



October 1, 2020

The Honorable Kevin Brady
U.S. House of Representatives
Committee on Ways and Means
1102 Longworth HOB
Washington, DC 20515

The Honorable Devin Nunes
U.S. House of Representatives
Committee on Ways and Means
Subcommittee on Health
1102 Longworth HOB
Washington, DC 20515

Dear Ranking Member Brady and Ranking Member Nunes:

The Alliance for Home Dialysis is pleased to offer comments in response to the telehealth discussion draft issued July 20th by the Ways and Means Health Subcommittee. We thank you and your colleagues for your work to make select telehealth services a permanent part of the Medicare program and are pleased to be invited to provide some input into this effort.

As a coalition of home dialysis stakeholders representing patients, clinicians, providers, and industry, the Alliance promotes activities and policies that facilitate treatment choice in dialysis care, while addressing systemic barriers limiting access for patients and their families to the many benefits of home dialysis. As such, we have long supported certain measures to increase access to telehealth service in the Medicare program and specifically urge you to enact reforms that will facilitate safe dialysis care for vulnerable patients who rely on dialysis services, while preserving the physician-patient relationship.

Bridging the Digital Divide

Telehealth access can be a struggle for patients living in both urban and rural communities. Many of our member organizations are investing in new telehealth capabilities because we know that patients can benefit from the option to receive some of their dialysis care remotely. However, lack of access to high-speed internet or appropriate communication devices keeps some of our member organizations' patients from leveraging the benefits of telehealth technology.

We were encouraged to see Congress's recognition of these challenges when it appropriated \$200 million in the CARES Act for the Federal Communications Commission (FCC) to support the efforts of health care providers to enable the provision of telehealth. Beyond this initial effort, *we urge Congressional leadership to provide further funding for broadband access in underserved communities*, so that patients living or working in these communities can receive needed care through telehealth.

Permanent Extension of Certain Public Health Emergency (PHE) Waivers

(1) Continued Access to Phone E&M Services for Home Dialysis Patients

The Alliance for Home Dialysis was pleased that CMS granted our request at the beginning of the PHE to change the Physician Fee Schedule status indicators for telephone consult codes (99441-99443) from their current status of “N” for non-covered to “A” for covered.

As efforts continue to address disparities in access to telehealth technology, one interim solution would be *to continue to cover these E&M services, at the current payment amount arranged under the waiver, for both new and established patients who lack access to reliable video technology or internet bandwidth*. Appropriate guardrails should be in place for audio calls, including:

- Documentation should include that a good faith effort for an audio-video call was inadequate to complete the visit,
- Patients’ relevant electronic medical records and patients’ dialysis treatment flowsheets were available and reviewed during the call.

We would request that patient participation in an audio-only E&M visit be sufficient both for consent and to fulfill the patient-initiated requirements. In instances where poor connectivity allows for some, but not all, of a visit to be conducted through video, a provider should use their best judgment as to which billing code most accurately describes the visit.

(2) Originating Site and Geographic Restrictions

The Alliance for Home Dialysis has long supported the designation of both a patient’s home and dialysis facility as originating sites for home dialysis services, without geographic restrictions. We were pleased to see Congress grant this request in the 2018 Balanced Budget Act, which included the CHRONIC Care Act and its provisions to waive these requirements for home dialysis patients. Since CMS has temporarily allowed both these venues to serve as originating sites for all dialysis patients in the context of the COVID PHE, our members report that the benefits have redounded to the benefit of the broader kidney patient community:

- Dialysis patients at home and in-center are using these new flexibilities to receive care while socially distanced.
- Chronic kidney disease (CKD) patients need regular care to properly manage their disease, including education on their modality options if and when they enter kidney failure. Many of the challenges that CKD patients face in receiving that care can be ameliorated by allowing them to receive some care through telehealth.
- Kidney transplant patients require extensive evaluation and education before and after their transplant surgery, as well as continued monitoring post-surgery to evaluate organ function, medication adherence, and so on. Accessing this care requires regular visits with medical staff located at kidney transplant centers, which are often urban institutions that require patients to travel a long way to seek care. Many of these visits can be conducted by telehealth, saving patients time and expense.
- Providers who may be called upon to serve in an acute care setting can use telehealth capabilities to provide dialysis care to patients in a dialysis center or at home.

Waiver Continuity Beyond the PHE

Our letter makes several specific requests for permanent telehealth reform (see above). We are also aware that several other telehealth waivers have been granted that apply to dialysis patients and *would request that those be extended for 6 months after the PHE ends.*

Many of our members are interested in having more time beyond the Public Health Emergency (PHE) to collect data and to evaluate the impact of the full slate of waivers on providers and patients alike before making an informed recommendation for each waiver.

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We again thank you for your recognition of dialysis patients in this effort to increase access to telehealth services and stand ready to work with you on these critical issues. Should you need any further information, please contact Kelly Ferguson at kferguson@homedialysisalliance.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'MS', with a stylized flourish extending to the right.

Michelle Seger
Managing Director



American Association of Kidney Patients
American Kidney Fund
American Nephrology Nurses Association*
American Society of Nephrology*
American Society of Pediatric Nephrology
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DEKA*
DaVita*
Dialysis Clinic, Inc.*
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