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ACAAI Annual
Scientific Meeting

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Douglas C. Leavengood, M.D. Allergy-Immunology/Internal Medicine Medical Director CIGNA Insurance

Dear Dr. Leavengood:

I am writing on behalf of the American College of Allergy, Asthma and Immunology (ACAAI), to offer our recommendations for long-term telehealth policy changes that we believe should be adopted by CIGNA.

ACAAI is the leading medical professional society representing more than 6,000 board certified allergy and immunology physicians and health care professionals.

Each year, allergy and immunology physicians provide much needed care to millions of individuals – young and old – who suffer from asthma and related respiratory conditions.

We appreciate that since the early days of the COVID-19 pandemic, health plans such as CIGNA sought to change or modify health insurance coverage and payment policies that would facilitate the delivery of health care via telehealth. As most states were adopting mandatory stay-at-home orders preventing patients from obtaining care in the physician's office, these policy changes were critical in allowing physicians to continue providing necessary care to our patients.

Like many of our physician colleagues, allergy/immunology (A/I) physicians have worked tirelessly to help reduce the spread of COVID-19, while at the same time, providing much needed care to our patients. Without the telehealth flexibilities approved by CIGNA and others, this would not have been possible.

Without telehealth, many A/I physician practices would likely have been forced to close their practices due to the financial hardship of lost patient revenue. In many cases, their patients would not have been able to access the care they needed.

We are optimistic that within the next few months, healthcare delivery will be restored to a point where more patients will feel comfortable returning to the physician's office for face-to-face care. But having been exposed to the opportunities and efficiencies achievable by telehealth, many patients and physicians are finding that this is a preferred way of physician-patient engagement for many services that previously could only be provided face-to-face.



This, then, raises a question that has been on everyone's mind: What next?

How will CIGNA respond when the COVID-19 Public Health Emergency is lifted? What will happen to the telehealth flexibilities you adopted in response to the pandemic?

We strongly encourage CIGNA to keep in place many of the telehealth policy changes you adopted to facilitate the availability of telehealth services to as many patients as possible.

Specifically, we ask that the following policies be included in all CIGNA insurance products:

- 1. Payment parity between payments for in-person visits and telehealth visits for the same services.
- 2. Remove any and all geographic limitations for telehealth visits (urban or rural locations).
- 3. Lift any coverage and payment requirements that the patient present at an "originating" site as a condition for payment for a telehealth visit.
- 4. Support efforts to maintain the ability to use non-HIPAA compliant audio/video communication tools such as Facetime, Zoom, Go-to-Meeting and other individual-to-individual portals available on smartphones and apple devices.
- 5. Continue authority for providers to <u>voluntarily</u> waive Health Plan co-pay or deductible for telehealth visits.
- 6. Allow Health Plan providers to engage in telehealth visits using audio-only (i.e. traditional phone) platforms.
- 7. Allow physicians to provide telehealth visits across state lines without the need to be licensed in the state in which the patient is located.
- 8. Allow a physician to engage in a telehealth visit with established AND new patients.

The ACAAI greatly appreciate the efforts by CIGNA to allow for expanded use of telehealth services during COVID-19 pandemic.

Your consideration of our recommendations is appreciated. Please do not hesitate to contact us if you have any questions or need any additional information.

Sincerely,

Allen Meadows, MD, FACAAI

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President

American College of Allergy, Asthma

and Immunology