June 11, 2020

Dr. Jonathan Woodson
Assistant Secretary of Defense for Health Affairs
Department of Defense
1400 Defense Pentagon
Washington, DC 20301-1400

Submitted Electronically at www.regulations.gov

Re: TRICARE Coverage and Payment for Certain Services in Response to the COVID–19 Pandemic (Docket ID: DOD–2020–HA–0040)

Dear Assistant Secretary Woodson,

I am pleased to submit these comments on behalf of the Association for Clinical Oncology (ASCO) in response to the TRICARE Coverage and Payment for Certain Services in Response to the COVID–19 Pandemic interim final rule published in the Federal Register on May 12, 2020.

ASCO is a national organization representing nearly 45,000 physicians and other health care professionals specializing in cancer treatment, diagnosis, and prevention. We are also dedicated to conducting research that leads to improved patient outcomes, and we are committed to ensuring that evidence-based practices for the prevention, diagnosis, and treatment of cancer are available to all Americans.

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ASCO supports the Agency’s decision to lift the prohibition of audio-only services for the duration of the COVID–19 pandemic and recommends this policy becomes permanent after the expiration of the Public Health Emergency.

Typically, TRICARE does not cover or reimburse for telephone-only services; however, given the current CDC guidelines for social distancing and stay at home orders in many states during the public health emergency (PHE), the Agency is permitting an exception. During the PHE, TRICARE-authorized providers can render medically necessary care and treatment to beneficiaries over the telephone when in-person treatment is not required. The Agency will perform a thorough review of costs, benefits, risks, patient privacy, and other considerations to determine if this policy change will remain permanent after the expiration of the PHE.

ASCO applauds the Agency for recognizing the importance of covering telephone-only services during this time, especially for beneficiaries with chronic conditions like cancer. During this pandemic we continually hear concerns from physicians who need to have lengthy and complicated conversations with their patients who do not have access to two-way, audio/visual communications. By reimbursing for these services, the Agency is ensuring some of the most vulnerable patients receive adequate and quality care in the safety of their own homes.
ASCO recommends that the Agency permanently cover audio-only services considering the DoD’s acknowledgement that many TRICARE patients do not have access to audio/visual communications. We agree with the Agency that telehealth platforms incorporating both audio/visual two-way communication—when available— is preferred, yet there are instances when this is not possible within the context of this PHE. The Agency provides the example of a rural provider without access to broadband capability, or a beneficiary who does not have in-home technology to support two-way audio/video communication. This lack of access to technology for both patients and physicians will not be limited to the time during the PHE; therefore, we urge the Agency to extend these regulatory changes beyond the PHE.

Cancer patients, because they are often immuno-compromised, are an especially vulnerable subset of the TRICARE population. Granting physicians the flexibility to provide clinically appropriate and high-quality care to these beneficiaries through audio-only means can help keep these vulnerable patients in their homes, reducing unnecessary exposure to all illnesses, not just COVID-19. This in turn can help keep patients healthier, ultimately reducing unnecessary financial burden on the healthcare system. We therefore encourage the Agency to continue the coverage of audio-only services beyond the expiration of the PHE.

**ASCO thanks the Department of Defense for waiving existing state licensure requirements during the PHE.**

Existing regulations require TRICARE providers to be licensed in the state where they practice and in the state where the beneficiary resides. During the PHE, TRICARE will reimburse out-of-state providers, assuming the individual holds an equivalent license from any state in the United States, complies with provisions for interstate practice in that state, and is not barred or restricted from practicing in any state in the United States. This change does not supplant state licensing regulations but assures that if licensure requirements are relaxed by any state during the PHE, the providers caring for TRICARE beneficiaries in compliance with state or federal law will be eligible for reimbursement under TRICARE.

ASCO thanks the Agency for issuing this waiver that will expand access to care for TRICARE beneficiaries during the pandemic.

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We appreciate the opportunity to comment on the TRICARE Coverage and Payment for Certain Services in Response to the COVID–19 Pandemic interim final rule. Please contact Gina Baxter (gina.baxter@asco.org) or Karen Hagerty (karen.hagerty@asco.org) with any questions or for further information.

Sincerely,

Monica Bertagnolli, MD, FACS, FASCO
Chair of the Board
Association for Clinical Oncology