

February 11, 2021

Dear House and Senate Telehealth Working Group Members:

On behalf of the Endocrine Society, I am writing to thank you for your commitment to expand patient access to telehealth services on a permanent basis. As you prepare to reintroduce, the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act, we welcome the opportunity to work with you and offer the following comments on provisions that should be included in the revised version of the legislation.

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

Eliminating the Originating Site Requirement

During the public health emergency, CMS relaxed the originating site requirement and has allowed patients and providers to deliver and receive telehealth services from their homes. The Endocrine Society requests a provision be added to the CONNECT Act to relax the originating site requirements, which normally limit the delivery of telehealth services in rural areas for specified originating sites. The public health emergency has demonstrated that telehealth care can successfully be delivered to patients in their homes without requiring them to travel to an originating site. These originating site and geographic eligibility requirements should be permanently relaxed. This reduces the burden on patients to travel and potentially to choose between attending their jobs or caregiving responsibilities and receiving necessary medical care. Both the Protecting Access to Post-COVID-19 Telehealth Act and the Telehealth Modernization Act included a provision that would eliminate the originating site requirement, and we request that it be incorporated into the CONNECT Act.

Payment for Audio-Only Telephone Evaluation and Management Services

During the public health emergency, CMS has extended coverage and payment for the telephone evaluation and management (E/M) services. However, CMS does not believe it has the statutory authority to cover audio-only E/M services after the public health emergency ends. Therefore, we request a provision be added to the CONNECT Act to direct the agency to maintain the coverage, payment parity with in-person E/M services, and inclusion on the telehealth services list. This will ensure that patients without advanced video-sharing capabilities are able to access care at all times, including 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. It also ensures these patients can include translators or caregivers in their visits as it is not possible to include these third parties in visits with simultaneous audio and visual connections. The increased payment rates eliminate the potential financial deterrent that providers face to utilizing telehealth services.



Site of Service Differential for Medicare Telehealth Services

The Endocrine Society requests a provision be added to the CONNECT Act to 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. Further, 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.

Licensing Requirements for Out-of-State Practitioners

Finally, we were pleased CMS waived the requirement for providers to be licensed in the state where the patient resides when delivering telehealth services during the public health emergency, although we recognize this waiver only applies to Medicare beneficiaries. This could be particularly helpful for patients who live along state borders, as it has permits a seamless transition to telehealth care. It also is critical to provide patients with access to medical experts, particularly if they have a rare or complicated disease. If the diagnosis is appropriate for evaluation, it is important to be able to provide services, even if the patient resides in another state. We request that the Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act be included in the CONNECT Act to provide practitioners licensing reciprocity during and up to 180 days after the end of the COVID-19 public health emergency in order to reduce unnecessary travel and ensure patients continue to receive care from provider.

We appreciate your continued efforts to improve access to telehealth services and look forward to working with you on the CONNECT Act in the 117th Congress. Thank you for your consideration of this request, and please reach out to Mila Becker at mbecker@endocrine.org if we can provide additional information.

Sincerely,

Gary D. Hammer, MD, PhD
President
Endocrine Society