



## Heart Health

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We also have more detailed comments on other telehealth proposals and the proposed studies on medication synchronization and obesity drugs. Finally, we strongly suggest that the Working Group include in its final policy proposal language that would allow certain non-physician practitioners to directly supervise cardiac rehabilitation programs under Medicare. We have included our rationale for this provision below.

**Expanding Use of Telehealth for Individuals with Stroke**

We thank the Working Group for including our recommendation to expand access to telestroke for Medicare beneficiaries. We strongly support including this policy in any final proposal or legislative text. As we described in our June 2015 letter, and reference above, allowing Medicare to reimburse for telestroke services that originate in urban and suburban areas, as well as in rural areas, clearly meets the goals set out by the Working Group: it increases stroke care coordination among providers; incentivizes the appropriate level of care for stroke patients; and, facilitates the delivery of high quality care and improves patient outcomes all while reducing Medicare spending. We strongly encourage the Working Group to include this policy in its final proposal and thank the Working Group for recognizing the important role that this policy would play in improving the diagnosis, treatment, and outcomes for individuals who suffer a stroke.

**Increasing Convenience for Medicare Advantage Enrollees through Telehealth**

We appreciate the Working Group's recognition of the role that telehealth can play in increasing the accessibility and effectiveness of care for patients with chronic conditions. Telehealth can help



would also suggest that a study on medication synchronization include an examination of any potential unintended consequence of these programs, such as a patients' inability to afford all medications at once, and ways to minimize the impact of these consequences. We strongly



legislative proposal to ensure Medicare beneficiaries have access to critical cardiac rehabilitation programs that are proven to improve health outcomes, reduce health care costs, and lead to a better quality of life.

We strongly believe that the policies detailed above should be included in any final policy document or legislative proposal brought forth to the full Committee, especially policies to expand access to telestroke and to ensure access to cardiac rehabilitation programs. Again, we