



July 13, 2020

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Administrator Verma:

On behalf of the American Academy of Family Physicians (AAFP), which represents 136,700 family physicians, residents, and medical students across the nation, I write to urge you to extend the telehealth flexibilities finalized in the Centers for Medicare & Medicaid Services' (CMS') two interim final rules with comment period. The current public health emergency is set to expire on July 25, 2020 and with it, several critical telehealth provisions. However, it is clear the current pandemic is far from over. States are seeing record increases in COVID-19 cases as social distancing restrictions are lifted and even areas that seem to have contained the virus are still nowhere near a return to normal. It is critical that practices have the appropriate flexibilities and adequate payment in place to continue providing telehealth services to support social distancing and continuity of health care. Therefore, we strongly urge CMS to allow telehealth flexibilities to remain in place through at least December 31, 2021.

**Extend Telehealth Flexibilities Through at Least December 31, 2021.** Practices face a steep cliff in revenue should CMS discontinue the current telehealth flexibilities. This could make practices hesitant to continue investing in telehealth technology. The resurgence of the current wave and future waves of COVID-19 could lead to new stay-at-home orders, meaning physicians need to be able to quickly pivot between providing in-person and virtual care. It would be unacceptable to remove the policies that provide practices with the necessary payment and support that ensures adequate access to primary care, the sustained health of communities, and the viability of comprehensive primary care practices.

The AAFP strongly urges CMS to extend its telehealth flexibilities through at least December 31, 2021. Specifically, CMS should continue the following policies:

Coverage and payment parity for telephone evaluation and management services (CPT codes 99441-99443). – Broadband issues and technology limitations continue to be an issue for patients and physicians. A recent AAFP survey on telehealth showed that 89 percent of physicians providing virtual visits are using audio-only as a modality. Ensuring patients have access to such visits is vital to maintaining social distancing.

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Coverage of e-visits (CPT codes 99421-99423) and virtual check-ins (HCPCS codes G2012 and G2010) for new and established patients. – These visits can help mitigate the need for an in-person visit, which reduces potential exposure for a vulnerable population. Expanding virtual services to new patients provides access to a physician and care team that would not otherwise be available during social distancing.

Documentation flexibilities that mirror the planned 2021 Medicare changes, which allow physicians to select the level of office visit E/M based on total time on the date on service or medical decision making. – The 2021 E/M documentation guidelines are designed to reduce administrative burden so physicians can spend more time focused on their patients. Providing documentation flexibilities for telemedicine visits allows physicians to select the appropriate level of service when history and physical exam may not be feasible.

Direct supervision and teaching physician supervision via audio-video technologies. – As CMS notes in its guidance, supervising and teaching physicians may be isolated to avoid exposure to COVID-19. Flexibilities in supervision requirements maintains access to vital services for patients and reduces administrative burden associated with in-person supervision requirements.

**Ensure all Medicare Patients Can Access Telehealth Services Regardless of Location.**

The originating and geographic site restrictions have severely limited the adoption of telehealth. The COVID-19 pandemic and social distancing requirements have drastically reduced in-person visits and access to originating sites. The elimination of the originating and geographic site restrictions has opened access to crucial primary care services while allowing patients to remain safely in their homes. Permitting telehealth at all locations has allowed practices to adapt their workflows to meet the needs of their patients. A recent AAFP survey on telehealth shows that more than 80 percent of family physicians began offering telehealth services for the first time during the COVID-19 pandemic. Both patients and physicians have been highly satisfied with telehealth services (86 percent). While the pandemic may have necessitated the use of telehealth services, family physicians have indicated they are interested in offering telehealth in the future (74 percent). The AAFP strongly encourages CMS to work with Congress to ensure telehealth remains available to all patients, regardless of location.

**Continue Cost-sharing Waivers.** Telehealth offers a safe, cost-effective and convenient means of caring for patients while reducing the unnecessary risk of transmission of disease to patients and health care staff. An unfortunate consequence of the pandemic has been the loss of millions of jobs across the nation. Many patients do not have the ability to pay the out-of-pocket costs associated with physicians' services and may delay or skip essential health care. The result of current the financial situation will make it even more difficult for patients to meet their cost-share obligations and for physician practices to remain open. We urge CMS to work with Congress to extend cost-sharing waivers for COVID testing and COVID-related visits as one means of supporting patients in this regard.

**Payment Parity for All Telehealth Visits through at least December 31, 2021.** Payment parity for telehealth services is essential to maintain the health of patients and economic viability of physician practices. Patients with underlying health issues and the elderly continue to be at higher risk for developing serious complications from COVID-19. While these demographics are high risk for severe complications, the number of young and healthy people being hospitalized or worse continues to grow. We strongly urge CMS to continue to pay all telehealth services at the same non-facility rate that would have been paid if the service had been provided in-person.

A recent [Health Affairs](#) article examined the financial impact of the COVID-19 pandemic on primary care practices. The baseline scenario explored the impact should the telehealth flexibilities continue through the calendar year and should in-person visits resume at reduced levels. The authors estimated that primary care practices could face a gross revenue loss of almost \$68,000 per full-time physician. At the national level, it would cost \$15.1 billion to neutralize the gross revenue losses caused by COVID-19. If CMS and payers revert to pre-COVID-19 telehealth policies, primary care practices could see gross revenue losses of roughly \$173,000 per full-time physician over the course of the 2020 calendar year. This more than doubles (\$38.7 billion) the cost at the national level to neutralize the gross revenue losses caused by COVID-19. This analysis underscores that telehealth is critical to sustaining our primary care infrastructure through and beyond the COVID-19 pandemic.

The AAFP understands that CMS plans to address the future of its telehealth policies in the upcoming proposed rule on the 2021 Medicare Physician Fee Schedule. The AAFP looks forward to CMS' proposals and will provide additional comments at that time.

Thank you for your consideration of these requests. If you have any questions, please contact Stephanie Quinn, Senior Vice President for Advocacy, Practice Advancement, and Policy, at the AAFP, at [squinn@aafp.org](mailto:squinn@aafp.org).

Sincerely,

A handwritten signature in black ink, appearing to read "John Cullen", written in a cursive style.

John Cullen, MD, FAAFP  
Board Chair