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April 27, 2021

The Honorable Richie Neal  
Chairman  
House Committee on Ways and Means  
Washington, DC 20515

The Honorable Kevin Brady  
Ranking Member  
House Committee on Ways and Means  
Washington, DC 20515

Dear Chairman Neal, Ranking Member Brady, Subcommittee Chairman Doggett, and Subcommittee Ranking Member Nunes,

The American Academy of Neurology (AAN), the world's largest association of neurologists representing 36,000 professionals, is strongly committed to improving the care and outcomes of persons with neurologic illness in a cost-effective manner. One in six people lives with a brain or nervous system condition, including Alzheimer's disease, Parkinson's disease, stroke, epilepsy, traumatic brain injury, ALS, multiple sclerosis, muscular dystrophy and headache.

The AAN thanks the Ways and Means Committee for hosting the upcoming hearing titled, "Charting the Path Forward for Telehealth". Like many other industries, the COVID-19 pandemic has forced neurology practices around the country to dramatically reshape their delivery of care for the vulnerable populations they treat. Telehealth has become an essential method of delivering care for most neurologists, which has only been possible due to the policy flexibilities enacted by Congress, along with the broad interpretation of these provisions by the Centers for Medicare and Medicaid Services (CMS). According to a recent study, patients cared for by neurologists represent one of the top medical specialties; prior to the public health emergency only 1% of neurology providers delivered telemedicine services and between March through June 2020, 56% of neurologists provided telemedicine services.

As COVID-19 vaccination rates increase, the ability for patients with neurologic illness to access telehealth services is threatened by the impending end of the COVID-19 public health emergency (PHE). The AAN urges the Committee to advance comprehensive legislation, such as the CONNECT for Health Act (re-introduction pending), Telehealth Modernization Act (S. 368/H.R. 1332), and the Protecting Access to Post-COVID-19 Telehealth Act (H.R. 366), to establish permanent solutions for telehealth care delivery beyond the PHE.

**Expansion of Originating Site Allowances**

Under current law, patients must travel to an eligible originating site to receive telehealth services, typically a health care facility, except in a few instances where Congress authorized telehealth to take place in the home for specific services. The

The Honorable Lloyd Doggett  
Chairman  
Health Subcommittee  
House Committee on Ways and Means  
Washington, DC 20515

The Honorable Devin Nunes  
Ranking Member  
Health Subcommittee  
House Committee on Ways and Means  
Washington, DC 20515

PHE has shown that providing care to a patient outside of a traditional health care setting, such as the patient's home, is a powerful tool that must be retained.

The AAN supports removing originating site restrictions to ensure that all patients can access care in their home and other appropriate locations. A wide variety of neurological disorders such as muscular dystrophy and movement disorders lead to ambulatory impairment, making it much more challenging to visit a neurologist in person.

The home is a critical originating site for many patients, but it can be inadequate for those without access to broadband, appropriate technology, or the space to have a private conversation with a health care provider. For these patients, a location outside of the home, but distant from the treating physician, will sometimes be needed. Due to this, the AAN support enacting a broad definition of a valid originating site that includes the home and locations outside the home, to ensure patient access to care and help to reduce health care disparities for underserved communities. This could be accomplished by empowering CMS with the authority to define appropriate sites outside of the home, or by enacting language that broadly lifts originating site restrictions as proposed in the Telehealth Modernization Act. This flexibility is essential to protecting Medicare's most vulnerable patients, and to help reduce, rather than exacerbate health care disparities.

### **Permanent Elimination of Geographic Restrictions**

The COVID-19 PHE has made clear that providing access to care via telehealth is valuable in all communities, not solely rural areas, or communities with a shortage of health professionals.

We support the permanent elimination of the statutory restrictions on Medicare telehealth care delivery based on geographic location. This change would benefit patients and providers and is a positive step towards removing limitations to health care access when telehealth is clinically appropriate.

### **Equity of Telehealth Access**

We encourage Congress to consider all types of patient populations when considering policies to expand telehealth access. Legislation should address potential disparities for patients from underrepresented racial, ethnic, and socioeconomic populations to better achieve equitable access. This could include efforts to address digital literacy, availability of high-quality technology, and universal access to broadband services.

### **Evidence-Based Data Collection**

As telehealth utilization continues to increase, it is important to collect data on services provided and patient outcomes, to better understand costs and appropriate reimbursement. Data should be collected to help evaluate topics such as effects on access to specialty physicians, including neurologists. More research is essential to help improve both the patient and provider experience in using telehealth and to develop evidence-based policies on the appropriate roles of telehealth technologies after the pandemic.

### **Audio-Only Coverage**

The AAN supports continued coverage of audio-only services, which we believe are essential to ensuring health care equity for patients. Access to audio-only telephone-based services is important for Medicare beneficiaries of limited means and is also vital for Medicare patients who live in communities that lack sufficient broadband cellular and internet connectivity. For these communities, telehealth services provided through internet based visual platforms are simply not an option. Additionally, as much as 7 percent of the US population does not use the internet, including 25 percent of adults age 65 or older, according to a recent study from the Pew Research Center.

There are situations where audio-only care is not clinically appropriate, such as diagnosing a complex chronic condition like ALS. But for many encounters, audio-only telehealth provides easy access to care, for example discussing lab results, discussing medication compliance, side effects and prescription refills, and having routine follow-up conversations with patients with chronic conditions like epilepsy and migraine. Audio-only is also helpful for patient who suffer from cognitive impairments that limit their ability to utilize audio-visual technology.

### **Reimbursement**

The AAN looks forward to working with the Committee and the Centers for Medicare and Medicaid Services (CMS) on determining the appropriate coverage and payment for these critical services. Reimbursements for audio-visual and audio-only services must be reasonable and sustainable to ensure these services are readily offered to patients who need them.

### **Broadband**

While audio-only services are useful for many reasons, one barrier to audio-video telehealth services is the lack of adequate broadband access. According to former FCC Chairman Tom Wheeler of the The Brookings Institution, there are up to 42 million Americans for whom broadband is not available, and millions more for whom it is available but unaffordable. In view of this, the AAN supports ongoing efforts to ensure all Americans have access to affordable high-speed internet broadband by the end of the decade.

### **Other Relevant Policies**

In addition to the policies outlined above, the AAN supports:

- Continuing current telehealth flexibilities for another year or two— like what was proposed by MedPAC – if a legislative agreement cannot be reached by the end of the PHE. This would provide time to collect enough data to more thoroughly assess the impact of telehealth services on healthcare costs and overall quality of care.
- Ensuring Federally Qualified Health Centers and Rural Health Clinics can furnish telehealth services after the public health emergency.
- Making permanent federal temporary waiver authority for future emergencies.
- Removing frequency limitations for subsequent inpatient and nursing facility visits, to instead determine frequency based on medical necessity and with clear definitions of what is appropriate and reasonable.
- Modifying direct supervision requirements so that direct supervision can be performed via real-time interactive audio-video technology in situations where it is clinically appropriate.
- Covering new patient visits via audio-video telehealth technology. These visits are necessary to preserve patient access to care and for the long-term viability of practices. The AAN recommends that new patient visits delivered via telehealth should be considered distinct services from in-person new patient office visits, with separate reimbursement rates.

### **Conclusion**

We appreciate the work Congress has done and will continue to do to advance access to telehealth. If you have any questions or require additional information, please do not hesitate to contact Derek Brandt, Director of Congressional Affairs at [dbrandt@aan.com](mailto:dbrandt@aan.com). We look forward to working with you as we all continue working to improve telehealth for the future of American neurologic patients and physicians.

Sincerely,

A handwritten signature in black ink that reads "Orly Avitzur MD". The signature is written in a cursive, flowing style.

Orly Avitzur, MD, MBA, FAAN  
President, American Academy of Neurology