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February 14, 2023

The Honorable Brian Schatz
722 Hart Senate Office Building
Washington, DC 20515

The Honorable Mike Thompson
268 Cannon Office Building
Washington, DC 20510

Dear Senator Schatz and Congressman Thompson,

The American Academy of Neurology (AAN) would like to thank Senator Schatz and Congressman Thompson for including various telehealth provisions in the CONNECT for Health Act of 2021, such as audio-only coverage, geographic and originating site flexibility, and a study on telehealth effectiveness. We are happy that many of these provisions were added to the Consolidated Appropriations Act, 2023 (CAA, 2023), but know that these are only temporary. We applaud Senator Schatz for advocating for telehealth access beyond 2024.

The AAN is the world's largest neurology specialty society representing more than 38,000 neurologists and clinical neuroscience professionals. The AAN is dedicated to promoting the highest quality patient-centered neurologic care. A neurologist is a physician with specialized training in diagnosing, treating, and managing disorders of the brain and nervous system. These disorders affect one in six people, and include conditions such as multiple sclerosis, Alzheimer's disease, Parkinson's disease, headache, stroke, and epilepsy.

As highlighted in the [American Academy of Neurology Telehealth Position Statement](#), the AAN predicts that telehealth will continue to play an essential role in caring for patients with neurologic conditions, although barriers to coverage, licensure, and reimbursement must be addressed.

In our comments below, the AAN provides suggestions and supporting data to consider when updating the CONNECT for Health Act of 2021 for the 118th Congress.

Domains of quality

The AAN is supportive of quality frameworks, namely those of the [American Medical Association's Virtual Care Value Stream](#) and the [National Quality Forum Recommendations to Advance Field in Measuring the Quality of Care Provided by Telehealth](#), that include quality metrics related to clinical effectiveness, access to care, patient and caregiver experience, clinician experience, cost, and health equity. Further, implementing the coverage flexibilities described in the CONNECT for Health Act will be crucial for clinicians in both fee-for-service and value-based environments to adopt telehealth across the entire care team. It should be noted however, that the Center for Medicare & Medicaid Services (CMS) and other payers

must ensure that cost and quality measures are updated to reflect shifts in telehealth utilization among their beneficiaries.

Support for telehealth education and training

Since its inception in 2021, the AAN's Telehealth Subcommittee has [published resources](#) to help members implement, practice, and improve the quality of telehealth across a variety of clinical settings. Nevertheless, in a survey conducted in collaboration with the American Medical Association, 70% of neurologists indicated that they were personally motivated to increase telehealth use, yet 85% of respondents agreed there is a lack of general awareness of telehealth research and best practices.¹ Telehealth is poised to help address access and distribution issues facing the neurology workforce, yet telehealth training in residency programs is currently sporadic and inconsistent, or absent altogether.²

Unfortunately, real world telehealth education and training for residents is hampered by supervision restrictions in teaching settings. During the federal COVID-19 Public Health Emergency (PHE), CMS modified supervision requirements so that physicians working with residents who furnish services via telehealth could be present through real-time audiovisual communications technology. To ensure access to telehealth teaching opportunities for residents, **the AAN supports a policy to permanently allow direct supervision of residents by teaching physicians via real-time audiovisual technology in appropriate clinical situations.**

Opportunities for continued data collection and analysis

The AAN is supportive of the provisions in the CAA, 2023 that direct federal agencies to modernize telehealth data collection by considering beneficiary broadband access, Health Professional Shortage Areas, and diversity in clinical trials. **As telehealth continues to be studied, federal funding for testing and implementing community-based interventions will be important.** Studies such as that from Lindauer et al. aim to establish the acceptability and feasibility of using telehealth to implement education for caregivers for individuals living with Alzheimer's Disease or a related dementia.³

Approaches to facilitate providers seeking to deliver telehealth out-of-state

Despite the removal of geographic requirements and expanded originating sites in the CONNECT for Health Act, clinicians must generally be licensed in the state in which the patient is located. Some states allow out-of-state clinicians to provide telehealth under certain conditions, but this varies considerably. For example, some states allow treatment of established patients across state lines; permit treatment if the out-of-state clinician does not establish a brick-and-mortar facility; permit

¹ American Medical Association. (2021). *Telehealth Survey Report – Neurology*. <https://www.ama-assn.org/system/files/telehealth-survey-report.pdf>

² Govindarajan, R., Anderson, E. R., Hesselbrock, R. R., Madhavan, R., Moo, L. R., Mowzoon, N., Otis, J., Rubin, M. N., Soni, M., Tsao, J. W., Vota, S., & Planalp, H. (2017). Developing an outline for teleneurology curriculum: AAN Telemedicine Work Group recommendations. *Neurology*, *89*(9), 951–959. <https://doi.org/10.1212/WNL.0000000000004285>

³ Lindauer, A., Messecar, D., McKenzie, G., Gibson, A., Wharton, W., Bianchi, A., Tarter, R., Tadesse, R., Boardman, C., Golonka, O., Gothard, S., & Dodge, H. H. (2021). The Tele-STELLA protocol: Telehealth-based support for families living with later-stage Alzheimer's disease. *Journal of advanced nursing*, *77*(10), 4254–4267. <https://doi.org/10.1111/jan.14980>

interprofessional consults; or allow the provision of care if the physician is not compensated for it.⁴ These complexities often deter clinicians from opting to care for patients across state lines.

The AAN believes that licensing, prescribing, and related state-specific policies should be simplified to facilitate telehealth access. Further, neurology faces substantial workforce shortages and in-person access to a neurologist is highly variable across geographies. **The AAN believes that if there are no local providers practicing a certain specialty, patients should have telehealth access covered for that specialty.** When traveling out of state, patients should maintain permanent coverage for telehealth access to their home state providers. The CONNECT for Health Act should consider allowing the Secretary of the Department of Health and Human Services to explore the development of interstate licensure that operates under a policy of mutual recognition to address these concerns.

Recommended new provisions

In the 2023 Physician Fee Schedule and Final Rule, CMS announced it will continue to maintain payment at the non-facility-based rate through the end of 2023 calendar year or through the end of the calendar year in which the federal PHE ends. **The AAN continues to advocate for permanent payment parity for evaluation and management (E/M) services for established patients delivered via real-time interactive audiovisual technology.** The new coding and reimbursement policies for outpatient E/M services implemented on January 1, 2021 allows physicians to select the E/M visit level based on either total time spent on the date of the patient encounter or the medical decision making used in the provision of the visit. Given that a hands-on physical exam is no longer a requirement for selecting a visit level, the AAN believes that the physician's cognitive work for in-person and telehealth services is analogous, and thus sufficiently justifies payment parity between the two modalities of care.

Further, the AAN is concerned that unequal payment between in-person and virtual services may disproportionately influence telehealth adoption in small and/or solo practices. Consequently, access to telehealth services for Medicare beneficiaries could be impacted.

Thank you for your efforts to advance access to telehealth. If you have any questions, please contact Madeline Turbes, Health Policy Manager, at mturbes@aan.com or Michaela Read, Telehealth & Practice Program Manager, at mread@aan.com. We look forward to continuing to work with you on these issues.

Sincerely,



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President, American Academy of Neurology

⁴ Center for Connected Health Policy. (2023, January 16). *State telehealth policies for cross-state licensing*. CCHP. Retrieved January 20, 2023, from <https://www.cchpca.org/topic/cross-state-licensing-professional-requirements/>