**Medicare Red Tape Relief Project**

Submissions accepted by the Committee on Ways and Means, Subcommittee on Health

Date: August 25, 2017

Name of Submitting Organization: Physicians Advocacy Institute

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Statutory ✓

Regulatory

**Please describe the submitting organization’s interaction with the Medicare program:** PAI is a not-for-profit advocacy organization focused on securing fair and transparent payment for physicians. PAI’s Board is comprised of CEOs/former CEOs of state medical associations from California, Connecticut, Georgia, Nebraska, New York, North Carolina, South Carolina, Tennessee and Texas and a Kentucky physician. A significant portion of the members of these and other states’ medical societies treat Medicare patients and submit claims to Medicare

**Short Description:** The current statutory requirements governing Medicare telehealth coverage and reimbursement create barriers for physicians and patients. Amending these statutory restrictions and expanding the use of telehealth in Medicare can help improve beneficiary access to critical services, reduce unnecessary hospitalizations, and lower Medicare spending.

**Summary**: Physicians, including PAI members, have been able to successfully use telehealth to provide critical services to their patients, particularly those in rural areas. In the Medicare program, however, there are statutory restrictions that limit where and how physicians can provide telehealth and receive reimbursement for these services. PAI believes these statutory restrictions should be amended in light of the high-value, low-cost care that can now be delivered virtually.

PAI supports provisions in the 21st Century Cures Act that directed CMS to study whether certain types of Medicare beneficiaries and certain services are particularly suitable for telehealth, and to identify barriers for expansion. In line with these goals, PAI urges Congress to consider statutory changes that would remove several of the location and service-based restrictions that impede physicians from using telehealth more broadly for their Medicare patients. These statutory changes would particularly help physicians and patients in rural states and improve their access to critical services such as high technology monitoring and virtual consultations.  Expanding the use of telehealth also has the potential to reduce emergency room visits, hospitalizations and readmissions, which would reduce spending for both beneficiaries and the Medicare program.

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**Related Statute/Regulation:** 42 USC 1395m

**Proposed Solution:** Amend the Medicare statutory provisions to provide that Medicare-covered services are presumed covered when delivered by telehealth, unless HHS determines that such coverage is inappropriate on a case-by-case basis.