

January 30, 2022

The Honorable Brian Schatz United States Senate 722 Hart Senate Office Building Washington, DC 20510

The Honorable Mike Thompson U.S. House of Representatives 268 Cannon House Office Building Washington, DC 20515

The Honorable Roger Wicker United States Senate 555 Dirksen Senate Office Building Washington, DC 20510

The Honorable Bill Johnson U.S. House of Representatives 2082 Rayburn House Office Building Washington, DC 20515

Dear Senator Schatz, Senator Wicker, Congressman Thompson, and Congressman Johnson:

On behalf of the Endocrine Society, thank you for the opportunity to provide comments on the CONNECT for Health Act. Founded in 1916, the Endocrine Society represents approximately 18,000 physicians and scientists engaged in the treatment and research of endocrine disorders, such as diabetes, hypertension, infertility, obesity, osteoporosis, endocrine tumors cancers (i.e., thyroid, adrenal, ovarian, pituitary) and thyroid disease. We were pleased to support the CONNECT for Health Act when it was introduced in the last Congress, and we look forward to working with you this year on this important legislation which would expand access to telehealth care for millions of Americans.

Since the COVID-19 pandemic, telehealth visits have become more widely used and in many cases are the preferred way to deliver care to patients, particularly within the endocrinology specialty. According to Medicare Part B claims data, endocrinology utilized telehealth services more than any other medical specialty not related to mental health in 2021. This increased use of telehealth in endocrinology is a frequent topic of discussion among our members who believe that more guidance is needed on how to appropriately deliver telehealth services. Last year, the Society convened a nine-member panel of U.S. endocrinologists with expertise in telehealth delivery. The panel authored a policy perspective examining the appropriate use of telehealth visits in endocrinology. The paper, which was published in *The Journal of Clinical Endocrinology & Metabolism*, laid out a series of considerations for clinical endocrinologists to guide them on whether telehealth is appropriate, and how these considerations might impact the quality of care. The paper is available here on our website. Given the critical role our members play in delivering telehealth, we offer the following feedback on this important legislation.



Telehealth Payment Parity

Many of the patients our members treat are Medicare beneficiaries with chronic conditions such as diabetes and obesity. Many of these patients are now receiving their care via telehealth, but unfortunately our members will not receive payment parity for the delivery of virtual services once the public health emergency concludes. Telehealth payment parity is extremely important to ensure the solvency of our medical practices. It is also extremely important for Medicare beneficiaries living with chronic conditions who often have limited mobility and difficulty accessing transportation services. For example, audio-only telephone visits have been an important mode of care for patients. Coverage of audio-only telehealth visits ensures that endocrinologists can provide care to patients who do not have access to required devices or a broadband internet connection. As you may know, telehealth plays a crucial role in ensuring that adequate healthcare is provided to rural and underserved areas. Patients who lack access to transportation and high-speed internet in urban areas, and those in hard-to-reach rural areas have benefited from expanded access to virtual care. For example, a recent GAO report found that the proportion of Medicare beneficiaries utilizing telehealth was similar across racial and ethnic groups.

The care provided by our members to patients via audio-only visits is similar in time and intensity to an in-person office visit. The Endocrine Society believes that payments should reflect the service delivered and work provided by our members regardless of the service modality. Further, endocrinology continues to be one of the lowest paid specialties and providing telehealth payment parity would help close this gap. We urge you to add provisions to the CONNECT for Health Act to reimburse telehealth and audio-only services at the same rate as in-person services. Providing telehealth payment parity will ensure that physicians are adequately reimbursed for the important care they provide to patients.

State Licensure Compacts

We hear frequently from our members about the barriers they face regarding delivering care across state lines. There continues to be a shortage of endocrinologists, which has impacted rural areas of the country. While the US population and number of people with endocrine-related diseases like diabetes and obesity have increased, the number of practicing endocrinologists has not.¹ Recent data show that 78.5 percent of counties in the United States have no practicing endocrinologist.² This shortage forces patients to travel long distances to receive their care, often having to endure significant wait times to see an endocrinologist. Given this nationwide shortage, we believe that incentives should be provided to make it easier for our members to deliver care across state lines. We ask that you consider ways to address interstate licensure in the CONNECT for Health Act.

As you may know, the <u>Interstate Medical Licensure Compact</u> is an agreement amongst participating states to work together by creating an expedited licensing pathway for



physicians who seek to practice medicine in multiple states. This compact is well established with 30 states participating plus the District of Columbia and Guam. However, physicians wishing to apply for a license in the compact must pay application costs plus the cost of a license in each state they are selected. We encourage you to consider financial incentives to help physicians defray the cost of participating in a compact as well as ways to expand this or a similar compact to states not currently participating. We also urge you to consider ways the federal government could support care across state lines.

Thank you again for the opportunity to offer feedback on the CONNECT for Health Act. We appreciate your attention and consideration of our comments. If you have any questions, please reach out to Judith Gertzog on the Endocrine Society staff at jgertzog@endocrine.org.

Sincerely,

Ursula Kaiser, MD

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President

Endocrine Society