April 1, 2019

The Honorable Mike Thompson  
U.S. House of Representatives  
406 Cannon House Office Building  
Washington, DC 20515

The Honorable Peter Welch  
U.S. House of Representatives  
2187 Rayburn House Office Building  
Washington, DC 20515

The Honorable David Schweikert  
U.S. House of Representatives  
1526 Longworth House Office Building  
Washington, DC 20515

The Honorable Bill Johnson  
U.S. House of Representatives  
2336 Rayburn House Office Building  
Washington, DC 20515

The Honorable Brian Schatz  
United States Senate  
722 Hart Senate Office Building  
Washington, DC 20510

The Honorable Roger F. Wicker  
United States Senate  
555 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable John Thune  
United States Senate  
511 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Benjamin L. Cardin  
United States Senate  
509 Hart Senate Office Building  
Washington, DC 20510

The Honorable Mark R. Warner  
United States Senate  
703 Hart Senate Office Building  
Washington, DC 20510

The Honorable Cindy Hyde-Smith  
United States Senate  
113 Dirksen Senate Office Building  
Washington, DC 20510

Dear Senators and Representatives:

Thank you for requesting input from stakeholders as you craft a telehealth package that expands access to health care services. AARP members, and other older Americans, can benefit from the ability to receive care without long trips to the doctor’s office, and to connect to health professionals from the convenience and comfort of their home. AARP, with its nearly 38 million members in all 50 States, the District of Columbia, and the U.S. territories, is a nonpartisan, nonprofit, nationwide organization that helps empower people to choose how they live as they age, strengthens communities, and
fights for the issues that matter most to families, such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse.

Services provided by telehealth have great potential to help consumers more easily connect with various health care clinicians, maintain their quality of life, and remain in their communities longer. Telehealth gives people the ability to schedule health-related appointments, request prescription refills, receive medication reminders, and link to health care providers when time or distance is a barrier. Telehealth can also support family caregivers’ efforts to take care of their loved ones.

A recent AARP Public Policy report, Using Telehealth to Improve Home-Based Care for Older Adults and Family Caregivers,¹ provides additional insight on these issues. In particular, the report lays out several areas where telehealth has shown considerable promise toward improving access, care, and value for older Americans.

**Transitional Care for Heart Failure**

A number of high-quality clinical trials have examined the effectiveness of remote patient monitoring in improving transitional care after hospitalization for people with heart failure and other serious chronic illnesses. People with heart failure must follow a multicomponent treatment regimen that includes daily weigh-ins, symptom recognition and reporting, improved diet and physical activity, medication adherence, and stress management.² Telehealth interventions in heart failure include strategies such as a telephone-based interactive voice-response system that collects daily information about symptoms and weights and is reviewed by the patient’s clinician. Clinical trials also have used wireless electronic devices to transmit daily data, including patient blood pressure, heart rate, and weight, to a nurse triage center, triggering a nurse response if clinical attention is required.

**Palliative Care**

Telehealth has been used to provide services to people receiving palliative care at home, including video-based conferences between providers, the patient, and the family caregiver; virtual case conferences with the patient, caregiver, palliative care providers, and the patient’s primary care clinician; self-report assessment tools for the patient and family caregiver; and remote activity monitoring. Patient self-reporting via telehealth has been used to expand the information available to clinicians for palliative care, identifying

---

² Lorraine Evangelista, et al., “Examining Older Adults’ Perceptions of Usability and Acceptability of Remote Monitoring Systems to Manage Chronic Heart Failure,” Gerontology & Geriatric Medicine, January–December 2015, 1–6, p. 4.
symptom escalation and functional decline in real time and facilitating timely proactive management.³

**Chronic Disease Management**

Telehealth services have been deployed to improve the management of chronic disease. For example, in the Diabetes Telehealth Network in Mississippi, participants use tablets to share information on their physical, emotional, and psychological health through daily health sessions with their clinicians. In addition, the tablets upload their health data, such as weight, blood pressure, and glucose levels, and transmit these data daily to clinicians. This daily information provided by patients gives clinicians a much more complete view of a patient’s health status, permitting earlier, proactive care. Using this technology, clinicians can better engage and educate patients, easily adjust medical care plans, schedule phone calls, or video chat with patients.⁴

**Mental Health and Behavioral Health**

There is significant experience with the delivery of mental health services via telehealth.⁵ Virtual visits provided by clinicians over the Internet improve access and outcomes by enhancing patient convenience. Compelling examples include geriatric patients who have mobility challenges. The ability to hold a session by video conference can reduce cancellations and “no shows” and give clinicians a better window into behavior in the actual home context.⁶ We support H.R. 1301, the *Mental Health Telemedicine Expansion Act*, which would allow mental health services to be received at home via remote technologies.

**Home-Based Primary Care for Frail Older Adults**

Telehealth has been used in home-based primary care models to reduce the need for health care providers to make home visits and to help meet the increasingly complex needs of older adults living at home.⁷ Telehealth brings specialists together with primary and community care providers and their patients through eVisits (real-time video visits that use videoconferencing technology). Patients are visited in their home by a

---


telemedicine nurse, who connects them to a specialist and their primary care provider through a videoconference.8

**Remote Monitoring and Effect on Family Caregivers**

Activity monitoring includes passive technologies—cameras, sensors, or other devices embedded in a home—that allow an individual to be monitored without requiring that individual or another person to operate them.9 Smart home, wearable, and combination systems can be used to remotely monitor the mobility of elderly individuals.10 Home monitoring kits can include home-leaving sensors, smoke and water leak sensors, bed sensors, and automatic lights that monitor the individual's behavior, for example. Alerts are sent to the caregiver if anything unusual occurs.11 In principle, these technologies can substitute for some caregiving time. The decreased time is expected to reduce caregiver stress and improve quality of life for family caregivers and older adults.

**Supports for Family Caregivers**

Several telehealth programs have targeted supports to family caregivers of older adults with dementia. For example, the Veterans Health Administration's Telehealth Education Program aimed to enhance the knowledge, skills, and feelings of support for the spouse caregivers of veterans with moderate to severe dementia through hour-long teleconference sessions held each week for 10 weeks. The objective was to give family caregivers the skills necessary to provide the highest quality of care possible for their spouse to prevent unnecessary health care utilization and premature institutionalization.12

Unfortunately, there remain many barriers to fully realizing telehealth’s potential. Chief among these is Medicare’s narrow definition of “originating site.” Medicare fee-for-service only pays for telehealth care when the site of origin, or site of care, is a clinical office—not the person’s home or community site. This definition restricts Medicare beneficiaries who have trouble getting to a clinical setting. The statute further limits telehealth services to rural areas, thereby ignoring Medicare beneficiaries living in metropolitan areas. AARP recommends Congress remove the originating site and geographic restrictions currently in Medicare statute. The arbitrary limitations placed on Medicare by section 1834(m) of the Social Security Act prevents individuals with

---

traditional Medicare from choosing to receive care in the manner that best suits their
needs. Medicare Advantage plans are able to avoid these restrictions for consumers, as
are Accountable Care Organizations and other advanced alternative payment models.
The same opportunity for convenience should be afforded to all Medicare beneficiaries.

Additional barriers include providers’ ability to practice across state lines. The Institute
of Medicine (now the National Academy of Medicine) in its report, The Future of
Nursing: Leading Change, Advancing Health, stated: “There is perhaps no greater
opportunity to transform practice than through technology…expanded use of online
communication has resulted in so called telehealth services that are not limited to
diagnosis or treatment but also include health promotion, follow-up, and coordination of
care. Delivery of telehealth services has, however… been complicated by variability in
state regulations, particularly whenever online communications cross state
lines.”13 AARP recommends Congress facilitate implementation of the Nurse Licensure
Compact and the Interstate Medical Licensure Compact, which make it easier for
providers to practice across state lines via telehealth.

Finally, Congress must recognize that telehealth systems are unworkable if people lack
the infrastructure and technological capacity to use them. We urge you to implement
policies that make universal, affordable, and truly high-speed broadband a national
reality. We must implement an aggressive national broadband deployment strategy that
includes specific targets in terms of broadband penetration, coverage, and usage. The
United States should be the world leader in providing all of its citizens with access to the
fastest and most affordable broadband services.

Thank you again for your bipartisan leadership in advancing telehealth. We look forward
to working with you to improve access and care via technology for Medicare
beneficiaries and all Americans. If you have any questions, please feel free to contact
me, or have your staff contact Andrew Scholnick of our Government Affairs staff at 202-
434-3770 or ascholnick@aarp.org.

Sincerely,

David Certner
Legislative Counsel and Legislative Policy Director
Government Affairs