NATIONAL HEALTH COUNCIL

National Health Council
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September 13, 2021

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244–1850

RE: CMS-1751-P: Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; Provider and Supplier Prepayment and Post-Payment Medical Review Requirements

Dear Administrator Brooks-LaSure:

The National Health Council (NHC) appreciates the opportunity to provide comments on the above-referenced Proposed Rule [the Physician Fee Schedule (PFS)], particularly on issues of access to telehealth services for mental health and diagnostic services.

Created by and for patient organizations over 100 years ago, the NHC brings diverse organizations together to forge consensus and drive patient-centered health policy. We promote increased access to affordable, high-value, sustainable health care. Made up of more than 140 national health-related organizations and businesses, the NHC's core membership includes the nation's leading patient organizations. Other members include health-related associations and nonprofit organizations including the provider, research, and family caregiver communities; and businesses representing biopharmaceutical, device, diagnostic, generic drug, and payer organizations.

We greatly appreciate the efforts of CMS to consider telehealth flexibilities and payment methodologies, such as allowing a patient's home to be an originating site of care and the allowance of audio-only visits, that have allowed more patients to access telehealth services during the pandemic. We also welcome the opportunity to continue working with you as you consider further extending telehealth flexibilities in this and other payment programs.

The NHC held listening sessions this summer with a variety of patient organizations to learn about the patient experience with telehealth. We found that most patients value the convenience of telemedicine and believe it can increase their access to providers. Yet, telemedicine does not work for everyone or for every health intervention. It has the potential to both reduce and perpetuate health disparities, based on how it is implemented. Telehealth offers access to providers for people with transportation and other barriers to reaching a doctor's office and access to specialists that may not be available in some communities.

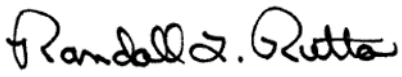
However, at the same time, people with limited access to broadband, fewer resources to acquire and use technology, or less comfort with and/or ability to use technology may face barriers to telehealth's advantages. Patients, in consultation with their health care providers, are best positioned to determine whether a virtual, audio-only, or in-person visit is the right fit for their care. Our outreach shows that, from the patient perspective, the most important factors are creating a telehealth system that is designed and tested with diverse patients, allows care partners to participate in visits, supports multiple languages, and is accessible by telephone when computer access is not available.

Last year, the NHC joined with 35 national patient organizations to endorse a set of telehealth principles; we urge CMS to use these principles as a guide when developing telehealth policy. In general, we urge CMS to create telehealth policy that supports flexibility in allowing providers and patients to work together to decide what type of visit is appropriate for them informed by clinical standards of care – whether that is in-person, virtually, or a combination of the two. We also strongly recommend reimbursement levels that support providers' ability to offer telehealth when appropriate. We look forward to working with you as you consider which telehealth flexibilities will be made permanent and what guardrails are appropriate.

CMS also takes steps in the proposed rule to begin to increase coverage for diagnostic services such as PET scans when appropriate. We appreciate these steps and encourage CMS to continue to look at ways that support coverage decisions for diagnostic services, potentially including revisiting national coverage decisions for the specific services that are addressed in this proposed rule. These important tools to help people get information and diagnoses should be available to patients that need them when appropriate and should not just be available to those that are able to pay for them out of pocket.

We look forward to working with you to advance access to these important services. Please do not hesitate to contact Eric Gascho, Vice President of Policy and Government Affairs if you or your staff would like to discuss these issues in greater detail. He is reachable by phone at 202-973-0545 or via e-mail at egascho@nhcouncil.org.

Sincerely,



Randall L. Rutta
Chief Executive Officer