March 23, 2020

Honorable Mitch McConnell
Majority Leader
United States Senate

Honorable Charles Schumer
Minority Leader
United States Senate

Honorable Nancy Pelosi
Speaker
United States House of Representatives

Honorable Kevin McCarthy
Minority Leader
United States House of Representatives

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

On behalf of pediatric endocrinologists and the patients and families we serve, we write to express our sincere commitment to provide assistance within the healthcare system and with our patient population to weather the current public health emergency related to the COVID-19 virus. We are encouraged that our expertise can inform policies that will serve our healthcare system and public health, both now and in the future. We are committed to working with government leaders to strengthen our capacity to provide healthcare in the current environment.

The Pediatric Endocrine Society (PES) is a professional association of more than 1,300 pediatric endocrinologists and endocrine professionals representing the multiple disciplines of Pediatric Endocrinology. We have extensive expertise in research and treatment of children with all forms of endocrine disorders including diabetes, endocrine tumors, bone, thyroid, growth, reproductive, pituitary and adrenal disorders. Our patient population has complex medical conditions requiring healthcare delivery according to the chronic care model. The majority of our patients have conditions that require medical visits at least every 3 months, for their entire lives. A significant proportion of our patients have higher rates of acute complications and greater risk for morbidity and mortality associated with viral infections.

During the current healthcare crisis, pediatric endocrinologists are at the forefront of trying to keep our patients well and out of the hospital. In accordance with directives for social distancing, we are transitioning all traditional in-person appointments to telehealth sessions, with the exception of urgent cases requiring face-to-face care clinics. Now, more than ever, our patients are depending upon their providers to assist in sick-day management, including adjustments in medical management that require review of glucose data and medication regimens, initiation of new therapies and treatment plans, disease-specific health education, and direction in seeking emergency care. Moreover, primary care providers rely on consulting pediatric endocrinologists for this specialty care.

Because of the nature of diseases we manage, pediatric endocrinologists have been providing routine 24/7 care by a variety of methods, without reimbursement, well before the current pandemic. We do so in order
to assure the best possible care for patients with a broad variety of endocrine disorders, including diabetes and adrenal insufficiency. As has been documented, specialized pediatric endocrine providers are in high demand across the country as the number of children affected by endocrine disorders has grown without a proportionate increase in the number of pediatric endocrinologists. (1, 2)

As you consider changes in policies to respond to the current crisis, we urge lawmakers to give special consideration to the needs of children and their pediatric healthcare providers who are utilizing all means possible, including telemedicine, to assist in the care of their patients. The risks faced by children with serious and complex medical conditions are great and dramatically different from those of adults. We routinely partner with parents to manage their children’s chronic and acute needs in the home, thereby obviating the need for hospital care. The current crisis mandates an increase in non-traditional care, including telemedicine— but without adequate reimbursement, our provision of services will not be sustainable. Tailoring healthcare delivery to best serve the public during this unprecedented time is critical. To ensure the vitality of the pediatric workforce during this difficult time, it is imperative that telemedicine is reimbursed at the same rate as in-person encounters.

While recognizing that telemedicine cannot replace the vital hands-on skills and assessments that pediatric endocrinologists provide, now more than ever, our patients must have access to telemedicine and such services need to be covered by their health insurance providers. We urge that national policies direct Medicaid, CHIP and commercial payers to cover medical care via video, phone, text and email – whatever means necessary to meet the medical needs of patients. This includes reimbursement for telehealth services that has parity with funding for face-to-face care. Criteria for reimbursement should be documented in the medical record, similar to requirements for in-person visits.

Congress took an important step to ensure Medicare beneficiaries can access telehealth care by expanding eligibility beyond patients in rural areas. We commend Congress and the administration for also acknowledging Medicaid’s critical role in providing support for children and families, and including the provision of additional resources for states, in recent days. Medicaid is the largest funder of care to children. We ask that Medicaid reimburse providers utilizing telehealth at the same rate as traditional in-person visits. This will allow us to adhere to effective social distancing, thereby protecting this at-risk population and the providers who care for them. Expanded use of telehealth services will protect children, families and health care workers from unnecessary exposure, and can ensure healthcare providers remain available when needed. We ask Congress to require that all health insurance providers, including employer-sponsored plans regulated by the Employee Retirement Income Security Act and all Medicaid Managed Care Organizations, be required to modify their benefit, coverage and payment policies so that there is parity of reimbursement for virtual care options and in-person visits. Patient cost sharing for these services should also be eliminated.

We stand with the American Academy of Pediatrics and the Children’s Hospital Association when we ask Congress to follow Medicare’s example of expanding access to telehealth options by increasing flexibility for clinicians that provide these services during this time of great need. Several HIPAA-compliant web-tools for telehealth are available (Zoom, Lifesize, Doxy.me, American Well, and others). Additionally, in order to meet the current urgent need for services, Congress should act quickly to expand upon the administration’s recent move to increase Medicare’s coverage of telehealth services under the Medicare Physician Fee Schedule at the same amount as in-person services by mandating that all healthcare payors extend coverage to allow the delivery of telehealth via a wide range of non-HIPAA-compliant communication channels, including text, email, FaceTime, Skype, Facebook Messenger, and Google Hangouts Video during an emergency. All providers credentialed to bill for face-to-face visits should be able to render telehealth services. Particularly during this time of crisis, payers should not disincentivize
telehealth care by providing less than parity in reimbursement with that of in-person visits. Our ask is for now --- with the recognition that after we have made it through the current COVID-19 crisis, these issues will need to be reconsidered for the longer term.

We thank you for your consideration of these requests and we look forward to working with lawmakers to ensure universal access and care for children.

Sincerely,

Erica Eugster, M.D.  
PES President

Tamara S. Hannon, M.D.  
PES Public Policy Committee Chair
References
