



June 2, 2020

Karen Kimsey
Director, Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

RE: Telehealth Coverage for DMAS Beneficiaries

Dear Ms. Kimsey,

On behalf of the nearly 800 people in Virginia living with cystic fibrosis (CF), we write to thank you for expanding access to telehealth services during the COVID-19 crisis. While we understand Virginia's emergency flexibilities are scheduled to expire on June 10, we urge you to extend the policies related to telehealth, especially for those at high-risk of complications related to COVID-19, to ensure people with CF have continued access to care without putting themselves at greater risk for infection.

About cystic fibrosis and COVID-19

Cystic fibrosis is a life-threatening genetic disease that affects more than 30,000 children and adults in the United States. CF is a complex, multi-system disease that causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. Cystic fibrosis is both serious and progressive; lung damage caused by infection is irreversible and can have a lasting impact on length and quality of life. While great strides have been made in the treatment of the disease, CF continues to be a severe condition for which COVID-19 can pose serious health risks.

Access to telehealth services is especially important for those with CF and other underlying health conditions who, according to the Centers for Disease Control and Prevention (CDC), are at increased risk of developing serious illness if they become infected with coronavirus. Recognizing the need for strict adherence to social distancing guidelines and taking into account special considerations for their patient population, CF care teams have responded rapidly to changes in care delivery and are embracing telehealth in their clinics. Today, nearly all of the 130 CF care centers in the U.S. are providing some form of telehealth services to their patients, including nine centers in Virginia.

COVID-19 continues to present serious risk to Virginians, including those with CF. On May 28, 2020, the CDC stated the number of people in the United States who have died from COVID-19 surpassed 100,000 and requested Americans continue to reduce the risk of transmission of COVID-19 and protect those who are most vulnerable to infection.¹ As of May 31, 2020, CDC data shows that Virginia's death rate since January 21, 2020 from COVID-19 is ranked as the 17th highest state in the nation.² The *CDC COVID Data Tracker* also states the number of COVID-19 cases reported to the CDC in the last seven days in Virginia was 8,858—the fourth highest in the nation.

¹ <https://www.cdc.gov/media/releases/2020/s0528-coronavirus-death-toll.html>

² <https://www.cdc.gov/covid-data-tracker/>

Telehealth flexibilities

The CF Foundation commends the Commonwealth of Virginia and the Department of Medical Assistance Services (DMAS) for recognizing the critical role of telehealth during the COVID-19 pandemic and providing temporary flexibilities to increase access to these services. In particular, we appreciate your efforts to allow patients access to telemedicine at home, expand eligible modalities to include audio-only delivery, and institute payment parity. These changes have helped mitigate the effects of the coronavirus pandemic by removing barriers to telehealth services and reducing unnecessary exposure to the virus for both patients and providers.

The risks of exposure to COVID-19, especially for people with underlying conditions like CF, are unfortunately still present in Virginia and will not end after the Commonwealth lifts its stay-at-home order. Patients with cystic fibrosis and other serious diseases will need to be conscientious about potential exposure to the virus for the foreseeable future and will therefore require access to telehealth services for longer than the general population. Furthermore, beyond its immediate role in the short-term pandemic response, telehealth—if covered more broadly on a longer-term basis—can help ensure access to care for some patients who face logistic or financial challenges (e.g., transportation costs) visiting their CF clinic in-person. We believe the use of telehealth services in CF holds great promise for continued delivery of high-quality CF care and we therefore urge Virginia to extend the following flexibilities regarding telehealth for those with CF:

Home access to telehealth services

The Cystic Fibrosis Foundation requests that Virginia continue allow for greater flexibility as to how and where telehealth services can be delivered, including allowing a patient's home to continue to serve as the originating site for care. This enables infected patients to receive care without spreading the virus and allows other patients—including those with underlying conditions like CF—to receive care without putting themselves at increased risk of infection. This flexibility also reduces unnecessary exposure for CF providers. Permanently lifting the restrictions on originating sites will help minimize the spread of infection and realize the full potential of telehealth care over the long-term.

Telehealth modalities

We also ask that Virginia permanently extend the increased modalities through which telemedicine can be offered by providing reimbursement for services delivered by audio-only connections, in addition to video-capable devices. Permitting audio-only communication has enabled patients and providers to leverage more accessible technology, thereby expanding access to needed care during the pandemic for this high-risk group of individuals. Moreover, by providing reimbursement for audio-only services, DMAS has helped ensure that patients without access to the internet, a computer, or smartphone are still able to receive care while it is not safe to be seen in-person. This flexibility is especially critical for providers that serve rural or low-income populations, as many of these patients may lack internet access. We urge DMAS to permanently allow for telehealth visits to be conducted via audio-only platforms as well as expanded audio/visual devices (e.g., smartphones).

Reimbursement for telehealth services

The Cystic Fibrosis Foundation applauds your efforts to expand access to telehealth services by providing payment parity between telehealth and in-person services; we request that you extend this policy beyond June 10 as people with CF will require telehealth services to safely access their care as long as the threat of COVID-19 remains. Providing reimbursement parity will ensure that CF care centers are able to continue offering telehealth care for as long as their patients need it. Furthermore, the investment in providing payment parity for telehealth services will lower the risk that someone with CF could become infected with coronavirus and potentially avoid associated costs with treating the virus.

As we look beyond the pandemic, the CF Foundation is working with clinicians to understand how to incorporate telehealth into the CF care model over the long-term. We would love to serve as a resource to Virginia as you consider coverage and reimbursement changes during and beyond the current public health emergency.

Conclusion

We recognize the flexibilities detailed in this letter are set to expire on June 10. However, patients with cystic fibrosis and other severe underlying diseases need to be conscious of potential exposure to the virus even after the initial threat has passed. We further believe that telehealth can help ensure access to care for patients who face barriers to visiting a clinic in-person and envision telehealth as an ongoing component of high-quality CF care. **We encourage you to continue expanded coverage of allowable originating sites, devices and platforms, and audio-only services for DMAS beneficiaries with cystic fibrosis and extend reimbursement parity for telehealth services for as long as COVID-19 remains a threat to people with cystic fibrosis.**

We stand ready to be a resource for you during this time. Please contact Lauren Ryan, Sr. State Policy Specialist, at lryan@cff.org or (301) 841-2632 if you would like to discuss this issue further.

Thank you for your attention to this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary B. Dwight". The signature is fluid and cursive, with a large initial "M" and "D".

Mary B. Dwight
Chief Policy & Advocacy Officer
Senior Vice President of Policy and Advocacy