



PATIENT & PROVIDER  
**Advocates**  
for Telehealth

September 6, 2022

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

RE: Medicare Program; CY 2023 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies

Dear Administrator Brooks-LaSure:

On behalf of allied organizations with a shared interest in the balanced use of telehealth for the optimal treatment of patients, we appreciate the opportunity to comment on the annual proposed rule updating the Medicare Physician Fee Schedule for calendar year 2023, specifically on the provisions related to the continuation of expanded telehealth service coverage policies.

Throughout the pandemic, CMS has taken a leadership role in ensuring patients have safe access to effective healthcare. The telehealth waivers on allowable services, sites of care, methods of delivery and payment parity have been widely adopted by both provider and patient communities. Real world experience has also shown some of the limitations of these practices.

#### About Patient & Provider Advocates for Telehealth

Patient & Provider Advocates for Telehealth (PPATH) is a coalition dedicated to the advancement of policies that allow for accessible telehealth services for patients and health care providers. PPATH prioritizes the voices of patients and clinicians by advocating at the federal, state, and health plan level for policies that increase access to and coverage for telehealth.

As CMS weighs the criteria, inclusion, and reimbursement for telehealth services for the coming year, we encourage you to consider the following recommendations.

#### Benefits of Telehealth

Telehealth utilization has grown significantly during the COVID-19 Public Health Emergency, due to both necessary pandemic precautions as well as positive policy changes making telehealth services more accessible.

Usage of telehealth prior to the pandemic was exceptionally low. In 2016, only 0.3% of Medicare beneficiaries utilized telehealth services. From 2019 to 2020, the number of telehealth

visits increased 63-fold, with almost 52.7 million Medicare beneficiaries utilizing telehealth by 2020.

Now, as we move closer to the end of the Public Health Emergency (PHE), many see the tool as more than a necessary alternative. Patients and clinicians have experienced the ease and flexibility of telehealth firsthand, and it has now become a critical part of care. CMS is correct to consider the implications of the end of the PHE on telehealth coverage and the disruption it may cause to existing patient care.

### A Balanced Approach

PPATH recognizes the benefits that access to telehealth services have made in recent years; however, it is equally critical we allow for a balanced approach by protecting access to traditional in-person care. By utilizing a tailored combination of virtual and in-person care, providers and patients can ensure the best possible treatment approach. We thank CMS for its commitment to ensuring patients continue to have access to both treatment options.

CMS has correctly recognized that some patients may require in-person care to ensure the quality necessary and that telehealth may not be an appropriate substitute. Certain conditions require an in-person visit in order to recognize symptoms and side effects that may not be visible in a telehealth visit. Other visits that require diagnostic testing may also require in-person care. In order to preserve the physician-patient relationship, PPATH encourages CMS to adopt long-term policies that ensure patient access to both traditional in-person care and telehealth services.

### Extension of Coverage for Telehealth Services Post-Public Health Emergency

The proposed rule allows many provisions impacting the reimbursement of telehealth services to expire on the 152nd day after the Public Health Emergency ends. This extension for some telehealth services will allow providers a period of transition and adjustment affording them time to establish individualized treatment plans for their patients.

Furthermore, the extension of telehealth provisions after the Public Health Emergency concludes will allow time for CMS to evaluate which telehealth policy flexibilities should be included permanently.

### Audio-Only Telehealth

Audio-only visits have been an important tool during the COVID-19 pandemic, particularly for seniors and patients who lack reliable broadband. However, it remains important that telehealth visits be the equivalent to in-person care. Therefore, audio/video virtual visits most similarly equate to an in-person visit with a provider and should be encouraged where telehealth visits are appropriate.

PPATH supports CMS in recognizing that in some circumstances – particularly for mental health services – the use of audio-only telemedicine is appropriate and believes it should be reimbursed as such.

## Conclusion

Telehealth has become an important tool for patients and providers across the country to tailor care and deliver optimal health outcomes. Achieving a patient-centered care approach requires the personalized treatment of each patient and their individual needs – whether that be through in-person care or a telehealth visit and policies should empower the healthcare team to make these decisions.

As CMS considers coverage policies, PPATH urges that those decisions be driven by the collection of data on usage and effectiveness rather than projected costs. Balanced telehealth policies can ensure robust healthcare while protecting patients who are best served through in-person physician visits.

Thank you for the opportunity to comment on the proposed CY 2023 Physician Fee Schedule. We appreciate the consideration of the above-stated principles and welcome the opportunity to answer any questions.

Sincerely,

[Undersigned Organizations]