



July 9, 2020

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Washington, DC 20201

Via email: Seema.Verma@cms.hhs.gov

Dear Administrator Verma:

On behalf of the American College of Allergy, Asthma and Immunology (ACAAI) and the Advocacy Council of ACAAI, we are writing to offer our recommendations for sustainable policy changes that would permanently authorize many of the telehealth changes adopted under the Public Health Emergency 1135 Waiver authority.

ACAAI is the leading medical professional society representing more than 6,000 board certified allergy and immunology physicians and health care professionals.

Since the early days of the COVID-19 public health emergency (PHE), CMS has sought to change or modify policies that would facilitate the delivery of health care to the American people. These waivers and temporary policy changes – particularly those related to expanded use and availability of telehealth - have been critical in allowing physicians to continue providing necessary care to their patients, even when states were adopting mandatory stay-at-home orders preventing patients from obtaining care in the physician's office.

Like many of our physician colleagues, allergy/immunology (A/I) physicians have worked tirelessly to help reduce the spread of COVID-19, while at the same time, providing much needed care to our patients. Without the telehealth flexibilities approved by CMS, this would not have been possible. Frankly, many A/I physician practices would likely have been forced to close and their patients would not have been able to access the care they needed.

We are optimistic that within the next few months, health care delivery will be restored to a point where more patients will feel comfortable returning to the physician's office for face-to-face care. Having been exposed to the opportunities and efficiencies achievable by telehealth, many patients and physicians are finding that this is a preferred way of physician-patient engagement for many services that previously could only be provided face-to-face.

This, then, raises the question that has been on everyone's mind: What next?

What happens when the PHE ends and the telehealth waivers that were adopted under the 1135 authority are no longer in place? Most will expire unless extended via more permanent change in the telehealth regulations or the telehealth law.



American
College
of Allergy, Asthma
& Immunology



**ADVOCACY
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Allergy, Asthma & Immunology

We want to strongly encourage CMS to use whatever regulatory authority is in its power to remove the barriers that restricted the availability of telehealth services pre-COVID-19. And for those policies that cannot be maintained via regulation, we strongly encourage CMS to request that Congress approve changes in the telehealth law that would allow telehealth to be widely available.

Specifically, we ask that the following policies be maintained either through regulation or legislation:

1. Lifting of geographic limitations for a telehealth visit originating from a rural area.
2. Listing the requirement that the patient present at an “originating” site as a condition for payment for a telehealth visit.
3. Continue ability to use non-HIPAA compliant audio/video communication tools such as Facetime, Zoom, Go-to-Meeting and other individual-to-individual portals available on smartphones and Apple devices.
4. Maintain expanded list of services that can be provided via telehealth.
5. Continued authority for providers to voluntarily waive Medicare co-pay or deductible for telehealth visits.
6. Payment parity between Medicare payments for telehealth visits and in-person visits for the same services.
7. Maintenance of authority to conduct telehealth visits using audio-only (i.e. traditional telephone).
8. Maintain flexibilities regarding direct supervision by physicians in teaching hospitals.
9. Allow physicians to provide telehealth visits across state lines without the need to be licensed in the state in which the patient is located.
10. Allow a physician to engage in a telehealth visit with established AND new patients.

The ACAAI and the Advocacy Council greatly appreciate CMS’ efforts to use the 1135 waiver authority to significantly expand access to and use of telehealth services during the COVID-19 PHE.

Your consideration of the above recommendations is appreciated. Please do not hesitate to contact us if you have any questions or need any additional information.

Sincerely,

Allen Meadows, MD, FAAAAI
President
American College of Allergy, Asthma
and Immunology

James M. Tracy, MD, FAAAAI
Chair
Advocacy Council of ACAAI