



September 13, 2021

The Rural Policy Research Institute Health Panel (Panel) was established in 1993 to provide science-based, objective policy analysis to federal policy makers. The Panel is pleased to offer comments in response to the proposed changes in the CY 2021 Payment Policies Under the Physician Fee Schedule proposed rule. Our comments are limited to rural-specific issues and are structured to parallel questions posed, or issues stated, by CMS (not technical comments regarding specific sections of the proposed rule).

Rural Considerations in Proposed Telehealth Changes

As we stated in our comment letter in 2020, changes contemplated in telehealth provisions (FR 39145-39148) stand to have significant effect on Medicare beneficiaries in rural communities. Our comments remain the same as last year, given that we are not yet at the end of the public health emergency. The telehealth changes approved by CMS on an interim basis to adjust to the PHE for Covid-19 have improved access in rural areas that typically experience provider shortages. These beneficiaries may now access certain professionals through digital technology that were previously unavailable.

Furthermore, during the pandemic rural health systems and clinicians have effectively used telehealth to deliver care for their seriously ill patients, including new hospital-at-home and remote monitoring approaches, as well as remote advance care planning and ePOLST. Given the disproportionate degree of chronic disease and frail elderly in rural populations, these options have been essential ways that care is delivered, and if regulatory flexibility is continued, can serve as the foundation for re-designing rural care to be more value-based and patient-centered.

The Panel strongly encourages CMS to be creative in determining ways in which regulatory flexibility and telehealth delivery can improve rural health. The changes in the proposed rule are an appropriate starting point that should be built upon in the future.

We add these comments based on the CMS request of July 23, 2021 (FR 39146):

- For telehealth services to be of optimum use to rural beneficiaries, CMS should support efforts (in HHS and across other agencies) to make high-speed broadband affordable
- Similarly, broadband services will need to be physically available to rural residents, including extending capacity “the last mile” to the homes
- Since patient-monitoring often requires specific equipment (devices), availability of affordable equipment will also need to be considered when setting expectations for patient use of new technology
- Beneficiaries are likely to need assistance operating devices used in patient monitoring, and in use of smart phones as means of communicating with their clinical support teams
- As recognized by CMS, telehealth is especially important as a tool to improve behavioral health services, including consequences of the ongoing opioid crisis, now compounded by COVID-19.

We encourage CMS to consider the results of a consumer survey regarding use of telehealth services, available through the Bipartisan Policy Center: https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/08/ssri_survey.pdf. The results show that the importance of audio-only access (40% of responding adults who used telehealth had an audio-only visit), that access to high-speed internet/broadband is an obstacle (35% of rural residents), and 95% of Medicare beneficiaries were satisfied with their most recent telehealth visit.

Audio-Only Delivery Should Be Extended

As CMS states, audio-only telehealth services have been an especially important option in rural during the pandemic. The availability of audio-only telehealth services is both an access and an affordability issue. For rural residents, their access to broadband to enable video/face-to-face telehealth is more limited, and when broadband is or becomes available, it is often not at an affordable price point. The Panel supports a provisional policy for as long as possible and encourages CMS to further explore avenues for a permanent implementation of this policy beyond the PHE.

CMS Should Extend Direct Supervision via Interactive Telecommunication Technology until the end of the Calendar Year in which the PHE Ends

In prior comment letters on extending supervision of certain practitioners via interactive telecommunications technology, the Panel has supported these efforts to improve access to care in rural areas. The Panel supports the proposed extension of such supervision in this proposed rule until the end of the calendar year in which the PHE ends.

The Panel emphasizes the importance of conducting interim analysis while this policy is in place to determine the appropriate guardrails necessary to protect patients, determine which services are appropriate for telecommunications supervision and ensure high quality care. Experience shows, for example, that this kind of supervisions works well in the tele-ED environment and may be well-suited for other types of care.

The Panel appreciates the opportunity to offer comments on this proposed rule.

The Rural Policy Research Institute Health Panel

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