December 23, 2020

The Honorable Alex M. Azar II
Secretary
Department of Health and Human Services
Hubert H. Humphrey Building, Room 509F
200 Independence Avenue SW
Washington, D.C. 20201

Submitted electronically to: http://www.regulations.gov/

RE: HHS-OS-2020-0016, Regulatory Relief To Support Economic Recovery; Request for Information (RFI)

Dear Secretary Azar,

The Children’s Hospital Association appreciates the opportunity to provide comments on the Department of Health and Human Services (HHS) request for information on regulatory relief to support economic recovery during the COVID-19 pandemic. The pandemic has had a devastating impact on our nation’s children’s hospitals and children’s overall health and wellbeing. The traumatic stress surrounding the pandemic will have long-term implications for children’s mental, emotional and behavioral health and it is critical that access to children’s health care services is preserved. The emergency flexibilities granted during the public health emergency (PHE) have aided children’s hospitals in their ability to continue to provide necessary care to the children they serve during a time of increased uncertainty and stress for health care systems, providers, patients and their families.

Children’s hospitals are a vital safety net for all children, treating children across the country who are uninsured, underinsured and enrolled in Medicaid. Although they account for less than 5% of hospitals in the United States, children’s hospitals care for almost one half of children admitted to hospitals and serve the majority of children with serious illnesses and complex chronic conditions. A majority of the patients treated at children’s hospitals are enrolled in the Medicaid program and many require highly specialized and complex care.

Medicaid is the backbone of coverage for children in the United States. Children represent nearly half of all enrollees in the Medicaid program, with approximately 36 million children receiving their health care coverage through Medicaid at some point during a year. The program provides affordable coverage with pediatric appropriate benefits for children in low-income families and is a lifeline for children with special health care needs and chronic or complex conditions. During the coronavirus pandemic, Medicaid has been a critical first responder to the needs of children and families resulting from dual public health and economic crises.

The comments below are intended to provide answers to questions 1 and 2 posed in the RFI under Section III: Key Questions. These issue areas and flexibilities have been shown to have been beneficial to healthcare or human services providers, healthcare or human services systems, or to the patients and clients using these providers and systems pursuant to 1(a) and/or should be maintained after the expiration of the PHE or the end of the pandemic by being made permanent pursuant to 2(b).

189: Audio-only

During the coronavirus pandemic, telehealth has emerged as a vital tool to increase patient access to needed health care services and transformational to health care delivery. The flexibilities and waivers authorized by federal regulatory and
legislative bodies along with actions taken by state officials and private insurers allowed for the rapid expansion and adoption of telehealth across the spectrum of care. One children’s hospital reports completing approximately 600 virtual visits for patients in the nine months preceding March; from mid-March to mid-September, the same hospital reports completing nearly 50,000 virtual visits. The allowance of the provision of telehealth services, including via audio-only technology, has allowed providers to adapt to the changing circumstances and needs of their patients and continue to provide care within their communities and beyond. Preliminary data released by the Centers for Medicare and Medicaid Services (CMS) shows delivery of any services via telehealth to children with Medicaid or Children’s Health Insurance Program (CHIP) coverage between January and May 2020 increased 2,500% over the previous year. The preliminary data also shows substantial declines in several preventive and primary care services for children over the same period.

By allowing a patient to consult or visit with a clinician in a comfortable and safe setting through various modes of communication, that patient may feel more secure in seeking or continuing care. Patients or families may also lack financial capacity to purchase equipment or internet service needed to complete video visits or lack broadband capability in their area. We urge HHS to further explore the agency’s authority to add certain audio-only codes when shown to be a safe and appropriate method of care delivery and continue to use its emergency authority to maintain this flexibility while individuals and communities are impacted by the pandemic. Although this policy applies to the Medicare program, Medicaid and private payers often adopt Medicare policies without additional scrutiny.

301: Prior authorization requirements

As previously stated, children’s hospitals provide care to the majority of children with serious illnesses and complex or chronic health conditions. Plans of care for patients often include comprehensive treatment or medication regimens that may require prior authorization or approval. Patients may also receive care from a number of specialty care providers, increasing the complexity of necessary care coordination and the sharing of a child’s treatment plan information between providers. Timely access to necessary treatment and medications is critical to the health and well-being of children with complex medical needs. Care delays as a result of lengthy prior authorization requirements can be detrimental to the effectiveness of a child’s treatment plan. Reducing or eliminating barriers to accessing necessary treatment is crucial to promoting the health of all children. The elimination of Medicaid fee-for-service prior authorization requirements would support the provision of timely care to children with severe health issues, as the Medicaid program provides coverage to a significant number of the nation’s children with complex conditions.

336: 12-month continuous Medicaid and CHIP eligibility for children

We strongly support the continuation of 12-month continuous Medicaid and CHIP eligibility for children on a permanent basis. Continuous health care coverage is critically important to support access to high quality care for children as they grow and develop. The comprehensive Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit ensures that Medicaid covers preventive services that children need, such as immunizations, well-child visits and vision and dental services, as well as medically necessary specialty care or therapy services. A gap in coverage for an unspecified amount of time could result in a family’s decision to forego necessary care, which could negatively impact a child’s short-term and long-term health outcomes. Compared to uninsured children, those covered by Medicaid are more likely to have better health outcomes as adults, with higher school attendance and academic achievement. This leads to greater resiliency and success in careers and life.

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1 Centers for Medicare and Medicaid Services: [Service use among Medicaid & CHIP beneficiaries age 18 and under during COVID-19](https://www.gpo.gov/fdsys/pkg/FR-2020-09-18/pdf/2020-21878.pdf), September 2020
and clients using these providers and systems pursuant to 1(a), however additional time is needed to measure and assess the impact of these changes on patients, providers and other aspects of the health care delivery system outside the context of the public health emergency.

354: Payment for telehealth services

The removal of restrictions to support the provision of telehealth services has been critical in expanding providers’ ability to continue to deliver care virtually within their communities and beyond. Implementing telehealth payment policies that capture the value and cost of this type of care is essential to maintaining the progress seen with telehealth during the coronavirus pandemic and beyond. Sustained payment for telehealth services should support delivery of care improvements provided through telehealth for children along with other populations. We encourage HHS to review the recommendations and report developed by the multi-stakeholder Taskforce on Telehealth Policy which identifies various cost considerations for telehealth and encourages policymakers to thoughtfully consider the value provided and cost of delivery, understanding flexibility on the use and reimbursement of telehealth services is important to maximizing the benefit. They further recommend that considerations of telehealth costs incorporate a wider view of costs to patients, providers, caregivers and payers.

Thank you for the opportunity to provide comments on maintaining certain regulatory flexibilities that have been beneficial to children’s hospitals as they have worked to continue to provide high-quality, specialized care to the children they serve with severe, complex and chronic conditions. If you have questions on our response, please contact Hilary Daniel at hilary.daniel@childrenshospitals.org or Rachel Bonesteel at rachel.bonesteel@childrenshospitals.org.

Sincerely,

Aimee Ossman
Vice President, Policy Analysis

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2 Taskforce on Telehealth Policy: [Taskforce on Telehealth Policy (TTP) Findings and Recommendations](https://www.hhs.gov), September 2020