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August 21, 2017

The Honorable Bill Johnson
United States House of Representatives
1710 Longworth House Office Building
Washington, DC 20515

The Honorable Doris Matsui
United States House of Representatives
2311 Rayburn House Office Building
Washington, DC 20515

Dear Congressman Johnson and Congresswoman Matsui:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to express support for H.R. 3482, the “Evidence-Based Telehealth Expansion Act of 2017.” H.R. 3482 will confer the U.S. Secretary of Health & Human Services (HHS) with much needed authority to provide coverage of telehealth services that would remove antiquated restrictions in the Medicare program that prevent the delivery of clinically validated services and procedures. As health care delivery models rapidly change to incentivize value and improved patient health outcomes, clinically- and cost-effective methods for delivering health care should not be held back with obsolete statutory provisions that no longer reflect rapid technological advances throughout all sectors of society, including in health care, that are transforming consumer health tools and patient medical care.

The AMA continues to strongly support a comprehensive modernization effort that will rapidly unlock the full promise of telehealth flexibilities to Medicare patients through expansion of telehealth coverage. We urge Congress to act. H.R. 3482 is an essential step in the right direction. The bill confers HHS with the authority to cover those services with existing clinically validated evidence to support coverage while ensuring the Secretary of HHS is able to keep pace with the emergence of new clinical evidence in the future applicable to additional services. Specifically, H.R. 3482 would permit waivers of originating site, technology, and geographic location restrictions where the Secretary determines that the waiver is expected to reduce spending without reducing the quality of care or would improve the quality of patient care without increasing spending. The bill would further provide that the Chief Actuary of the Centers of Medicare & Medicaid Services would have to certify that such waiver would reduce (or would not result in any increase in) net program spending and allows for public comment.

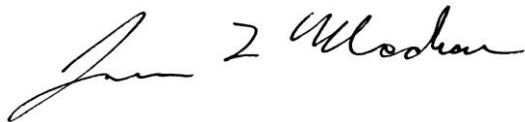
We noted earlier this year that it is essential to provide patients, physicians, and other health care system stakeholders the flexibility at this critical time of delivery reform to utilize proven modalities that technological advances in the past decade have made widely available. While other federal 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 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.

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While telehealth services have been around for decades, in the last 10 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 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.

Sincerely,

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

James L. Madara, MD