March 25, 2020

Re: Recommended additional provisions to legislation addressing coronavirus pandemic

Dear Speaker Pelosi, Leader McCarthy, Leader McConnell, and Leader Schumer:

On behalf of Compassion & Choices, thank you for your leadership in developing bipartisan legislation in response to the unprecedented pandemic sweeping the nation, caused by the novel coronavirus (severe acute respiratory syndrome coronavirus 2, SARS-CoV-2). We appreciate your ongoing efforts to provide access to clinical care for all patients.

Compassion & Choices is the nation’s oldest and largest nonprofit organization working to improve care, expand healthcare options and empower everyone to chart their own end-of-life journey. Our work includes advancing policies that ensure individuals with a terminal diagnosis have equitable access to quality care at the end of life. As such, we are particularly concerned with preserving access to care for those patients facing terminal illnesses from other diseases, such as cancer, who will continue to need end-of-life care options, including palliative and hospice care.

Due to their health status, individuals with a terminal condition are at greater risk of dying prematurely if they contract this virulent disease. Without access to clinical care, this vulnerable population is likely to seek care in already-crowded, infectious emergency departments and urgent care that would increase their risk of a premature, potentially painful death from coronavirus. Instead, they should be provided safer quality care, virtually in-home or in community settings, where they are less likely to be exposed to coronavirus and subsequently develop COVID-19.

We recommend additional provisions to legislation addressing coronavirus that will be essential, not only to aid in efforts to manage community spread and to reduce surge of this dangerous disease, but
also to ensure that vulnerable patient populations do not lose access to clinical care.

**ALLOW TELEHEALTH FOR HOSPICE CERTIFICATION/RECERTIFICATION**

We strongly urge removal of the statutory restrictions that prevent the use of telehealth (two-way audio, visual interactive communications) to certify and recertify hospice eligibility for Medicare beneficiaries with a terminal diagnosis. Use of telehealth to certify and recertify hospice eligibility is essential to address the barriers that will be faced by individuals who already endure impediments to access.

The coronavirus will place an unprecedented strain on our healthcare system and reduce the availability of clinicians who are able to provide certification and recertification in-person. Before the coronavirus outbreak “The Creating Opportunities Now for Necessary and Effective Care Technologies for Health Act of 2019” (H.R. 4932/S. 2741) had received strong bipartisan support and includes a provision to remove these restrictions (section 10, Use of Telehealth in Recertification for Hospice Care).

**ALLOW TELEHEALTH TO ESTABLISH VALID CLINICIAN-PATIENT RELATIONSHIP**

We strongly support waiver of the requirement of an in-person evaluation by a qualified clinician prior to use of telehealth (two-way audio, visual interactive communication) for Medicare beneficiaries. During the anticipated coronavirus surge, many patients will not be able to seek care directly from their established clinician for a host of reasons.

As a result, it is important that clinicians who are able to provide clinical care when it is needed should be permitted to offer telehealth services to Medicare beneficiaries without regard to whether they have a prior existing relationship. Removing the statutory requirements provides coverage clarity that is sorely needed at a time when there is significant confusion with regard to statutory changes and administrative actions.

**EXPAND MEDICARE COVERAGE FOR PHARMACIST SERVICES**

There are more than 309,000 pharmacists who are able to provide care to Medicare patients. They can help during this emergency with point-of-care testing, ordering and administering vaccinations and immunizations, and initiating time-sensitive therapies such as antivirals for Medicare beneficiaries. As a result, we urge you to include “The Pharmacy and Medically Underserved Areas Enhancement Act” (H.R. 592/S.109) in any emergency legislation being proposed to combat the coronavirus public health emergency.

It bears repeating that the coronavirus crisis is likely to put an unprecedented strain on the healthcare workforce of all communities, regardless of whether they are designated as medically underserved or not, especially healthcare workers treating patients with a terminal diagnosis. For this reason, we also urge you to consider expanding the language to all Medicare beneficiaries. This language does not expand pharmacists’ scope of practice. Rather, it allows pharmacists to provide the same level of care to Medicare beneficiaries that they provide to the rest of the population, as specified in their state scope of practice laws.
It is essential that the Medicare program allow pharmacists to practice the full range of services they are licensed to provide to ensure we care for our nation's most healthcare vulnerable population. Coronavirus highlights why we need pharmacists to be available as providers and why many states, recognizing the care pharmacists can provide in their communities, are taking action to expand pharmacist services, but are limited by the current lack of coverage and reimbursement by Medicare.

Again, we thank you for your leadership. Compassion & Choices would appreciate the opportunity to represent the needs of terminally ill Americans, by participating in meetings with healthcare stakeholders on this topic. If you have questions, please contact Sylvia Trujillo, Policy Director/Senior Legislative Counsel, (971) 219-6135 or strujillo@compassionandchoices.org.

Sincerely,

Kimberly Callinan
President and Chief Executive Officer
Compassion & Choices