

May 29, 2020

Seema Verma Administrator Centers for Medicare and Medicaid Services 200 Independence Ave., S.W. ATTN: CMS-1744-IFC Washington, DC 20201

RE: Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency [CMS-1744-IFC]

## Dear Administrator Verma:

On behalf of the American Society of Echocardiography (ASE), our members and their patients, we commend you for your leadership during the COVID-19 pandemic and the support you have demonstrated to American's health care providers, especially those on the front lines. ASE is an organization of over 17,000 professionals committed to excellence in cardiovascular ultrasound and its application to patient care. ASE members include physicians, cardiac sonographers and other professionals dedicated to the provision of high-quality cardiovascular ultrasound services in both hospital and non-hospital settings.

Telehealth has been a vitally important first-line response to mitigating the spread of COVID-19, allowing physicians to maintain continuity of care for patients with chronic conditions like cardiovascular disease, and to assess and triage patients in need of urgent care or diagnostic testing. Medicare beneficiaries are seeking and receiving telehealth services and we greatly appreciate the Agency's expansion of coverage for services such as telephone visits which is a lifeline for patients with limited technological resources, including limited internet bandwidth. It will be important to extend flexibilities granted to physicians to utilize telehealth when the public health emergency (PHE) is lifted. We therefore request the Agency to utilize their authority to extend these services beyond the PHE and allow flexibilities to ensure patient access and care. Much of our population will remain at risk for COVID-19 and while widespread testing of health care workers and patients will help mitigate exposure risk, continuing to allow high-risk patients to be seen via telehealth will be critical.

Such reforms would provide greater flexibility to providers and patients and increase access to care, especially to those living in rural or medically underserved areas or individuals living with impaired mobility. Not only will modifying current payment policy and expanding coverage to include the delivery of telehealth services benefit beneficiaries during this health care crisis, but including services such as cardiac rehab will assist in leading to reduced health care expenditures, increased patient access to care, and improved management of chronic disease and quality of life, particularly in rural and underserved areas. Patient geography no longer would be a barrier to receiving timely, appropriate, medical care.

On behalf of ASE, we thank you in advance for consideration of our request to extend telehealth flexibilities and recommendations and for taking the extraordinary measures the Agency has implemented to ensure physician practices can continue their contributions as an integral and essential component of our country's health care infrastructure. We appreciate the opportunity to provide feedback on these important issues contained in this interim final Rule. If you should have any questions or concerns with the information contained, please feel free to contact Irene Butler at <a href="mailto:ibutler@asecho.org">ibutler@asecho.org</a>.

Madhav Swaminathan, M.D, FASE

President, American Society of Echocardiography