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May 17, 2017

The Honorable Orrin G. Hatch  
Chairman  
Senate Committee on Finance  
219 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Johnny Isakson  
Co-Chair  
Senate Committee on Finance  
Chronic Care Working Group  
219 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Ron Wyden  
Ranking Member  
Senate Committee on Finance  
219 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Mark Warner  
Co-Chair  
Senate Committee on Finance  
Chronic Care Working Group  
219 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairman Hatch, Ranking Member Wyden, Chairman Isakson, and Senator Warner:

On behalf of the physician and medical student members of the American Medical Association (AMA), I applaud your leadership and your dedication to advancing the interests of some of the most vulnerable patients in our nation among the Medicare population by developing legislation that would provide a clear pathway toward new delivery models that are patient-centered and will improve health outcomes and value. S. 870, the “Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2017,” represents the strong consensus that addressing chronic conditions in a comprehensive and coordinated fashion not only improves the quality of care and patient experience, but also produces demonstrable cost savings to the health system. The AMA is pleased to support this legislation and looks forward to working with you as S. 870 progresses through the legislative process.

Currently, physicians and other health care providers are expending significant time and resources to modernize how medical care is delivered. The AMA supports the provisions in the legislation that would remove barriers to care coordination and enhance beneficiary flexibilities to be a part of an accountable care organization (ACO).

The AMA continues to support extending and expanding the Independence at Home (IAH) Demonstration Program, which has already produced savings to the Medicare program as well as improved health outcomes among a beneficiary population that is medically fragile with high acuity. The comprehensive approach and flexibilities provided by the IAH Demonstration have established a proven method for providing care in less costly settings that enhance the quality of patient care. Notably, IAH teams that include a physician and have an established relationship with a hospital are able to provide the most comprehensive, coordinated care, particularly for patients with complex comorbidities.

While other federal health programs, state Medicaid programs, and private health plans have allowed adoption of telehealth and remote health services, current Medicare restrictions have impeded the uptake of now well-established service delivery methods. Increased access to telehealth and remote patient

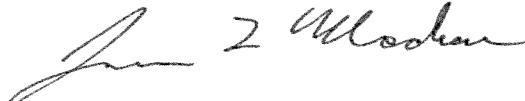
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monitoring services is urgently needed to effectively address the looming demographic health demands that will be placed on the Medicare program and health care providers in the near future. Telehealth is particularly important for patients with chronic conditions as it removes barriers to adherence and improves access to care in less costly sites of care. The AMA supports the inclusion of telehealth coverage for certain ACOs and Medicare Advantage (MA) plans, as well as for patients who are suffering from acute stroke or need dialysis. The AMA also appreciates the important patient access protections that would ensure that telehealth would not be used for network adequacy determinations for MA plans. As the telehealth provisions in S. 870 were incorporated and updated in the recently introduced S. 1016, "Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2017," the AMA would urge the committee to update the current language by incorporating the parallel telehealth provisions in S. 1016. Specifically, we urge adoption of provisions contained in S. 1016 that ensure adherence to important state laws relevant to enforcing the oversight of medical practice laws.

Furthermore, as S. 870 moves through the legislative process, we urge you to consider the inclusion of section 11 of the "CONNECT for Health Care Act" that would establish a meaningful pathway to expand Medicare coverage of telemedicine and remote patient monitoring services while addressing concerns regarding the potential for increased expenditures. Specifically, the Secretary of the U.S. Department of Health & Human Services would be given the discretion to waive the current Medicare restrictions on telehealth (subject to applicable state medical practice and licensure laws) if the Centers for Medicare & Medicaid Services Chief Actuary certifies that such a waiver would: (1) reduce spending without reducing the quality of patient care; or (2) improve the quality of patient care without increasing spending.

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

Sincerely,



James L. Madara, MD