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January 26, 2016

Via E-Mail (chronic_care@finance.senate.gov)

Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, D.C. 20510

Re: Comments on Bipartisan Chronic Care Working Group Policy Options Document

Honorable Members of the United States Senate Committee on Finance,

On behalf of National Stroke Association and more than seven million (7,000,000) million stroke survivors, their families, and caregivers, we thank you for the opportunity to submit comments on the Senate Finance Committee's Chronic Care Working Group Policy Options Document. National Stroke Association is the only national nonprofit healthcare organization focusing one-hundred percent (100%) of its resources and attention on stroke. Our mission is to reduce the incidence and impact of stroke by providing stroke education and programs to stroke survivors, caregivers, and the healthcare community. Our programs and materials are provided to the stroke community at no cost.

National Stroke Association first wishes to acknowledge the substantial and thoughtful work of the Chronic Care Working Group in putting together the above-referenced document. This Committee has identified several key issues and recommendations that, if adopted, will help stroke survivors improve their quality of life as they travel the path to recovery.

A. Background on the Prevalence and Impact of Stroke.

A stroke occurs when blood flow to an area or areas of the brain are blocked. In approximately eighty percent (80%) of cases this occurs as the result of a clot but can also result from the rupture or hemorrhage of a blood vessel in the brain. When this happens, brain cells are deprived of oxygen and brain tissue begins to die. The resulting brain tissue death can result in the loss of abilities controlled by the affected areas of the brain, such as memory, speech, and muscle control.

Each year, more than 795,000 Americans suffer a stroke. According to the Centers for Disease Control and Prevention ("CDC"), stroke is the fourth leading cause of death in the

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United States and one of the leading causes of long-term disability. In 2008 alone, the direct and indirect costs resulting from stroke have been estimated at approximately \$65 billion.¹ For survivors, the long-term costs, both financial and in terms of quality of life, are often overwhelming. A majority of stroke survivors must also contend with chronic conditions resulting from their strokes, such as paralysis, inhibited motor function, and a variety of speech and language processing disorders. These conditions often impact stroke survivors' ability to return to work and/or school and to reintegrate fully into their communities.

B. Expanding Use of Telehealth for Individuals with Stroke.

National Stroke Association strongly urges the adoption of those recommendations titled "Expanding Use of Telehealth for Individuals with Stroke." See Bipartisan Chronic Care Working Group Policy Options Document at 19. The abundance of research into acute stroke treatment protocols is clear that fast diagnosis and treatment are critical to improving health outcomes and minimizing post-stroke disability.² However, a number of barriers prevent timely and accurate diagnosis and treatment of stroke. These include long distances and travel times to comprehensive stroke centers, unavailability of timely access to stroke specialists, and diagnostic delays within emergency departments. Expanded access to telehealth services for stroke patients would facilitate the broader use of the clot-busting agent tPA. tPA has been shown to be highly effective when administered within three (3) hours of presentation of stroke symptoms and patients receiving tPA therapy are at least thirty percent (30%) more likely to have minimal or no stroke-related disability than patients who do not receive the therapy.³

Currently, federal law only permits Medicare to pay for physician services for consulting provided to a patient experiencing acute stroke symptoms via telehealth if the originating site hospital is located in a formally designated rural health professional shortage area ("Rural HPSA") under the Public Health Service Act or a county not included in a Metropolitan Statistical Area ("MSA"). See Social Security Act § 1834(m)(4)(C). The Committee's policy recommendation would eliminate the geographic restrictions currently in effect that restrict Medicare's ability to reimburse physicians for telehealth care provided outside a Rural HPSA or MSA. Adoption of the Committee's policy recommendation would increase the number of Medicare beneficiaries who receive telehealth consultations and drug therapy treatment.

¹ For a comprehensive review of published literature on stroke costs, see Demaerschalk BM, Hwang H, Leung, G. US Cost Burden of Ischemic Stroke: A Systematic Literature Review. *Am J Manag Care*. 2010;16(7):525-533.

² See, e.g., Tong D, Reeves MJ, Hernandez AF, Zhao X, Olson DM, Fonarow GC, Schwamm LH, Smith EE. Times from symptom onset to hospital arrival in the Get With The Guidelines-Stroke Program 2002 to 2009: temporal trends and implications. *Stroke*. 2012;43:1912-1917.

³ See The National Institute of Neurological Disorders and Stroke rt-tPA Stroke Study Group. Tissue plasminogen activator acute ischemic stroke. *N Engl J Med*. 1995;333:1581-1587.



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In addition to the reduced rates of disability and improved quality of life resulting from increased access to telehealth services for acute stroke patients, research suggests that the marginal increased costs associated with the expansion of telehealth access will be more than off-set by reduced spending on disability, rehabilitation, and nursing home care. For example, nearly sixty-five percent (65%) of patients who suffer a stroke are over the age of six-five (65), the majority of whom rely on Medicare and/or Medicaid as the primary payer for all post-stroke costs.

C. Conclusion.

In sum, National Stroke Association strongly urges this Committee to adopt those recommendations that eliminate the current geographic restrictions that prohibit Medicare from paying for physician services provided via telehealth outside a Rural HPSA or MSA. Eliminating this restriction will increase access to effective, evidence-based care and treatment that will reduce rates of stroke-related disability while simultaneously reducing long-term healthcare spending on post-stroke conditions, disability, rehabilitation, and nursing home care.

Please contact us with any questions regarding these comments or stroke more broadly. We look forward to working with you on these important issues.

Sincerely,

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