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May 17, 2017

The Honorable John Thune  
Chairman  
U.S. Senate  
405 Senate Hart Office Building  
Washington, DC 20510

Dear Chairman Thune:

On behalf of the physician and medical student members of the American Medical Association (AMA), I applaud your leadership and efforts to advance health care transformations that improve patient health outcomes while also increasing value. The legislation that you have cosponsored, S. 1016, the “Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2017,” would remove antiquated restrictions in the Medicare program that prevent the delivery of clinically validated services and procedures.

The AMA strongly supports passage of this legislation as it is essential to provide patients, physicians, and other health care system stakeholders the flexibility at this critical time of delivery reform to utilize proven modalities that technological advances in the past decade have made widely available. While other federal health programs, state Medicaid programs, and private health plans have allowed adoption of telehealth and remote health services, the current Medicare restrictions have impeded the uptake of now well-established service delivery methods. Increased access to telehealth and remote patient monitoring services is urgently needed to effectively address the looming demographic health demands that will be placed on the Medicare program and health care providers in the near future.

This legislation takes a measured approach by expanding coverage of telehealth services for specific services and delivery methods while also identifying key areas where increased flexibilities will allow physician practices, health systems, and other health care providers to diagnose and treat earlier manifestations of disease in less costly care settings and help patients improve compliance and adherence with their care plans. For example, there is already a well-established body of clinical evidence to support the importance of immediate access to medical specialists to evaluate acute stroke and the appropriate course of treatment which varies depending on the diagnosis. Telestroke services enable the rapid evaluation of Medicare patients which has been demonstrated to improve patient health outcomes and lower the cost of care as correct and prompt treatment may minimize the adverse impact on patient function and speed recovery.

The CONNECT for Health Act would also provide important patient protections, safeguard the Medicare Trust Fund, and ensure much needed discretion to implement new methods of health care delivery that will offer value in alternative-payment models, including in the Medicare Advantage (MA) program, certain accountable care models, and bundled payments. Essential to promoting patient interests, the bill contains provisions that would ensure adherence to important state-based laws relevant to enforcing the oversight of medical practice laws as well as safeguarding the network adequacy of MA plans.

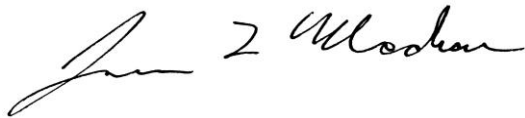
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Furthermore, in order to address concerns that alternative methods of health care delivery utilizing telehealth and/or remote patient services could lead to greater expenditures, the legislation also includes provisions in two categories related to coverage and payment for remote patient services and telehealth that the Chief Actuary of the Centers for Medicare & Medicaid Services must certify that providing coverage would either reduce spending without reducing the quality of care or improve the quality of care without increasing spending.

S. 1016 enjoys a historic level of support from a broad cross-section along the health care spectrum, and passage of this legislation is critical to continuing the advancement of Medicare payment and delivery reform efforts. While telehealth and remote patient services have been around for decades, in the last ten years there has been significant progress in their technological capabilities and clinical validation. The medical profession has been embracing such advances in telemedicine services that help their patients, play a constructive role in their workflow, and serve as a greater part of the larger digital infrastructure in their office. Expanding coverage of telemedicine and remote patient monitoring services in the Medicare program would lead to increased investment and innovation in delivery redesign to the benefit of all patients.

Thank you for your leadership on this issue. We look forward to working with you to advance this legislation in the Senate.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD