



March 10, 2016

Francis J. Crosson, M.D.
Chairman
Medicare Payment Advisory Commission
425 I St., NW, Suite 701
Washington, D.C. 20001

Dear Dr. Crosson:

On behalf of the 108,500 nationally-certified PAs (physician assistants) represented by the American Academy of PAs (AAPA), I am pleased the March MedPAC meeting included a discussion of the use of telemedicine services within Medicare. As you know, current and projected provider shortages have led to increased demand for the development and use of telemedicine services, especially in rural and medically-underserved areas. At the same time, today's Medicare beneficiaries are more comfortable with using technology than ever before, allowing them to embrace the convenience of communicating with their healthcare provider using telemedicine. AAPA supports the increased use of telemedicine and the inclusion of PAs in all proposals which aim to increase the use of this technology under Medicare.

PAs practice and prescribe medicine in all 50 states, the District of Columbia, and all U.S. territories with the exception of Puerto Rico, and they manage the full scope of patient care, often handling patients with multiple comorbidities. In their normal course of work, PAs conduct physical exams, order and interpret tests, diagnose and treat illnesses, assist in surgery, and counsel on preventative healthcare. In some areas, a PA may be the only healthcare professional in the community. In these cases, PAs rely heavily on technology to communicate with patients and their families, remotely monitor patients' conditions, and engage with their collaborating physician or other medical professionals.

For example, Geisinger Health System in Pennsylvania staffs its rural clinics with PAs who specialize in dermatology and handle the majority of the day-to-day exams, diagnoses, and treatments. Although their collaborating physicians are offsite, telemedicine provides these PAs with the ability to photograph potentially troublesome skin lesions and immediately share the images for a consultation, when necessary. Geisinger uses a similar model to better utilize PAs in remote hospitals by providing them with video monitoring systems which allow real-time observation of patients. Geisinger's patients report that these systems are more convenient, allowing them to see a provider near their home rather than having to travel long distances for care. At the same time, this model allows PAs to practice at the top of their license while ensuring their patients receive quality, timely care.

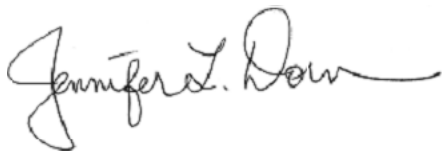
The increasing interest in telemedicine as a potential solution for provider shortages has led to the introduction of multiple bills in Congress. In particular, AAPA supports the approach used in the CONNECT for Health Act (S. 2484/H.R. 4442), which would expand the use of telemedicine in Medicare by allowing these technologies to be used to achieve the goals set out by the Medicare Access and CHIP

Reauthorization Act (MACRA) within the Merit-Based Incentive Program (MIPS). It would also remove barriers to the use of telemedicine within Medicare alternative payment models and increase opportunities for providers to use this technology to treat and monitor patients who suffer from strokes, require home dialysis, or experience chronic health conditions. Importantly, this legislation recognizes the role of PAs as valuable members of the healthcare team by including them as reimbursable providers alongside physicians and nurse practitioners. We believe this bill represents a strong foundation for increasing the use of telemedicine within Medicare, and we encourage MedPAC to consider modeling any recommendations to Congress after this language.

The CONNECT for Health Act addresses a number of the questions which accompany the increased use of telemedicine; however, AAPA believes there are additional issues which must be considered. First, we believe the likelihood of healthcare professionals engaging in telemedicine across state lines will continue to grow as this technology becomes more popular. Therefore, the licensure system must provide appropriate patient protection and access while eliminating geographic restrictions and other limitations on patient care. Additionally, AAPA opposes any requirement for PAs to have a separate telemedicine license – rather, we support the creation of reciprocal relationships with neighboring states and the use of multistate licensing compacts. AAPA’s telemedicine policy (enclosed) supports safeguards in the use of telemedicine for establishing a patient-provider relationship, patient disclosures and consent to treatment, evaluation and treatment of the patient, continuity of care, referrals for emergency services, security of medical records, and patient confidentiality. As such, AAPA encourages MedPAC to include these principles in any recommendations to Congress.

AAPA appreciates MedPAC’s interest in telemedicine, and appreciate the opportunity to submit public comments on this issue. Please do not hesitate to contact Sandy Harding, Senior Director of Federal Advocacy, at (571) 319-4338 or sharding@aapa.org should you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Jennifer L. Dorn". The signature is fluid and cursive, with the first name being the most prominent.

Jennifer L. Dorn
Chief Executive Officer