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May 29th, 2020

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Att: CMS-1744-IFC
P.O. Box 8016
Baltimore, MD 21244-8016

Re: Policy and Regulatory Revisions in Response to the Covid-19 Public Health Emergency (CMS-1744-IFC)

Dear Administrator Verma,

The Global Healthy Living Foundation (GHLF) writes to you regarding the concern that patients have been unable to access their medications or maintain their normal treatment routine amid the ongoing Covid-19 pandemic.

By way of background, GHLF is a 20-year-old non-profit patient organization reaching millions of chronically ill patients and their caregivers across the country through social media, community events, and online support and education. Our ArthritisPower registry of nearly 30,000 patient participants was developed as part of the National Patient-Centered Clinical Research Network (PCORnet) with data capture mapped to the PCORnet Common Data Model. GHLF works to improve the quality of life for patients living with chronic disease by making sure their voices are heard and advocating for improved access to care at the local and federal level. Our patients suffer from chronic conditions including arthritis, psoriasis, gastrointestinal disease, cardiovascular disease, sickle cell, lung disease, MS, diabetes, migraine and others.

Covid-19 Has Disrupted Patients' Routines

As Covid-19 continues to impact our healthcare system at every level, it has caused an unknown, though not insignificant, number of patients to change their treatment routine because they are unable to leave their homes. High risk patients – including many of those that GHLF represents – are those most vulnerable to missing doctor appointments and skipping needed therapies.

A recent poll conducted by GHLF of over 400 participants found that only 18 percent of patients were continuing their scheduled doctor visits as normal from the beginning of March to mid-April. The same poll found that 52 percent have had to connect with their doctor's offices via

telemedicine, 40 percent had routine visits rescheduled or cancelled, and 15 percent had treatment visits rescheduled or canceled.

Delaying of therapies can have drastic consequences for chronically ill patients. Autoimmune patients, in particular, are at risk of flares and other debilitating conditions as a result of missing treatment. Setting patients' health back has further consequences: it can disrupt their work, interfere with family life, and generally increase mental stress during an already difficult time.

Patients Should Have Options That Put Personal Safety First

We are supportive of CMS's goal to expand access to telehealth by allowing it to be reimbursed at rates closer to in-person visits. As evidenced by the poll referenced above, patients and providers are using telemedicine in large numbers. Even beyond the current pandemic, the expansion of telehealth visits can expand access for individuals in rural areas or parts of the country without specialists or with limited healthcare resources.

GHLF agrees with you when you said "...our Rethinking Rural Health Initiative is a key strategic focus at CMS. We apply a rural lens to CMS programs and policies to lower costs, ensure access and improve quality of care for rural Americans,"¹ Telemedicine accomplishes all three objectives.

Expanding the ability for patients to receive therapies, including infusion treatments at home, is the right public health choice. All public health agencies should use every tool at their disposal to minimize risk of individuals contracting and spreading Covid-19. Keeping high-risk individuals in their homes is one simple way to do this.

Home administration of certain infused medicines for patients could prevent the loss of any benefit that the medicine gives them while minimizing exposure for these patients. Of course, local public health authorities need to ensure that safeguards are put in place to protect both patients and those administering at-home therapies.

At home, infusions are currently used with a limited number of medications in the Part B portfolio; this benefit should expand to a wider group of medications and eligible patients as a way to stop the spread of Covid-19.

As you do, we see the obstacles preventing high-quality care for patients across the United States, and when we see modifications to existing regulations that will remove these obstacles, we take every opportunity to speak up and encourage the more than 1 million people per

¹ Remarks by Administrator Seema Verma at the National Rural Health Association Annual Conference, May 18, 2019, Atlanta, GA.

month who visit www.ghlf.org to speak up, too. Thank you for the opportunity to do this on this important patient issue.

Please feel free to reach out to me at snewmark@ghlf.org for more information from the perspective of chronically ill patients, including those with psoriasis, inflammatory bowel disease and autoimmune arthritis or any of the wide array of conditions we represent.

Respectfully submitted,

A handwritten signature in black ink that reads "Steven Newmark". The signature is written in a cursive, flowing style.

Steven Newmark, JD, MPA
Director of Policy and General Counsel
Global Healthy Living Foundation