



September 23, 2020

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**

Many of the changes contemplated in the proposed rule's telehealth provisions (FR 50095-50116) are not specific to rural health but stand to have significant effect on Medicare beneficiaries in rural communities. 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.

### **Audio-Only Delivery Should Be Extended**

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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