



July 7, 2020

Administrator Seema Verma  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
P.O. Box 8016  
Baltimore, MD 21244-8016

Re: Medicare and Medicaid Programs, Basic Health Program, and Exchanges; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency and Delay of Certain Reporting Requirements for Skilled Nursing Facility Quality Reporting Program (CMS-5531-IFC)

*Submitted Electronically*

Dear Administrator Verma:

On behalf of the American Academy of Child and Adolescent Psychiatry (AACAP), I am writing today to reiterate our appreciation for the prompt and sweeping policy and payment changes made by the Centers for Medicare and Medicaid Services (CMS) in response to the COVID-19 Public Health Emergency (PHE). AACAP is the professional home to 9,600 child and adolescent psychiatrists, some of whom also treat adults and transitional age youth (age 18 and above). Our mission includes promoting the healthy development of children, adolescents, and families. Preserving access to critically needed mental health services for the patients our members serve is essential, given the prevalence of mental health conditions among children and adolescents, and their projected increase during the pandemic, and beyond.

The CMS expansion of telehealth services in the Medicare program early in the PHE, in combination with the Health and Human Service's Office of Civil Rights enforcement discretion to waive Health Insurance Portability and Accountability Act penalties in connection with an expanded array of technology applications and devices, quickly established an important roadmap for states, Medicaid, CHIP programs, and private payers to follow. In this Interim Final Rule, CMS increased reimbursement levels for audio-only telephone codes for Evaluation and Management services (99441-99443), aligning them with similar office-based code reimbursements, recognizing that the intensity of the services being provided to beneficiaries

via audio-only telephone visits match those provided during office visits. This has enabled physicians to continue furnishing care to patients who do not have access to the internet or are otherwise unable to successfully use audio-video technology to receive health care services.

As AACAP commented previously, these changes have been instrumental to the continuity of care for patients who have mental health conditions, and for some patients, they have proven to be superior modalities of care delivery. AACAP members have reported fewer missed appointments among their patients during the PHE, because telehealth has effectively removed barriers to treatment such as transportation challenges, or suspected infectious disease such as COVID-19. Moreover, some patients who have been diagnosed with anxiety disorders, autism spectrum disorders, and others, are more comfortable receiving treatment in their homes via telehealth. Child and adolescent psychiatrists feel that treatment, for certain patients, is more effectively delivered via telehealth. According to the extant literature on the topic referenced in AACAP's Clinical Update on Telepsychiatry with Children and Adolescents, reviews of treatment outcomes studies have concluded that teletherapy is feasible, applicable to diverse patient populations, well-accepted by patients, and leads to outcomes that are comparable to in-person treatments.<sup>1</sup>

Post-pandemic, an abrupt shift back to Medicare's restrictive policies on telehealth could threaten continuity of care and safety for many patients that are being successfully treated via telehealth. **It is for these reasons that AACAP, along with other specialties across organized medicine, requests that CMS continue the regulatory flexibilities put in place for the provision of telehealth services post-pandemic, setting important precedent for other payers to follow.**

Recently, the Senate Health, Education, Labor and Pensions Committee considered what would need to change in order to make permanent some of these beneficial telehealth policy changes, post-pandemic. AACAP is encouraged to see that legislative action is being considered. In the meantime, we would encourage the agency to consider the following specific recommendations: (1) continue originating site flexibilities that would include a patient's home, when clinically appropriate, (2) continue reimbursement parity for audio-only telephone services, (3) permit physicians and patients to use an expanded assortment of video apps for visits, after careful consideration of HIPAA privacy considerations, and (4) consider making permanent waived geographic restrictions that have provided equal access to covered telehealth services, regardless of where a patient lives, while also encouraging states to do the same.

In conclusion, AACAP would like to once again express its appreciation to CMS for its rapid and positive response to the PHE, which has not only enabled more efficient treatment of patients suffering from COVID-19 but has helped to preserve continuity of care for patients with mental

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<sup>1</sup> [https://www.1aacap.org/article/S0890-8567\(17\)30333-7/pdf](https://www.1aacap.org/article/S0890-8567(17)30333-7/pdf)

health conditions. Based on the successfully implemented policy changes made in response to the PHE, opportunities exist to improve the nation's health care delivery system post-pandemic. We urge CMS to continue to provide leadership in this area. Please do not hesitate to follow-up with Karen Ferguson, Deputy Director of Clinical Practice with any questions you may have.

Sincerely,

A handwritten signature in black ink that reads "Gaye Carlson". The signature is written in a cursive style with a large, sweeping flourish at the end.

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