



AMERICAN ASSOCIATION FOR RESPIRATORY CARE
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August 2, 2021

Chairman Ron Wyden (D-OR)
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, D.C. 20510

Ranking Member Mike Crapo (R-ID)
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, D.C. 20510

RE: CONNECT for Health Act (S. 1512)

Dear Chairman Wyden and Ranking Member Crapo:

The American Association for Respiratory Care (AARC) would like to thank leadership, the majority and minority committee members and their respective staffs for their continued commitment to improving our nation's healthcare system by expanding telehealth services for patients. The reintroduction of the CONNECT for Health Act of 2021 (S.1512), which was recently introduced by a large, bipartisan group of Senators, is an important piece of piece of legislation that will ensure that patients have access to life saving telehealth services long after this public health emergency has subsided.

The American Association for Respiratory Care is a national professional organization of 40,000 members and whose organizational activities impact over 190,000 practicing respiratory therapists across the country. 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.

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 beneficiary access to these vital services and potentially improve their health outcomes moving forward.

Section 303 of the CONNECT for Health Act authorizes additional health care professionals, including respiratory therapists, who are not eligible to furnish telehealth services by billing Medicare directly under current law to deliver telehealth services as part of the alternative payment models being tested by the CMS Innovation Center. This will allow respiratory therapists to participate in a model to determine if their virtual services improve patient health outcomes of patients with respiratory conditions, like COPD, and lower associated costs. This 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 conditions like COPD. Another benefit is 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.

Section 304 of the CONNECT for Health Act gives the Secretary of Health and Human Services the ability to test various programs used to implement expanded telehealth coverage under the Medicare program. The testing of telehealth delivery models, including those that include respiratory therapy, will allow respiratory therapists to demonstrate their value by improving patient outcomes through chronic care disease management. Studies have shown that patient education and improving treatment adherence may yield positive results when furnished through a telecommunications platform. Testing of various programs used to implement expanded telehealth coverage will expand the base of evidence for these findings.

Given the broad bipartisan support for Section 303 and 304 of the CONNECT for Health Act, and the imperative to continually support our nation’s most vulnerable patients who benefit from expanded telehealth services, we ask that these sections be included as part of a larger healthcare or infrastructure package moving forward this calendar year.

Thank you again for your leadership. Should you have questions or require additional information, please contact Anne Marie Hummel, Senior Vice President for Government Affairs, at the American Association for Respiratory Care at anneh@aacrc.org.

Sincerely,



Sheri Tooley BSRT, RRT, RRT-NPS, AE-C, CPFT, FAARC
President and CEO 2021-2022