April 1, 2019

The Honorable Mike Thompson
Member of Congress

The Honorable David Schweikert
Member of Congress

The Honorable Brian Schatz
United States Senator

The Honorable John Thune
United States Senator

The Honorable Mark R. Warner
United States Senator

The Honorable Peter Welch
Member of Congress

The Honorable Bill Johnson
Member of Congress

The Honorable Roger F. Wicker
United States Senator

The Honorable Benjamin Cardin
United States Senator

The Honorable Cindy Hyde-Smith
United States Senator

RE: Request for Information re: Telehealth Access & Utilization

Submitted Electronically

Dear Members:

On behalf of the American Medical Rehabilitation Providers Association (AMRPA), we appreciate the opportunity to respond to the Congressional Telehealth Caucus’ Request for Information (RFI) on telehealth and remote patient monitoring issues, and we support your efforts to develop comprehensive legislation in this critical area. AMRPA believes that expanding the use of telehealth and remote patient monitoring (RPM) can help improve patient access to care and outcomes, as long as appropriate patient and provider protections are embedded in any new policies.

AMRPA is the national trade association representing more than 650 freestanding inpatient rehabilitation hospitals and rehabilitation units of general hospitals (referred to here as IRH/U, but referred to by the agency as “IRFs”), outpatient rehabilitation service providers, long-term care hospitals (LTCHs), and several skilled nursing facilities (SNFs). In 2018, IRH/U served 340,000 Medicare beneficiaries with more than 380,000 IRH/U stays.¹

¹ Medicare Payment Advisory Commission, Executive Summary, Report to the Congress, Medicare Payment Policy (Mar. 2019).
AMRPA has long recognized the benefits of telehealth, remote patient monitoring, and other technological innovations, and we support legislative efforts to use these tools appropriately to expand patient access to certain types of providers and services. Our comments focus on the following key issues:

1) Consider directing the Centers for Medicare and Medicaid Services (CMS) to conduct a demonstration that tests expanding the types of therapy that can be delivered via telehealth in the Medicare program;
2) Expand beneficiary access to certain critical services - such as mental health and psychiatric care - delivered by telehealth in all areas of the country; and
3) Ensure CMS has the authority and resources to continue to expand the use of RPM and incentivize RPM utilization by Medicare providers.

First, AMRPA supports efforts to assess the clinical benefit of delivering certain services - such as certain physician and clinical services, including physical therapy, occupational therapy, and speech-language pathology - via telehealth. To date, telehealth services for these therapies have not been widely tested. AMRPA therefore supports a CMS demonstration program that would allow physical therapists, occupational therapists, and speech-language pathologists to deliver certain services via telehealth. This type of demonstration program ideally would generate data about the clinical benefit of furnishing these services via telehealth and the type of patient protections that may be needed before any full-scale policy changes are implemented.

Second, AMRPA recognizes that beneficiaries across the country would benefit from expanded access to mental health and psychiatric services, and we applaud CMS’ recent decision to add certain types of psychotherapy to the list of services that can be delivered by telehealth. We believe, however, that patients in all geographic areas – both urban and rural – would benefit from being able to access a broader range of psychiatric and mental health services via telehealth. We therefore urge you to consider (1) expanding the specific types of mental health/psychiatric care that can be delivered via telehealth, and (2) ensuring that originating site rules do not limit patient access to these services based on their geographic location.

Third, AMRPA supports the expansion of remote patient monitoring where clinically appropriate, as well as adequate Medicare reimbursement for such services. We appreciate recent efforts by CMS, as enabled by Congress, to provide separate payment for RPM and expand the availability of RPM services. We encourage Congress to continue efforts to incentivize all specialties, including rehabilitation physicians and therapists, to utilize RPM for their patients.

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AMRPA thanks the Members of the Congressional Telehealth Caucus for the opportunity to provide feedback, and we look forward to working together as you develop legislation in this area. If you have any questions or need additional information about AMRPA’s recommendations, please contact Kate Beller, J.D., AMRPA’s Executive Vice President for Government Relations and Policy Development at (202) 207-1132 or kbeller@amrpa.org, or AMRPA’s Washington Counsel Martha Kendrick, J.D., at (202) 887-4215 or mkendrick@akingump.com.
Sincerely,

Richard Kathrins, Ph.D

CEO
Bacharach Institute for Rehabilitation
Chair, Board of Directors
AMRPA