



April 9, 2019

Congressional Telehealth Caucus
Congress of the United States
Washington, DC 20515

From: American Academy of PAs
PAs in Virtual Medicine and Telemedicine

Re: Response to the Congressional Telehealth Caucus RFI on telehealth legislation

The American Academy of PAs (AAPA), on behalf of more than 131,000 PAs (physician assistants) throughout the United States, and the PAs in Virtual Medicine and Telemedicine (PAVMT), appreciate the opportunity to provide comments to the Congressional Telehealth Caucus on telehealth legislation.

AAPA and PAVMT support the expansion of telehealth services and the advancement of telehealth technology. Expanding the availability of telehealth services to patients will improve access to cost-effective, quality health care. As telehealth expands and its usage by patients and facilities grows, we encourage the full inclusion of PAs as eligible providers of telehealth services to meet the objectives of improving patient outcomes, expanding access to care, and providing a favorable patient experience.

PAs, along with physicians and advanced practice registered nurses, provide services to Medicare and Medicaid beneficiaries in all 50 states and the District of Columbia. PAs are medical professionals who conduct physical exams, order and interpret tests, diagnose illness, develop and manage treatment plans, prescribe medications, assist in surgery, and counsel on preventative health care. PAs often serve as a patient's principal health care provider. With thousands of hours of medical training, PAs are versatile and collaborative. PAs practice in every state and in every medical setting and specialty, improving health care access and quality.

Health disparities in rural and under-served urban communities in America are well documented. Given the lack of health care providers available in such settings, connecting patients with medical services is of the utmost importance. Ensuring the ability of PAs to practice telehealth allows for greater diversity with respect to provider demographic and clinical expertise. Minority, rural, and underserved populations and people with complex health concerns will be able to access a more extensive pool of health care providers with varying backgrounds and areas of training. PAs have been shown to meet the needs of patients, offering high quality care with high levels of patient satisfaction.^{1,2} Patients will have greater access to needed services with the inclusion of PAs in telehealth legislation, which may increase the availability of cost-effective telehealth and remote monitoring technologies that have previously suffered from low rates of use.

Allowing PAs to practice telehealth to the full extent of their training and experience will also make more cost-effective health care options available to patients, the health care system, and federal programs, including Medicare. PAs have consistently demonstrated the ability to provide cost-effective care with similar outcomes, and often at a lower cost, compared to physicians.³ With current Medicare reimbursement rate differentials based on provider-type, a telehealth service billed with a PA as the rendering provider compared to that of a physician will result in a 15% lower cost to Medicare for each encounter or service.

¹ <https://www.healthaffairs.org/doi/10.1377/hlthaff.2012.1150>

² [https://linkinghub.elsevier.com/retrieve/pii/S2213-0764\(16\)30198-1](https://linkinghub.elsevier.com/retrieve/pii/S2213-0764(16)30198-1)

³ https://pdxscholar.library.pdx.edu/open_access_etds/4029/

Members of the Congressional Telehealth Caucus, as well as Congress at large, are encouraged to support the Physician Assistant Direct Payment Act (S. 596 / HR 1052), legislation which would authorize PAs to receive direct reimbursement from Medicare Part B. PAs are the only health professionals who are authorized to bill Medicare for their services who are not able to receive direct payment for those services. For PAs, Medicare payment is currently required to be paid to an employer. The inability to be directly paid often leads to additional administrative arrangements and burdens for hospitals, medical groups and health care organizations utilizing PAs when the facility does not have a traditional employer/employee relationship with medical providers at the facility. To the extent telehealth providers enter into contracts with clinicians to provide care rather than utilizing an employee model, the existing restriction on direct payment will hinder patient access to telehealth services that may be provided by PAs.

Congress should encourage or incentivize states to remove unnecessary practice barriers that limit a PA's ability to deliver telehealth services. The Departments of Health and Human Services, Treasury and Labor, along with the Federal Trade Commission and other administration stakeholders, recently issued a report entitled *Reforming America's Healthcare System Through Choice and Competition*, which suggests that, in order to develop a better functioning health care market and improve the health of Americans, states should consider eliminating 1) requirements for rigid collaborative practice and supervision agreements between physicians and PAs, and 2) statutes and rules that unnecessarily limit services PAs and other professionals can offer.⁴ Restrictive supervisory requirements at the state level may limit PA practice, restrict the scope of a PA's practice to that of his or her supervising physician's, impose geographic proximity requirements to a supervising physician, or add administrative burdens such as cosignature. Some state supervisory and/or collaborative agreements currently leave a PA susceptible to temporary interruption of clinical practice for routine scenarios such as supervisory physician illness, retirement, or other absences.

Encouraging states to remove unnecessary and burdensome legislation will reduce legal, administrative, and financial barriers to PA practice, increasing opportunities for PAs and physicians to engage in direct patient care. Further, it would expand opportunities for PAs to engage in telehealth practice, thereby increasing the number of health care providers available to reach patients in rural and underserved areas.

AAPA and PAVMT also support Congress considering changes to how Medicare reimburses providers for telehealth services. Current Medicare billing requirements for telehealth services are overly restrictive and prevent patients from being able to easily access adequate care. The current Centers for Medicare and Medicaid Services (CMS) telehealth reimbursement policies dictate that patients are required to be on-site at specific types of medical practices in Health Professional Shortage Areas (HPSAs) in order to access telehealth services. This requirement creates an undue burden on elderly and infirm patients for whom it is difficult to leave home and negatively impact the expansion of telehealth services and patient utilization. Expanding the definition of originating sites would allow patients who are able to seek care from their home to be remotely monitored to assist with management of chronic health conditions. Higher-acuity concerns can be evaluated sooner, prompting early intervention and care, potentially leading to better outcomes. Allowing payment for telehealth services rendered to patients in their home will further increase access for populations in particularly high need of health care services.

While outside the purview of the federal government, AAPA and PAVMT also encourage the Congressional Telehealth Caucus to explore ways to support the Uniform Application (UA) for PA state licensure, which would ease the lengthy and complicated current process of obtaining licenses to practice in multiple states. The task of obtaining licenses in multiple states, often required to practice in telehealth, is frequently prohibitive and the task is arduous, often taking several months or longer to complete. The ability of PAs to more efficiently obtain licensure in

⁴ <https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf>

multiple states would further encourage health care organizations to incorporate telehealth technology into existing practice or create new telehealth services altogether, allowing care to reach nearby states. This would expand PA involvement in telehealth, as well as expand patient access to telehealth providers. In addition to expanding patient access, these changes would drive competition and innovation with respect to technology, value-based payment models, and opportunities for care. By reducing administrative burdens to obtain licensure from various states, health care organizations would have more resources to focus on delivering high quality telehealth resources and promoting patient engagement. As the use of telehealth further expands, the creation of interstate licensing compacts could further streamline this process for providers such as PAs.

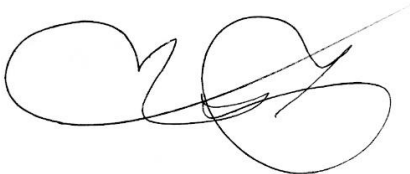
Thank you for the opportunity to provide comments on upcoming telehealth legislation. Including PAs in telehealth legislation and removing barriers to the use of health technology will allow for greater patient choice, satisfaction, and use of technology to improve access to care and better outcomes.

AAPA looks forward to working with the Congressional Telehealth Caucus and all other relevant actors in this space moving forward. Please do not hesitate to contact Tate Heuer, AAPA Vice President, Federal Advocacy, at 571-319-4338 or theuer@aapa.org, with any questions.

Sincerely,



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