

American Association for Respiratory Care
Statement for the Record
The Subcommittee on Health of the Ways and Means Committee
Charting the Path Forward for Telehealth
April 28, 2021
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The American Association for Respiratory Care (AARC) would like to thank Chairman Lloyd Doggett (D-TX) and the members of the Ways and Means Health Subcommittee for holding this important hearing on the future of telehealth and ensuring patient access to telehealth services under appropriate circumstances. AARC is pleased to support the CONNECT for Health Act of 2021 (H.R. 2903), which was recently introduced by Ways and Means Committee members Reps. Mike Thompson (D-CA) and Dave Schweikert (R-AZ), and look forward to working with the Committee to advance this important piece of legislation in order to expand access to telehealth services once the public health emergency concludes.

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 emergency situations. We are pleased that Congress is considering how the deployment of telehealth has improved care and health outcomes so that those lessons may be incorporated into future Medicare policy.

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 the Centers for Medicare & Medicaid Services (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.

One example of how respiratory therapists have provided telehealth services during the COVID-19 pandemic is in the Veterans Affairs (VA) health system, where virtually all services were moved to telehealth if possible. In the sleep setting, this has meant converting to telehealth to screen patients before their sleep study to determine whether they can participate in a virtual visit going forward. Patients are mask-fitted during the sleep study visit itself and receive an explanation on how the process will work if they end up qualifying for a positive airway pressure device. If the patient qualifies, the device is mailed to the home and a virtual appointment is set up between the patient and respiratory therapist to provide the necessary patient education on the device.

Another example comes from a respiratory therapist who was able to ensure ongoing pulmonary rehabilitation for lung transplant patients before and after their transplants. The pulmonary rehabilitation program was initially shut down during the pandemic, but they were able to qualify for and create a virtual pulmonary rehab program several months into the pandemic. Respiratory therapists in the program began reaching out to patients within a couple of months of the lockdown to offer them pulmonary rehab at home using software applications. Most of their patients already have smartphones or tablets, so they have found it easy to navigate the technology involved, and the virtual visits have alleviated some of the barriers to participation the program experienced in the past, such as lack of transportation and conflicting appointments and tests.

The pandemic has demonstrated how expanded telehealth access delivered by respiratory therapists would provide a significant benefit to Medicare beneficiaries post-pandemic. While AARC appreciates that CMS allowed respiratory therapists to provide telehealth services incident-to-a physician services during the pandemic, this is not sufficient to improve access to these vital services moving forward.

Section 303 of the CONNECT for Health Act includes a model to allow additional health care professionals, including 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 CMS Innovation Center. This would allow respiratory therapists to participate in an Innovation Center model to determine if these services improve patient health outcomes of patients with COPD and lower associated costs. A pilot would allow for the collection of critical data that CMS can use to determine the value of including qualified respiratory therapists as telehealth practitioners under the Medicare program to improve health outcomes, reduce unnecessary emergency department visits and hospital admissions/readmissions, and lower the cost of care provided to patients with COPD. This provision would allow respiratory therapists to reach beneficiaries who do not currently have access to their expertise, which is critical for improving the health outcomes of patients with COPD, COVID-19, and other respiratory conditions.

Studies show that telehealth services and other interventions for patients with chronic lung disease are beneficial and can reduce costly acute care interventions. Expanding 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.

Thank you again for holding this important hearing. AARC looks forward to working with Congress to ensure continued patient access to telehealth services after the public health emergency ends, including services provided by respiratory therapists.