MCHC
Metropolitan Chicago Healthcare Council
The Trusted Voice and Resource for Healthcare

222 S. Riverside Plaza, Chicago IL 60606
mchc.org T 312.906.6000 F 312.506.4900

February 3, 2015

The Honorable Fred Upton
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Upton:

On behalf of the Metropolitan Chicago Healthcare Council (MCHC) which represents more than 180 member hospitals and health care organizations, we appreciate this opportunity to provide comments on the "Advancing Telehealth Opportunities in Medicare" discussion draft.

Telehealth is becoming increasingly vital to our health care delivery system for all types of care, including psychiatric treatment. In Illinois, for example, budgetary cuts at the state and federal levels, among other factors, have caused a 47 percent increase in the number of behavioral health patients in the emergency department (ED), and MCHC data show that, due to limited resources, these patients have an average ED boarding time of more than three times the boarding time of a typical ED patient. According to the Centers for Medicare & Medicaid Services, telepsychiatry is a cost effective alternative to traditional face-to-face medical care; despite this, Medicare is behind the private sector and many state Medicaid programs in promoting telehealth.

MCHC applauds you and the other members of the Energy and Commerce Committee telehealth working group for recognizing the need to modernize Medicare's approach to telehealth and seeking stakeholder comment on the issue. We support the comments developed by the American Hospital Association (AHA) and articulated in its own response to you on this draft. As discussions continue on the "Advancing Telehealth Opportunities in Medicare" draft, we urge you to rely on the AHA's principles and to take into consideration the following comments:

- Medicare utilizes a service-by-service consideration for telehealth that results in a "positive list" of covered services, which has proven to be burdensome, often times resulting in limited coverage. Given how rapidly health care technology evolves, a more efficient approach could be the use of a "negative list" that identifies those things that are not covered.

- In addition, removing geographic and other restrictions only for certain services can create operational challenges. Urban areas, like Chicago, can also suffer physician shortages, and access to certain specialties, including psychiatry, can be limited in all geographic areas, not just rural locales. For example, a schizophrenic patient may not have access to a psychiatrist in the ED in both urban and rural settings due to the shortage of psychiatrists in Illinois.

- Finally, we support the section of the discussion draft that encourages the provision of telehealth services in demonstration projects and models under the Center for Medicare and Medicaid Innovation (CMMI) by waiving the current limitations on what qualifies as an originating site and the geographic location of such sites, as well as the type of provider who may furnish telehealth services. However, it should be made clear that the providers of telehealth services under CMMI demonstration projects and models should be adequately reimbursed for provision of those services.

In conclusion, MCHC strongly agrees with your goal of expanding coverage of telehealth services in Medicare and appreciates the specification of a mechanism for doing so. However, given the growing evidence that telehealth increases access to quality health care, improves patient satisfaction and reduces costs, we believe a more global approach to expanding Medicare coverage of telehealth is warranted. MCHC greatly appreciates the opportunity to provide input and looks forward to continued discussion of this important policy issue.

Please feel free to contact me should you have any questions or require additional information (dosulliv@mchc.com; 312/906-6080).

Sincerely,

Dennis O'Sullivan
Senior Director, External Affairs