Dear Secretary Azar and Administrator Verma:

As leading national organizations representing the interests of Medicare patients, health care professionals, providers and other stakeholders from across the mental health, substance use, medical, allied health, disability, and aging fields, we urge you to immediately expand Medicare coverage of telehealth to allow audio-only communications and waive the current Medicare requirement for audio-video connecting during the COVID-19 public health emergency. Although we applaud your recent efforts to expand telehealth services during this crisis, such as the recent March 17th guidance from the Centers for Medicare & Medicaid Services (CMS) allowing greater flexibility in Medicare-covered telehealth services, the current requirement for audio-video connection is proving to be a significant barrier for many health care providers and Medicare beneficiaries. A number of state Medicaid programs and private insurers are now covering audio-only telehealth, and we urge you to make this change for Medicare as well.

Under current regulations, CMS only covers telehealth services conducted through “communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication” (42 C.F.R. §410.78(a)(3)). This rule allows telehealth to be offered to Medicare beneficiaries only through video-conferencing on laptops, tablets, smartphones, and other similar devices, but excludes telephones, such as flip phones. Section 3703 of the recently enacted Coronavirus Aid, Relief, and Economic Security Act, however, now provides clear authority for the Secretary of the U.S. Department of Health & Human Services to waive this requirement during a public health emergency, and we urge you to take this step immediately during the remainder of this current crisis.

Many Medicare beneficiaries and some providers lack access to devices with video-conferencing capabilities, broadband or the internet, or simply do not know how to use these devices to communicate in this manner. According to recent reports from the Federal Communications Commission and others, between 21.3 million and 42 million Americans still lack broadband access.1

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Moreover, our organizations are hearing from our provider agencies, health care professionals, and patients that many Medicare beneficiaries cannot currently be served through Medicare-covered telehealth under the existing restrictions because they do not have access to, or the capability to use, videoconferencing. This is especially true among more vulnerable populations, including older adults, beneficiaries who suffer from mental health and substance use conditions and may be experiencing even greater anxiety and depression now, those located in rural areas, or those with lower incomes. At a time when older adults, particularly those with chronic conditions or mental health/substance use conditions, are extremely vulnerable to the ravages of COVID-19 and isolated in their homes, they urgently need to be able to connect to their health care providers by whatever means are available to them.

For these reasons, we urge you to bolster our nation’s creative responses to the pandemic by lifting the current prohibition on audio-only telehealth for the duration of this extreme public health emergency. Medicare beneficiaries should not be denied access to needed telehealth services because they lack video-conferencing capabilities, and their sole means of accessing care by telephone fails to meet the definition of an interactive telecommunications system.

Thank you in advance for considering this critical matter.

Sincerely,

American Psychiatric Association
American Psychological Association
American Foundation for Suicide Prevention
Eating Disorders Coalition for Research, Policy & Action
The Jewish Federations of North America
Mental Health America
National Alliance on Mental Illness
National Association of State Mental Health Program Directors
National Council for Behavioral Health