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Governor Eric Holcomb
200 W. Washington St.
Indianapolis, IN 46202

Dear Governor Holcomb,

This letter is being sent on behalf of the 8,500 Hoosier members of the Indiana State Medical Association (ISMA) regarding the current COVID-19 pandemic. First and foremost, thank you for your leadership in recent weeks to ensure Indiana's response to this public health crisis has been efficient and effective.

Our members have been on the forefront of the COVID-19 pandemic since the virus first entered the country. Considering these experiences, we would like to propose the policies outlined below in addition to the prudent steps your administration has already taken. These recommendations are based on intel from Hoosier physicians on the front lines and meant to stop the progression of COVID-19 as soon as possible.

- (1) Seek Flexibility for the Use of Telemedicine Services:** Our physicians care deeply about the safety of their patients and their staff. Therefore, many will turn to telemedicine to maintain sufficient office visit schedules so patients don't have to venture into public and staff don't have to be exposed to sick patients unnecessarily. Subsequently, we hope Indiana telemedicine statutes and rules are interpreted in the most flexible way possible during this public health crisis. Our specific suggestions for telehealth services are below:
 - a. For the purposes of Indiana Medicaid, allow visits to occur between physicians who are in their offices and patients who are at home through any medium available (phones, tablets, etc.).
 - b. Require telemedicine visits, regardless of payer source, to be reimbursed at the same level as corresponding in-person visits.
 - c. Waive the prohibition in IC 25-1-9.5-6(b) on the use of telephone calls as a form of telemedicine.
 - d. Given the declared public health emergency, the federal Drug Enforcement Administration (DEA) has confirmed that the "public health emergency exception" under the federal Controlled Substances Act is now in effect, making it possible under federal law for practitioners to prescribe controlled substances through telemedicine without a prior in-person visit. To provide patients with the full-spectrum of services possible through telemedicine, please consider a limited waiver of the requirements set forth in Indiana Code section 25-1-9.5-8 to allow controlled substances to be prescribed through telemedicine in accordance with the full flexibility afforded at the federal level. (See <https://www.deadiversion.usdoj.gov/coronavirus.html>.)

- (2) Promote Access to Available COVID-19 Testing:** Ensure that all payers, public or private, are promptly processing and paying for COVID-19 testing. As of March 17, CMS has created two new HCPCS codes for healthcare providers who need to test patients for COVID-19. Those codes are HCPCS code U0001 for the Centers for Disease Control and Prevention (CDC) "2019 Novel Coronavirus Real Time RT-PCR

Diagnostic Test Panel” and code U0002 for “2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19) using any technique, multiple types or subtypes (includes all targets)” and should be recognized and reimbursed by all payers.

(3) Boost Indiana’s Healthcare Workforce:

- a. Take advantage of the CMS 1135 waiver to temporarily lift the requirement that out-of-state providers who possess an unrestricted medical license in another state be licensed in the state where they provide services. Times like these call for an “all hands on deck” approach.
- b. Ask the Indiana Department of Insurance to waive penalties under IC 34-18-5-3 for late medical malpractice surcharge payments. This would allow part-time physicians to increase their hours and fill shortages immediately by providing a longer time period for them to arrange for medical malpractice insurance coverage.
- c. Consider organizing some form of childcare assistance for health care workers with elementary-aged children—be that a stipend for use at established childcare centers or a requirement for closed schools to provide childcare to these limited groups.

We recognize that there are many ways to implement the policies outlined above. Please know that ISMA members and staff stand ready to assist you, Dr. Box, and all agencies in accomplishing these goals as quickly as possible. We will also be sure to share with your staff and appropriate agencies additional suggestions that may come to light as we continue to hear from our physician members and as we learn from other states around the country. If ISMA can be of assistance in any way during this crisis (in relation to the requests in this letter or other issues), please do not hesitate to contact us.

Hoosiers are, by nature, team players and most effective when we unite and work together. Our members look forward to continuing to work with the State of Indiana to keep our patients safe and healthy.

Thank you.

Sincerely,



Lisa Hatcher, MD
President
Indiana State Medical Association



Julie Reed, JD
Executive Vice President
Indiana State Medical Association