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## The ATA's Statement on Medicare Telehealth Reform Priorities Relating to Ocular Services

The American Telemedicine Association (ATA) urges Congress to make permanent the telehealth flexibilities implemented during the COVID-19 pandemic by passing critical legislation outlined throughout this statement to ensure Medicare beneficiaries have continued access to all telehealth services, including ocular, after the Public Health Emergency (PHE). The ATA is the only national organization completely focused on advancing telehealth and is committed to ensuring that everyone has access to safe, affordable, and high-quality care when and where they need it. The ATA represents a broad and inclusive coalition of technology solution providers and payers, as well as partner organizations and alliances, working to advance industry adoption of telehealth, promote responsible policy, advocate for government and market normalization, and provide education and resources to help integrate virtual care into emerging, innovative modalities.

In support of permanent telehealth reform, the ATA offers some examples of the tremendous benefits to eye care patients that would result from enacting the policies set forth below. Several pieces of legislation have been introduced in both the Senate and House including the Telehealth Modernization Act ([S. 368](#) & [H.R. 1332](#)), the CONNECT for Health Act ([S. 1512](#) & [H.R. 2903](#)) and the Protecting Access to Post COVID-19 Telehealth Act ([H.R. 366](#)), all of which are ATA top priorities and will ensure that the benefits of telehealth access that have been so well demonstrated during the Public Health Emergency (PHE) don't vanish.

Congress needs to act to avoid the "telehealth cliff" and ensure that all Medicare beneficiaries have continued access to telehealth services after the COVID-19 PHE period. Telehealth provides an opportunity to reach communities where it is unlikely that the appropriate and necessary eye care provider(s) are physically and adequately present. Ocular telehealth, when implemented in line with the standard of care, can help improve vision and prevent avoidable loss of sight or potentially detect other chronic or acute health conditions by facilitating care coordination, early detection, disease monitoring, and patient-centered health care that encourages effective treatment in a timely manner.

For nearly 20 years, Medicare has limited telehealth services, including ocular telehealth, while other payers—such as the Veteran's Administration (VA) and Kaiser Permanente—simultaneously have promoted telehealth and provided high-quality telehealth-based eye care. Pre-COVID, the VA delivered more than 2 million encounters of telehealth care in fiscal year 2019. From January to June of 2020, the VA delivered more than 9 million telehealth episodes.<sup>1</sup> Since the beginning of the PHE, VA telehealth had more than 180,000 ocular telehealth encounters in almost 800 sites of care across the country, with a 1255% increase over 2019 and 2020 as the COVID pandemic emerged.<sup>2</sup> Kaiser Permanente saw approximately 200,000 telehealth patients spread out among Southern California, Hawaii, Georgia, and Colorado<sup>3</sup>. In 2020, when in-person care was not a safe option for many patients due to the COVID-19 pandemic, Congress and the Centers for Medicare and Medicaid Services (CMS) acted swiftly to allow for the reimbursement of telehealth services during the COVID-19 PHE.

The ATA applauds and appreciates Congress and the Administration's swift action to protect patients' continuity of care through use of telehealth. Vision-saving ocular telehealth services for high-risk patients,

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<sup>1</sup> <https://federalnewsnetwork.com/veterans-affairs/2020/06/how-va-drastically-expanded-telehealth-during-the-pandemic/>

<sup>2</sup> VSSC, Veterans Healthcare Administration Database

<sup>3</sup> Kaiser Permanente Director of Telehealth



particularly our senior citizens, were rapidly implemented in this supportive environment. The waivers were, and remain, particularly important for eye care because the most common sight-threatening ocular conditions predominantly affect older adults (e.g. macular degeneration, cataracts, diabetic retinopathy, and glaucoma). Unfortunately, Medicare beneficiaries will lose access to vital eye care services supported by current, PHE-related telehealth reimbursement policies unless Congress again takes decisive actions, such as those proposed in the legislation noted above.

By April 2020, nearly 1.7 million Medicare beneficiaries per week had utilized telehealth services during the first month of the pandemic, compared to the baseline of 13,000 per week before the pandemic; reflecting an increase of 13,076%.<sup>4</sup> More than 1 in 4 (equal to 15 million) of all Medicare beneficiaries accessed telehealth between July and the fall of 2020.<sup>5</sup> Health care systems, providers, and the federal government (via grants) have invested heavily in telehealth to meet patient demand and ensure our patients continue to receive the care they need. Private payers are moving to expand telehealth after the PHE.<sup>6</sup>

The ATA cautions that lack of internet availability should not become an additional barrier in accessing care or exacerbate existing disparities in access to care and health status. To make good on these investments, more ought to be done to expand and enhance broadband and high-speed Internet services to rural and underserved communities so that providers and patients can reliably access services via telehealth. Until the United States can achieve this policy goal, telehealth should reflect aspects of health equity for those who cannot access or afford technology—such as audio-only visits.

The ATA represents a national collaborative of telehealth providers who have collectively seen an enormous increase in the use of telehealth, how telehealth can contribute to patient satisfaction and an improved patient-doctor relationship. The ATA appreciates the expanded reporting requirements and data collection required in this legislation to help practitioners and patients understand how telehealth will play a role in their health care after the PHE has concluded. Ultimately, whether Medicare beneficiaries can continue to access these critical telehealth services after the COVID-19 PHE remains in jeopardy pending further action from Congress.

If enacted, the legislation will provide the Secretary of HHS with the authority to ensure all Medicare beneficiaries can access to telehealth services. The legislation includes several vital provisions to this end. Below are examples of how and where the legislation would specifically benefit patients in ocular telehealth:

- Removing geographic restrictions (Section 1834(m)) on where a patient must be located in order to utilize telehealth services;
  - Patients across our nation need access to telehealth options, regardless of their physical location and regardless of the physical location of their eye care provider, including across interstate boundaries. There are multiple important barriers to care that can be overcome using telehealth, such as limited transportation, costs associated with taking off time from

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<sup>4</sup> <https://www.healthaffairs.org/doi/10.1377/hblog20200715.454789/full/>

<sup>5</sup> <https://www.kff.org/medicare/issue-brief/medicare-and-telehealth-coverage-and-use-during-the-covid-19-pandemic-and-options-for-the-future/>

<sup>6</sup> <https://www.ahip.org/using-telehealth-to-deliver-affordable-high-quality-care/>



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- work or having another family member take time off from work to travel to a clinic appointment, as well as personal obligations for providing care to other family members.
- Beneficiaries should be allowed to receive virtual care in their homes or other location of their choosing, when clinically appropriate and when the standard of care is met.
- Enabling eye care patients to continue to receive eye telehealth services in their homes.
  - Patients should have the ability to choose safe, high-quality care from the convenience of their home, such as tele-low vision rehabilitation. In addition, remote patient monitoring is an increasingly valuable tool for eye disease monitoring (e.g. iCare HOME for glaucoma, ForeseeHOME™ for macular degeneration, etc.) and promoting timely intervention in the event of a change in vision health status.
  - Patients should not be required to have an in-person visit with a physician before being able to access telehealth. The ATA maintains that so long as the patient has consented to the use of telehealth as an acceptable mode of delivering health care services, the delivery modality meets the applicable standard of care, and the patient and practitioner have identified themselves and disclosed the appropriate credentials, a practitioner and patient should not be prevented from establishing a professional relationship through the use of the appropriate telehealth technologies.
- Ensuring federally qualified health centers (FQHCs) and rural health centers (RHCs) can furnish telehealth services and enabling cost-effective population health management.
  - Many providers in our group work at FQHCs and RHCs where low-income patients experience major barriers to care that can be overcome through telehealth— particularly distance, cost, and time for travel, limited access to subspecialty care, and lack of employment benefits such as paid sick leave.
- Establishing permanent waiver authority for the Secretary of Health & Human Services during future emergency periods and for 90 days after the expiration of a public health emergency period.
  - The benefits of providing this authority to rapidly enact changes to support telehealth are well-demonstrated by the millions of Americans who have benefited from having swift access to vital healthcare using high-quality ocular telehealth services during the COVID-19 PHE. The Secretary should have the authority to expand the list of eligible practitioners who may furnish clinically appropriate telehealth services. HHS and the CMS should have the authority to add or remove eligible telehealth services that are safe, effective, and clinically appropriate. Finally, CMS should have the authority to reimburse for multiple telehealth modalities, including audio-only services when clinically appropriate.

The ATA thanks Congress for its continued leadership in protecting access to telehealth care for millions of Americans who are at risk of losing these critical services without your support. We look forward to working with legislators and other interested parties to ensure that Medicare beneficiaries can continue to access telehealth care when they need it.