



AMERICAN ASSOCIATION FOR RESPIRATORY CARE
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February 1, 2021

Dear House and Senate Telehealth Working Group Members:

On behalf of the American Association for Respiratory Care (AARC), I am writing to thank you for your commitment to expanding patient access to telehealth services. We endorsed the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act introduced in the 116th Congress and welcome the opportunity to work with you as you prepare to reintroduce the bill this Congress.

As the COVID-19 pandemic has demonstrated, telehealth is integral to ensuring patients receive access to medically necessary care without unnecessary exposure to the virus; however, its benefits are not limited to this and future public health emergencies. We hope Congress and the new administration will consider how the deployment of telehealth has improved care and health outcomes such that those lessons may be incorporated into future Medicare policy.

Section 14 of the CONNECT for Health Act introduced in the 116th Congress included a model to allow additional health care professionals, such as respiratory therapists, who are not eligible to furnish telehealth services under current law to do so as part of the alternative payment models being tested by the Centers for Medicare & Medicaid Services (CMS) Innovation Center. As you prepare to reintroduce the bill in the new Congress, the AARC respectfully requests you retain this provision to increase access to care for vulnerable populations, including those who are diagnosed with chronic respiratory disease.

Respiratory therapists are medical professionals who specialize in all aspects of pulmonary medicine and treat patients who suffer from chronic respiratory conditions like chronic obstructive pulmonary disease (COPD), asthma, pneumonia, lung trauma and other respiratory-related diagnoses such as COVID-19. In addition to their expertise and value in serving on the frontlines of the pandemic response, they benefited from the clarification provided by CMS that allied health professionals who cannot independently bill Medicare, like respiratory therapists, may deliver telehealth services incident to the services of a practitioner who is eligible to bill Medicare. As such, respiratory therapists have been able to provide telehealth services to some of the vulnerable populations at greater risk of exposure during the pandemic while also attending to patients with COVID-19.

Studies show that telehealth services and other interventions for patients with chronic lung disease are beneficial and can reduce costly acute care interventions. Retaining the provision to expand the list of health care professionals qualified to furnish telehealth services will enable

those with chronic respiratory disease to have access to the expertise of respiratory therapists which can lead to improved health outcomes, fewer acute exacerbations, and a reduction in emergency room visits and hospital readmissions. We are also concerned with individuals diagnosed with COVID-19 who continue to need supplemental oxygen post-discharge and the long-term effects that may require more respiratory resources to treat potential lung damage caused by the virus. This population may also benefit from telehealth and extending the opportunity for respiratory therapists to address their needs is critical to improving their care while at the same time minimizing unnecessary or ineffective interventions.

The AARC appreciates your consideration of our request to retain Section 14 in any revised version of the CONNECT for Health Act and look forward to working with you to expand access to telehealth services in the 117th Congress.

Sincerely,

A handwritten signature in cursive script that reads "Sheri Tooley".

Sheri Tooley BSRT, RRT, RRT-NPS, AE-C, CPFT, FAARC
President and CEO

A handwritten signature in cursive script that reads "Sheri Tooley".