National Association for the Support of Long Term Care

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National Association for the Support of Long Term Care

April 1, 2019

The Honorable Mike Thompson (D-CA)
Co-Chair, Congressional Telehealth Caucus
Member of Congress
406 Cannon HOB
Washington, DC 20515

The Honorable Peter Welch (D-VT)
Co-Chair, Congressional Telehealth Caucus
Member of Congress
2187 Rayburn HOB
Washington, DC 20515

The Honorable David Schweikert (R-AZ)
Co-Chair, Congressional Telehealth Caucus
Member of Congress
1526 Longworth HOB
Washington, DC 20515

The Honorable Bill Johnson (R-OH)
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Member of Congress
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The Honorable Brian Schatz (D-HI)
United States Senator
722 Hart SOB
Washington, DC 20510

The Honorable Roger Wicker (R-MS)
United States Senator
555 Dirksen SOB
Washington, DC 20510

The Honorable John Thune (R-SD)
United States Senator
511 Dirksen SOB
Washington, DC 20510

The Honorable Ben Cardin (D-MD)
United States Senator
509 Hart SOB
Washington, DC 20510

The Honorable Mark Warner (D-VA)
United States Senator
703 Hart SOB
Washington, DC 20510

The Honorable Cindy Hyde-Smith (R-MS)
United States Senator
702 Hart SOB
Washington, DC 20510

Re: NASL Feedback on telehealth recommendations for the 116th Congress

Dear Representatives Thompson, Welch, Schweikert, Johnson and Senators Schatz, Wicker, Thune, Cardin, Warner and Hyde-Smith:

The National Association for the Support of Long Term Care (NASL) is pleased to submit these comments to the Congressional Telehealth Caucus in response to the Caucus' March 12th

Request for Information (RFI) seeking stakeholder input related to a comprehensive telehealth package for the 116th Congress.

NASL is a trade association representing providers and suppliers of ancillary services to long term and post-acute care (LTPAC) settings. NASL's members include rehabilitation therapy providers that employ physical therapists (PTs), occupational therapists (OTs), and speech-language pathologists (SLPs) who provide therapy services to patients in skilled nursing facilities (SNFs) as well as other long term and post-acute care settings. In addition, NASL also represents developers of health information technology (HIT) with full clinical and point-of-care IT systems, suppliers of durable medical equipment, clinical labs, and portable x-ray services. Our comments focus on the expansion of Medicare coverage of telehealth to include rehabilitation services, a successful tele-rehabilitative pilot program, telehealth-related legislation that NASL expects to be reintroduced during the 116th Congress, and increased access to broadband.

Expansion of Telehealth to Include Rehabilitation Therapy Services

Telehealth is one of the most exciting developments available to help increase access to care. **Accordingly, NASL believes that providers of rehabilitation therapy services (PT, OT, and SLP) should be able to utilize telehealth and remote monitoring, regardless of the type of patient they treat or where they are geographically located in the United States.** Access to care through telehealth technology overcomes barriers of access to services caused by distance, unavailability of specialists and/or subspecialists, and impaired mobility, regardless of healthcare setting. NASL commends the Congressional Telehealth Caucus for considering the expansion of telemedicine and remote monitoring as part of its efforts in developing a comprehensive telehealth package for the 116th Congress. NASL is actively engaged in the pursuit of policies related to the advancement of telehealth and HIT. It is no secret that telehealth is a clinically-effective, cost-effective mechanism that increases Medicare beneficiaries' access to needed services and providers. NASL believes that current Medicare policy related to telehealth services is far too limited, and as a result, hinders beneficiaries' access to needed services.

Specifically, NASL urges Congress to provide Medicare beneficiaries with timely access to rehabilitation therapy services by expanding Medicare coverage of telehealth services to include physical therapy, occupational therapy, and speech-language pathology services. Accordingly, NASL believes that Congress should define covered providers for purposes of rehabilitation therapy telehealth services to include physical therapists, occupational therapists and speech-language pathologists, as well as physical therapist assistants (PTAs) and occupational therapy assistants (OTAs).

Allowing physical therapists to furnish services via telehealth to the Medicare population would generate better patient outcomes as a result of increased access to physical therapy services. For

example, PTs provide interventions by watching and observing how patients move and perform particular exercises and activities. They then are able to utilize telehealth to provide verbal instructions and cues electronically to modify or correct how the patient performs various activities. Furthermore, a PTs ability to utilize telehealth also allows them to change the typical, clinical environment that a patient is usually subject to when receiving physical therapy to one that is more comfortable for the patient, which encourages more optimal outcomes. Using telehealth to observe patients in their own home, to ensure exercises are being properly performed, allows PTs to help patients avoid complications and further injury by identifying risks in the home setting as well as the manner by which patients operate in such settings. This is particularly beneficial to SNF residents and/or persons with chronic conditions, a population which is at risk for falls and other injury. PTs are also able to utilize telehealth to provide consultative services by working with other PTs, PTAs, and other health care providers to share expertise in specific movement-related activities. In addition, certified wound care PTs may also utilize telehealth for purposes of wound care monitoring. Wounds are very common among Medicare beneficiaries, particularly those that live in rural areas and those beneficiaries that are in nursing facilities. Utilizing telehealth, PTs are able to observe and examine the beneficiary's wound seven days a week, throughout the healing process, and can be quicker to act to prevent any unnecessary re-hospitalizations due to fear of infection. In addition, increased access to a wound expert also increases resident satisfaction and helps to identify wound etiologies to ensure a correct plan of treatment, which in turn gives the patient and their family members the correct outlook on recovery/healing.

Medicare beneficiaries would also experience better patient outcomes as a result of access to occupational therapy services utilized via telehealth. For OT, although a hands-on approach is preferable in certain situations; if a patient has a functional, cognitive-type program then there is a great deal that can be accomplished via telehealth. Similar to PT, OTs also provide interventions for their patients using telehealth by observing how the Medicare beneficiary moves and performs assigned exercises and activities while the patient is at home. They too are then able to utilize telehealth to provide verbal instructions and cues to modify how the patient performs various activities. In addition, OTs may also provide consultative services by working with other OTs, OTAs, and other health care providers to share expertise in specific movement-related activities to optimize the patient's participation. Moreover, OTs may also use telehealth, similar to PTs, to provide quicker screening, assessment, and referrals that improve care coordination within collaborative delivery models.

SLP services provided through telehealth technology could also lead to improved patient outcomes and optimized results for Medicare beneficiaries. In addition to being easy to do as well as cost-effective, SLP therapy can arguably be used even more extensively via telehealth than both PT and OT. Telehealth can be utilized to manage and treat a number of SLP disorders, including voice disorders, articulation disorders, functional memory disorders, and functional

communication disorders. SLPs may use telehealth for functional communication and discussion in the SNF population for beneficiaries suffering from memory loss and change in condition. In addition, progressive neurological diseases (i.e., Parkinson's, Amyotrophic Lateral Sclerosis (ALS), and Multiple Sclerosis (MS)) also lend themselves to remote monitoring treatment very well. Moreover, speech therapy has also utilized telehealth extensively with treating children in schools and the pediatric population, especially school systems in rural areas where there is a shortage of SLPs nationwide. Lastly, the Department of Veterans Affairs (VA) has also been extensively utilizing telehealth technology to deliver SLP services for management and treatment of various speech-related disorders among veterans.

The opportunities are great for care coordination and to avoid re-hospitalizations through the utilization of telehealth in certain areas of the Medicare program. In addition to increasing access to rehab therapy services and reducing healthcare costs for patients, the utilization of telehealth also reduces costs for federal programs, including Medicare. **Therefore, NASL recommends that Congress modify the Social Security Act § 1834(m) to allow physical therapists, occupational therapists, and speech-language pathologists the ability to furnish and receive payment for covered telehealth services (subject to state law).**

Successful Tele-Rehabilitative Pilot Program

NASL wishes to highlight one example where telehealth is being used successfully to bolster patient access to care, and how NASL members collaborated with the State of Washington and a community-based provider on a tele-rehabilitation pilot project. The pilot sought to overcome significant barriers to patients' timely access to physical therapy due to a combination of state requirements regarding supervision of physical therapist assistants and the limited number of qualified physical therapists working in rural areas of the state. The proposed pilot required a minimal investment in approved telehealth equipment. Working with the State and community partners, NASL members involved in the pilot delivered on more than their goals to improve clinical outcomes and patient access. The pilot demonstrated that telehealth could be used to bridge the gap between limited workforce resources and patient needs in rural areas. On both the provider side as well as the health care system, better clinical outcomes led to faster discharge and less chance of re-hospitalization. The State has since amended the Washington Administrative Code to include the use of telehealth in the practice of physical therapy (WAC 246-915-187)

NASL also wishes to highlight a 2012 study by Drs. David C. Grabowski and A. James O'Malley entitled, *Use of Telemedicine Can Reduce Hospitalizations of Nursing Home Residents and Generate Savings for Medicare.*[1] This study represents the first US-based study suggesting that telemedicine is a cost-effective way to reduce inpatient spending in Medicare, compared to

[1] https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2013.0922

the traditional nursing home model of having a physician provide off-hours coverage. A central focus of the study centered on the frequency of re-hospitalizations of nursing home residents, which result in further complications, morbidity, and Medicare expenditures of more than a billion dollars annually. According to the study, the lack of a physician presence at many nursing homes after-hours may contribute to unnecessary and inappropriate re-hospitalizations. Findings from the controlled study of eleven nursing homes offered the first indications that switching from on-call to telemedicine physician coverage during after-hours could reduce re-hospitalizations, thereby generating cost savings to Medicare in excess of the facility's investment in the telemedicine service. *Id.* **NASL believes that the results from this study are promising in that they demonstrate both the cost-effectiveness and the potentially avoidable re-hospitalizations associated with the utilization of telehealth in nursing facilities.**

Telehealth-Related Legislation Expected to be Re-introduced in the 116th Congress

Telehealth services are gaining a tremendous amount of attention at both state and federal levels as more providers, payers, and patients are seeking cost-effective approaches to care. NASL supports two key pieces of telehealth-related legislation that were originally introduced last Congress that are expected to be reintroduced in the 116th Congress, including the *Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act*, as well as the *Medicare Telehealth Parity Act*. **NASL encourages Congress to reintroduce, as well as work towards the passage of both of these important pieces of telehealth-related legislation.**

NASL supported the *CONNECT for Health Act of 2017 (H.R. 2556/S.1016)*, which was originally introduced during the 115th Congress by Senators Brian Schatz (D-HI), Roger Wicker (R-MS), Thad Cochran (R-MS), Ben Cardin (D-MD), John Thune (R-SD), and Mark Warner (D-VA). House sponsors included Representatives Mike Thompson (D-CA), Peter Welch (D-VT), Gregg Harper (R-MS), and Diane Black (R-TN). The *CONNECT for Health Act* is expected to be reintroduced during the 116th Congress, and it promotes cost savings and quality under the Medicare program through the use of telehealth and remote patient monitoring (RPM) services. If reintroduced, in addition to allowing telehealth and RPM to become basic benefits under Medicare Advantage (MA), Accountable Care Organizations (ACO) plans, and certain bundled payment models, the *CONNECT for Health Act* would also remove a number of the current Medicare restrictions on telehealth and remote monitoring services, including originating site restrictions, geographic restrictions, and other limitations on access to these critical telehealth services. Most importantly, the bill would potentially allow for PTs, OTs, and SLPs to utilize telehealth when treating patients who are enrolled in MA plans, ACOs, and certain bundled payment models. **NASL remains supportive of the CONNECT for Health Act overall, and**

encourages Congress to include language to ensure that PTs, OTs, and SLPs can use telehealth when treating patients who are enrolled in MA, ACO, and bundled payment models.

NASL also supported the *Medicare Telehealth Parity Act of 2017 (H.R. 2556/S. 1016)*, which was originally introduced in the 115th Congress by Representatives Thompson (D-CA), Black (R-TN), Harper (R-MS), and Welch (D-VT). Representatives Thompson and Welch, along with Representatives Bill Johnson (R-OH) and David Schweikert (R-AZ) are expected to reintroduce the bill in the 116th Congress. If reintroduced, the *Medicare Telehealth Parity Act* would phase in the expansion of telehealth services by removing the geographic barriers that exist under current law and allow for the provision of telehealth services in rural, underserved, and metropolitan areas. The bill would also expand the list of providers and related covered services that are eligible to provide telehealth services to include physical therapists, occupational therapists, speech-language pathologists, respiratory therapists, and audiologists. Moreover, the bill would also allow RPM for patients with chronic conditions such as heart failure, chronic obstructive pulmonary disease (COPD), and diabetes; in addition to also allowing the beneficiary's home to serve as a site of care for home dialysis, hospice care, eligible outpatient mental health services, and home health services. NASL believes that the changes made through the *Medicare Telehealth Parity Act* will be exceptionally beneficial in providing the needed flexibility to providers and patients, and in increasing access to care, especially to those living in medically underserved areas or individuals living with impaired mobility. **NASL remains extremely supportive of this legislation and strongly urges Congress to, both, reintroduce and work for its passage during the 116th Congress.**

The *Reducing Unnecessary Senior Hospitalizations (RUSH) Act of 2018*, which was originally introduced during the 115th Congress by Representatives Adrian Smith (R-NE) and Diane Black (R-TN), is also expected to be reintroduced during the 116th Congress. Under current Medicare policy, nursing facilities are only authorized to utilize telehealth in rural areas of the country. This bill seeks to reduce unnecessary hospitalizations by allowing for the use of telehealth in SNFs, to treat Medicare beneficiaries in place rather than transferring them to the hospital. Specifically, the legislation would allow the Medicare program to enter into value-based arrangements with qualified physician group practices that furnishes a combination of telehealth and qualified clinicians. The legislation would allow for an on-site clinician equipped with mobile diagnostics to coordinate treatment for patients with acute care needs through a telehealth connection to a physician. NASL has been working with the drafters of the *RUSH Act* since its inception in 2018 to assist in making some needed, positive improvements to the legislation in order to make it more workable in the SNF sector. NASL believes that access to telehealth services is needed in more than just rural areas. We are confident about the positive direction of the legislation because we see it as a realistic and critical vehicle that would allow for SNFs to utilize telehealth in all areas of the country, and not simply in areas that are rural. For this

reason, NASL is strongly encouraged by the *RUSH Act* because of its unique potential to broaden telehealth utilization for the rest of the country. **While we have not endorsed the bill itself yet, we support the concept and look forward to further refinement of the proposal to ensure it is best able to serve patients.**

Increased Access to Broadband

In a report on rural hospitals that was released on February 4, 2019, the American Hospital Association (AHA) stated that limited access to broadband, in turn, limits the use of telehealth. According to AHA, 34 million Americans still lack access to broadband and many of those Americans live in rural parts of the country.[2] Accordingly, **NASL recommends that Congress increase funding to the Federal Communications Commission (FCC) in order to expand access to telehealth services for individuals, particularly for those who suffer from chronic and/or complex conditions.**

Conclusion

On behalf of the members of NASL, I thank you for the opportunity to provide these comments. Please do not hesitate to be in contact should more information or detail be needed.

Sincerely,

Cynthia K. Morton, MPA
Executive Vice President

[2] Challenges Facing Rural Communities and the Roadmap to Ensure Local Access to High-quality, Affordable Care. https://www.aha.org/guidesreports/2019-02-04-rural-report-2019. Accessed March 22, 2019.