March 31, 2020

President Donald J. Trump
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20515

Dear President Trump,

I am writing as President of the American Society of Hematology (ASH) to respectfully request your help in providing additional relief and protection to physicians and the patients they serve. Acting on the requests outlined below will help ensure that hematologists and other frontline providers have what they need to effectively and efficiently treat all patients, including those with COVID-19, in a safe and timely fashion.

ASH represents more than 18,000 clinicians and scientists worldwide who are committed to the study and treatment of blood and blood-related diseases. These disorders encompass malignant hematologic disorders such as leukemia, lymphoma, and multiple myeloma, as well as non-malignant conditions such as sickle cell anemia, thalassemia, bone marrow failure, venous thromboembolism, and hemophilia. In addition, hematologists are pioneers in demonstrating the potential of treating various hematologic diseases and continue to be innovators in the field of stem cell biology, regenerative medicine, transfusion medicine, and gene therapy.

Specifically, ASH requests the following:

1. Expand Medicare telehealth benefits to reimburse for audio-only telehealth visits for office and outpatient evaluation and management service codes.
2. Use the Defense Production Act to substantially increase the supply of personal protective equipment (PPE) and ventilators.
3. Quickly implement the push for blood donations.
4. Address regulatory barriers related to the delivery of pharmaceuticals across state lines.
5. Continue to promote the need for physical distancing.

Expand Telehealth Services
ASH appreciates the action taken by the Administration to date to expand telehealth services, including the recent change which allows for audio-only telehealth services for the telephone CPT codes 98966-98968 and 99441-99443. ASH urges the Administration to go further to include reimbursement for audio-only telehealth visits for office and outpatient evaluation and management (E/M) service codes at a rate equivalent to in-person visits (CPT codes 99201-99215) during the COVID-19 pandemic. The office and outpatient E/M codes are used frequently by sub-specialty physicians, including hematologists, to accurately represent the cognitive care services provided to patients with complex diseases and disorders; hematologic diseases and disorders, as mentioned previously in this letter, tend to be complex by nature. The telephone CPT codes referenced above, although an improvement, reimburse only a fraction of what an
office/outpatient E/M service code reimburses – physicians and patients are following guidelines from institutions around the country to move to almost exclusively virtual visits and should not be penalized for providing treatment in the safest way possible. Furthermore, video telehealth services are not always an option for many reasons – individuals do not have access to video, elderly patients may not know how to properly use the video capabilities, or many times technology fails and physicians are forced to spend valuable time attempting to get the video back up and running. Physicians should at least have the option of documenting that the intent was telemedicine but that video either failed or was not possible. The ultimate goal is to protect vulnerable patients, and the provision of audio only E/M services equivalent to video. Including reimbursement equivalent to in clinic or videoconference visits for audio-only telehealth visits for office and outpatient E/M codes would be especially meaningful to our members and other sub-specialty providers and the patients they serve.

Use the Defense Production Act to Substantially Increase the Supply of Personal Protective Equipment and Ventilators

Thank you for invoking the Defense Production Act (DPA) and directing General Motors to produce ventilators. This is a very important step and we urge you to build on this and require private companies to immediately begin production of key supplies, such as personal protective equipment (PPE) – masks, gowns, gloves and N95 respirators – as well as additional ventilators. Many areas of the country are dangerously low on PPE putting physicians and other health care providers at high-risk of being exposed to and potentially contracting COVID-19. In addition, ill providers can further spread the virus to their patients and colleagues, thinning the ranks of front-line health care providers precisely when they are needed most to save lives. You have the power to increase production of PPE and ventilators through the DPA – the Society implores you to act immediately to increase the supply of this critical equipment.

Support for Blood Donations

Many individuals with hematologic diseases and disorders, including patients with Sickle Cell Disease or leukemia, require regular blood transfusions to prevent life threatening disease complications. Blood centers throughout the country are experiencing a significant drop in donations which is limiting the ability for the nation's blood supply to be adequately replenished. The reductions in the blood supply are threatening to compromise care for all patients around the country, not just those with COVID-19.

ASH was pleased to see that the Coronavirus Aid, Relief, and Economic Security (CARES) Act addressed the importance of our national blood supply. We urge you to direct Secretary Azar to implement the directive in the CARES Act to improve awareness of the importance and safety of blood donation and the continued need for blood donations during the COVID-19 public health emergency and beyond.

Delivery of Pharmaceuticals Across State Lines

The Society asks that you direct the Administration to facilitate the movement of pharmaceuticals across state lines. The process to get drugs shipped across state lines is lengthy and burdensome and is especially relevant during this time when individuals are being asked not to travel. Current regulations can delay or prevent patients from accessing their normal treatments and prevent or slow needed investigational agents from reaching clinical trial participants. For example, if an individual is participating in a clinical trial in a different state but has been asked not to travel for safety reasons, the institution should be able to ship the needed drug across state lines in order to allow patient access to that investigational agent. The regulations currently in place make this simple process time consuming and burdensome, creating a delay in access to needed medications, as well as an interruption in clinical trial research.

Physical Distancing

Thank you for supporting the recommendations regarding travel and gathering restrictions recommended by public health experts. We appreciate your recent announcement to extend distancing guidelines. ASH has answered the call to cancel or postpone our own meetings and our staff is 100% teleworking. Your leadership is vital to achieving the goal of “flattening the curve” and saving lives throughout the United States.
ASH appreciates your consideration of these important issues. Your Administration’s leadership is critical to overcoming the challenges of COVID-19. Please consider ASH as a resource during this public health crisis, and always. If you have any questions or require further clarification, please contact Suzanne Leous, ASH Chief Policy Officer at sleous@hematology.org or 202-292-0258, or Leslie Brady, ASH Policy and Practice Manager at lbrady@hematology.org or 202-292-0264.

Sincerely,

Stephanie J. Lee, MD, MPH
President

Cc: Mike Pence, Vice President of the United States
Alex M. Azar, II, Secretary, Department of Health and Human Services
ADM Brett P. Giroir, MD, Assistant Secretary for Health
Robert R. Redfield, Director, Centers for Disease Control and Prevention
Stephen M. Hahn, MD, Commissioner, Food and Drug Administration
Seema Verma, Administrator, Centers for Medicare and Medicaid Services
Deborah L. Birx, MD, Coronavirus Response Coordinator, Office of the Vice President