The Honorable Alex Azar Secretary U.S. Department of Health & Human Services 200 Independence Avenue, S.W. Washington, D.C. 20201 The Honorable Seema Verma Administrator Centers for Medicare & Medicaid Services 200 Independence Avenue, S.W. Washington, D.C. 20201

April 3, 2020

Dear Secretary Azar and Administrator Verma:

As leading national organizations representing the interests of Medicare patients, health care professionals, providers and other stakeholders from across the mental health, substance use, medical, allied health, disability, and aging fields, we urge you to immediately expand Medicare coverage of telehealth to allow audio-only communications and waive the current Medicare requirement for audio-video connecting during the COVID-19 public health emergency. Although we applaud your recent efforts to expand telehealth services during this crisis, such as the recent March 17th guidance from the Centers for Medicare & Medicaid Services (CMS) allowing greater flexibility in Medicare-covered telehealth services, the current requirement for audio-video connection is proving to be a significant barrier for many health care providers and Medicare beneficiaries. A number of state Medicaid programs and private insurers are now covering audio-only telehealth, and we urge you to make this change for Medicare as well.

Under current regulations, CMS only covers telehealth services conducted through "communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication" (42 C.F.R. §410.78(a)(3)). This rule allows telehealth to be offered to Medicare beneficiaries only through video-conferencing on laptops, tablets, smartphones, and other similar devices, but excludes telephones, such as flip phones. Section 3703 of the recently enacted Coronavirus Aid, Relief, and Economic Security Act, however, now provides clear authority for the Secretary of the U.S. Department of Health & Human Services to waive this requirement during a public health emergency, and we urge you to take this step immediately during the remainder of this current crisis.

Many Medicare beneficiaries and some providers lack access to devices with video-conferencing capabilities, broadband or the internet, or simply do not know how to use these devices to communicate in this manner. According to recent reports from the Federal Communications Commission and others, between 21.3 million and 42 million Americans still lack broadband access.¹

Moreover, our organizations are hearing from our provider agencies, health care professionals, and patients that many Medicare beneficiaries cannot currently be served through Medicare-covered telehealth under the existing restrictions because they do not have access to, or the capability to use, videoconferencing. This is especially true among more vulnerable populations, including older adults, beneficiaries who suffer from mental health and substance use conditions and may be experiencing even greater anxiety and depression now, those located in rural areas, or those with lower incomes. At a time when older adults, particularly those

¹ Fed. Comm. Comm'n, 2019 Broadband Deployment Report (May 8, 2019), retrieved at https://docs.fcc.gov/public/attachments/FCC-19-44A1.pdf.; and John Busby and Julia Tanberk, FCC Reports Broadband Unavailable to 21.3 Million Americans, BroadbandNow Study Indicates 42 Million Do Not Have Access, BroadbandNow (Feb. 3, 2020), retrieved at https://broadbandnow.com/research/fcc-underestimates-unserved-by-50-percent.

with chronic conditions or mental health/substance use conditions, are extremely vulnerable to the ravages of COVID-19 and isolated in their homes, they urgently need to be able to connect to their health care providers by whatever means are available to them.

For these reasons, we urge you to bolster our nation's creative responses to the pandemic by lifting the current prohibition on audio-only telehealth for the duration of this extreme public health emergency. Medicare beneficiaries should not be denied access to needed telehealth services because they lack video-conferencing capabilities, and their sole means of accessing care by telephone fails to meet the definition of an interactive telecommunications system.

Thank you in advance for considering this critical matter.

Sincerely,

2020 Moms

A New PATH (Parents for Addiction Treatment & Healing)

American Association for Psychoanalysis in Clinical Social Work

American Association on Health and Disability

American College of Medical Toxicology

American Council of the Blind

American Foundation for Suicide Prevention

American Geriatrics Society

American Music Therapy Association

American Network of Community Options & Resources (ANCOR)

American Nurses Association

American Physical Therapy Association

American Podiatric Medical Association

American Psychiatric Association

American Psychiatric Nurses Association

American Psychological Association

American Society of Addiction Medicine

Anxiety and Depression Association of America

The Arc of the United States

Association for Ambulatory Behavioral Healthcare

Association for Behavioral Health and Wellness

Association of Jewish Aging Services

Association of University Centers on Disabilities (AUCD)

Autistic Women & Nonbinary Network

California Society for Clinical Social Work

Center for Medicare Advocacy

Center on Addiction

Centerstone

Central City Concern

Children and Adults with Attention-Deficit/Hyperactivity Disorder

Christopher & Dana Reeve Foundation

Clinical Social Work Association

Coalition to End Social Isolation and Loneliness

Community Catalyst

Depression and Bipolar Support Alliance

Disability Rights Education & Defense Fund

Eating Disorders Coalition for Research, Policy & Action

Faces & Voices of Recovery

Global Alliance for Behavioral Health and Social Justice

International Association for Indigenous Aging

International OCD Foundation

Justice in Aging

The Jewish Federations of North America

The Kennedy Forum

Kristine Rickards, LCSW

Lakeshore Foundation

LeadingAge

Life Span Psychotherapy

Medicare Rights Center

Mental Health America

The Michael J. Fox Foundation for Parkinson's Research

NAADAC, the Association for Addiction Professionals

NACBHDD and NARMH

NASTAD

National Adult Day Services Association (NADSA)

National Adult Protective Services Association

National Alliance for Medication Assisted Recovery

National Alliance on Mental Illness

National Association for Behavioral Healthcare

National Association for Home Care & Hospice

National Association of Area Agencies on Aging

National Association of Nutrition and Aging Services Programs (NANASP)

National Association of Pediatric Nurse Practitioners

National Association of Social Workers

National Association of State Long-Term Care Ombudsman Programs (NASOP)

National Association of State Mental Health Program Directors

National Consumer Voice for Quality Long-Term Care

National Council for Behavioral Health

National Council on Aging

National Council on Independent Living

National Disability Rights Network

National Eating Disorders Association

National Federation of Families for Children's Mental Health

National Health Care for the Homeless Council

National Health Law Program

National League for Nursing

National PACE Association

National Respite Coalition

Network of Jewish Human Service Agencies

Psychotherapy Action Network (PsiAN)

RespectAbility

Shatterproof

SMART Recovery

Treatment Communities of America

The Trevor Project

Turn-Key Health