. Our members' institutions and hospitals continue to face challenges associated with treating patients with COVID-19. We also do not expect that office visits will return to pre-pandemic levels this calendar year as social distancing requirements and continued concerns about COVID-19 will limit the number of patients seeking face-to-face care. Patients with chronic endocrine-related conditions, like diabetes, remain at high risk and for the foreseeable future these individuals should limit their exposure, which they can do as long as they can access care via telehealth as CMS' public health flexibilities has allowed during the public health emergency.

*Expanded Payment for Medicare Telehealth Services and Additional Services Added to the Telehealth List*

The Society's members appreciate the flexibility that the administration has provided for expanded use of telehealth through both video and audio-only visits. The expanded telehealth flexibilities have been particularly useful for patients with chronic care conditions to continue to have access to care while minimizing their risk of exposure to the coronavirus. It is also helpful outside of the public health emergency for those who not only are high risk patients, but also those who live a significant distance from the provider or are not able to get leave from work to go to the doctor. This flexibility



has been critical to continue to treat patients with endocrine diseases such as diabetes. It also been essential in treating patients with thyroid diseases and rare endocrine cancers.

We recognize that the expansion of telehealth services is limited to the public health emergency and request that CMS use its authority through notice-and-comment rulemaking to allow for continued coverage and reimbursement for all of these vital telehealth services, including the audio-only telephone evaluation and management (E/M) codes (CPT codes 99441-99443) once the public health emergency ends.

We also appreciate that the administration modified the process for adding or deleting services from the Medicare telehealth services list during the public health emergency to allow for an expedited process that does not involve notice-and-comment rulemaking. The administration should consider retaining the amended process once the end of the public health emergency concludes to ensure that the list reflects current clinical practice and to encourage both patients and providers to utilize telehealth services. This will not only help protect the health and safety of patients, but also will allow providers to appropriately bill for these services without risking their own health.

#### *Payment for Audio-Only Telephone Evaluation and Management Services*

Prior to CMS second interim final rule, Medicare did not cover the telephone E/M services. We request that the agency maintain the coverage, increased payment rates, and inclusion on the telehealth services list for the telephone evaluation and management (E/M) codes (99441-99443) to equal Medicare's established in-person codes (99212-99214). This revision ensures that patients without advanced video-sharing capabilities are able to access care. It also will ensure that patients are able to receive telehealth services when the provider decides that home-based services are safer or more feasible. This will be particularly important for older patients and those patients with less ability to use or access to devices used for video visits and who may have limited access to transportation once the public health emergency ends. The increased payment rates eliminate the potential financial deterrent that providers face to utilizing telehealth services and enable telehealth to be an option for patients to ensure necessary and preventive care.

#### *Site of Service Differential for Medicare Telehealth Services*

The Endocrine Society requests the administration permanently eliminate the site of service differential between reimbursement for telehealth and in-person services. This would remove the financial penalty for practices that choose to expand telehealth, particularly as there are financial costs to a practice for acquiring and maintaining the required equipment and software. This flexibility during the public health emergency has been a critical component to making telehealth viable for practices. In addition, our members report that the medical decision making and visit complexity does not differ between telehealth and in-person visits. As physician practices are already facing difficult financial situations, this would recognize the work required to deliver telehealth services, help to support the economic recovery of these practices, ensure that they are able to provide services to patients in the safest possible method.

#### *New and Established Patients to Receive Communications-Technology Based Services*



The Endocrine Society requests the administration continue to allow certain telehealth and virtual care services to be provided to both new and established patients. CMS' decision to allow these services to be performed to new patients, in addition to established patients, has improved patient access to care and helped to ensure the economic viability of many physician practices. It also has allowed for providers to ensure proper patient care, particularly for services that do not require a physical exam or an in-person visit. This expansion has also helped patients with COVID-19 who otherwise may not have had access to care or would have jeopardized the health of others by going to an in-person visit. Maintaining this policy will allow providers to treat patients virtually and potentially eliminate unnecessary and costly visits to the emergency room. We believe that it is appropriate for practices to determine what types of patients should receive in-person versus virtual care, and this policy allowed patient access to care when in-person care is not feasible.

*Direct Supervision by Interactive Telecommunications Technology and Additional Flexibility under the Teaching Physician Regulations*

The Endocrine Society appreciates that the agency has allowed direct supervision to be provided using real-time interactive audio and video technology during or immediately after the patient visit. We also support that the agency updated the list of services that are payable when furnished by a resident. These provisions were critical for continued training of fellows at academic centers, as faculty and trainees were not in the same location during the visits. We request that these policies be continued beyond the public health emergency to allow for the continued enhancement of professional educational activities and to allow for the range of teaching modalities to continue to be supported. This is particularly important to ensure that hospitals have adequate supplies of PPE for the fall and winter and to not overburden hospital systems.

*Waiver of Face-to-Face Visit Requirements in Certain NCDs and LCDs*

The agency's waiver of a face-to-face visit requirement for evaluations and assessments in applicable NCDs and LCDs has been important for our providers during the public health emergency, particularly for patients with diabetes who use devices as part of their care plan. The waiver enabled patients to receive care when they were not able to be seen in person. This has been particularly beneficial as it relates to the insulin pump coverage policy, as providers have been able to perform telehealth visits instead of face-to-face visits during the public health emergency. Based on our providers experience, these face-to-face visits can be replaced with telehealth visits without losing the clinical effectiveness of the visit. It is critical that this policy be extended beyond the public health emergency, especially for those that live a long distance away or have difficulty with access to care and are appropriate for telehealth.

*Application of Certain NCD and LCD Requirements during the PHE for the COVID-19 Pandemic*

The agency's decision to not enforce the clinical indications for therapeutic continuous glucose monitors (CGMs) in LCDs has also been helpful for our members with overall monitoring and control of blood sugars, regardless of the underlying etiology of the diabetes. Providers were able to increase access to CGM devices and it was helpful to patients, as the public health emergency limited the ability to gather finger sticks in a safe and efficient manner. We encourage this policy to be continued after the public health emergency to ensure that patients with diabetes are not subject



to unnecessary risks of contracting COVID-19, particularly as we have seen the increased risk to this population.

*Licensing Requirements for Out-of-State Practitioners*

Finally, we applaud that the agency waived requirement for providers to be licensed in the state where the patient resides when delivering Medicare telehealth services during the public health emergency. This has been particularly helpful for physicians that practice along state borders, as it has permitted a seamless transition to telehealth care for patients who live in a different state. If the diagnosis is appropriate for evaluation, it is important to be able to provide services, even if the patient resides in another state. This policy should be continued beyond the public health emergency to reduce unnecessary travel and ensure patients continue to receive care from their preferred provider. We recognize that licensure is a state-specific issue, and request that CMS urge states to revisit their licensure requirements to allow for this flexibility.

We appreciate the administration's continued efforts to protect the health of providers and patients during the public health emergency while ensuring that appropriate patient care remains accessible. Thank you for your consideration of our recommendations. Please have your staff contact out to our Chief Policy Officer Mila Becker at [mbecker@endocrine.org](mailto:mbecker@endocrine.org), if we can provide additional information.

Sincerely,

Gary D. Hammer, MD, PhD  
President  
Endocrine Society