

September 12, 2022

The Honorable Ron Wyden
Chairman
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Richard Neal
Chairman
Ways and Means Committee
United States House of Representatives
1102 Longworth House Office Building
Washington D.C. 20515

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Kevin Brady
Ranking Member
Ways and Means Committee
United States House of Representatives
1102 Longworth House Office Building
Washington D.C. 20515

Dear Chairman Wyden, Ranking Member Crapo, Chairman Neal, and Ranking Member Brady:

On behalf of the undersigned organizations representing a broad coalition of the hospice and palliative care and telehealth communities, **we write today to urge Congress to require CMS to develop and implement Healthcare Common Procedure Coding System (HCPCS) codes or modifiers for telehealth visits and add them to the hospice claim form via any available legislative vehicle.**

In its March 2022 Report to Congress, the Medicare Payment Advisory Commission (MedPAC) urged Secretary Becerra to “require that hospices report telehealth services on Medicare claims.” The National Hospice and Palliative Care Organization urged the same in its comments in response to Fiscal Year 2023 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements proposed rule (CMS-1773-P).

Throughout the COVID-19 Public Health Emergency, the *CARES Act* has granted hospice patients and providers telehealth flexibilities which have expanded access to essential post-acute care and protected the health and wellbeing of the most medically vulnerable populations. These flexibilities allow patients to take part in telehealth visits from wherever they call home and allow for the use of telehealth for low-touch, administrative face-to-face visits prior to recertification for the hospice benefit.

Through the Consolidated Appropriations Act, 2022, these flexibilities were extended for five months beyond the end of the Public Health Emergency. However, because CMS does not require the collection of data on the use of telehealth through the hospice claim form, no consistent information on the use of telehealth, and its impact on patient access and quality, is being gathered.

Hospice providers need the opportunity to reflect the full scope of care provided to patients experiencing serious illness. Right now, care delivered through telehealth is not measured, and therefore, many visits are not noted in any official record. This means that patients’ records fail

to reflect the full scope of care they receive, and hospice organizations are left without a way to fully capture the quantity of their patient visits and quality of their work.

As your committees have uncovered, one small unforeseen benefit of the COVID-19 pandemic has been the rapid development of telehealth technologies and practices which help patients access care more easily, without sacrificing quality. We believe that this will be borne out by the data; and believe that collecting accurate information is critical to drafting long term policy, and effective guardrails, around the use of telehealth in the future.

Please require CMS to develop and implement HCPCS codes or modifiers for telehealth visits and add them to the hospice claim form in any appropriate legislative vehicle.

Thank you again for your ongoing support of access to hospice and palliative care; and your leadership as our policy works to catch up with technological innovation. We are eager to continue to collaborate as you shape telehealth policy for the future.

Sincerely,

National Hospice and Palliative Care Organization
Hospice Action Network

American Academy of Hospice and Palliative Medicine
American Telemedicine Association
ATA Action
Association of Pediatric Hematology/Oncology Nurses
Center to Advance Palliative Care
HealthCare Chaplaincy Network
Hospice and Palliative Care Nurses Association
LeadingAge
National Association of Homecare and Hospice
The National Palliative Care Research Center
National Partnership for Healthcare and Hospice Innovation
NAHC Forum of State Associations
NHPCO Council of States
Physician Assistants in Hospice and Palliative Medicine
The Society of Pain and Palliative Care Pharmacists

CC: Senator Debbie Stabenow
Chair, Senate Finance Committee Subcommittee on Health Care

Senator Steve Daines
Ranking Member, Senate Finance Committee Subcommittee on Health Care

Congressman Lloyd Doggett
Chair, Ways and Means Committee Subcommittee on Health

Congressman Vern Buchanan
Ranking Member, Ways and Means Committee Subcommittee on Health