



November 25, 2019

The Honorable Brian Schatz
United States Senate
722 Hart Senate Office Building
Washington, DC 20510

The Honorable Roger Wicker
United States Senate
555 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ben Cardin
United States Senate
509 Hart Senate Office Building
Washington, DC 20510

The Honorable John Thune
United States Senate
511 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mark Warner
United States Senate
703 Hart Senate Office Building
Washington, DC 20510

The Honorable Cindy Hyde-Smith
United States Senate
702 Hart Senate Office Building
Washington, DC 20510

Dear Senate Members of the Congressional Telehealth Caucus:

On behalf of the American Medical Rehabilitation Providers Association (AMRPA), we write in support of the *CONNECT for Health Act of 2019*. AMRPA is the national trade association representing more than 650 freestanding inpatient rehabilitation hospitals and rehabilitation units of general hospitals, referred to by Medicare as inpatient rehabilitation facilities (IRFs). The vast majority of our members are Medicare participating providers, and in 2017, IRFs served 340,000 Medicare beneficiaries with more than 380,000 IRF stays.

AMRPA members also provide rehabilitation services across the continuum of care beyond the inpatient hospital, including hospital outpatient departments, physician offices, comprehensive outpatient rehabilitation facilities (CORFs) and therapy clinics. As part of this continuum of care, our members submit claims under Part B of the Medicare program for a variety of services, including physician visits, physical therapy, occupational therapy services, speech-language pathology and a number of other elements of care. AMRPA applauds the *CONNECT for Health Act of 2019* for expanding the reach of IRF's continuum of care, and ensuring patients are not unduly restricted in accessing quality rehabilitative care based on factors such as geography.

In an age of increasing technology utilization in the healthcare field, disparities persist for Medicare beneficiaries in accessing telehealth services. AMRPA strongly supports this bill's efforts to improve access for patients. We particularly support three provisions within the legislation: 1) efforts to assess the clinical benefit of delivering certain services via telehealth through new payment models; 2) expanded access to psychotherapy services via telehealth; and 3) expansion of remote patient monitoring and adequate Medicare reimbursement for such services.

RICHARD KATHRINS, PhD · CHAIR, AMRPA BOARD OF DIRECTORS

President & Chief Executive Officer, Bacharach Institute for Rehabilitation
529 14th Street NW, Suite 1280, Washington, DC 20045 · Phone: 202-591-2469 · Fax: 202-591-2445

AMRPA strongly supports the legislation's efforts to assess the clinical benefit of delivering certain services via telehealth. To date, the utilization of telehealth for physical therapy, occupational therapy, and speech language pathology has not been widely tested. The *CONNECT for Health Act's* proposal to expand the current list of models the Secretary may choose to test from through CMMI would increase potential opportunities for the aforementioned therapists (and other types of currently ineligible clinician types) to furnish telehealth services, thus potentially increasing access for patients. While the current bill adds to an existing list of models that may be tested, it does not mandate testing by the Secretary. AMRPA encourages the bill to go further in requiring testing of such a model.

AMRPA believes Medicare beneficiaries across the country, regardless of whether their place of residence is rural or urban, would benefit from expanded access to mental health services. AMRPA therefore supports the legislation's decision to remove geographic restrictions on telehealth mental health services (as defined by the Secretary). This decision will help to ensure that patient access to care is not restricted solely because of their geographic location. Additionally, AMRPA encourages continued expansion of specific types of mental health services eligible to be provided via telehealth.

Finally, AMRPA applauds the expansion of clinically appropriate remote patient monitoring. More specifically, we support allowing providers to give technology to patients for purposes of remote patient monitoring and other telehealth services without being in violation of the Anti-Kickback Statute. While CMS has expanded the availability of remote patient monitoring services, AMRPA encourages Congress to continue efforts to incentivize all specialties, including rehabilitation physicians and therapists, to increase utilization of remote patient monitoring.

The *Connect for Health Act of 2019* is an important first step in addressing many of the concerns AMRPA members hold regarding the intersection of inpatient rehabilitation and telehealth services. AMRPA is therefore pleased to support this legislation and looks forward to continued engagement on the issue.

Sincerely,



Richard Kathrins, PhD
Chair, Board of Directors
American Medical Rehabilitation Providers Association

RICHARD KATHRINS, PhD · CHAIR, AMRPA BOARD OF DIRECTORS

President & Chief Executive Officer, Bacharach Institute for Rehabilitation
529 14th Street NW, Suite 1280, Washington, DC 20045 · Phone: 202-591-2469 · Fax: 202-591-2445