



November 1, 2017

The Honorable David Shulkin  
Secretary, Department of Veterans Affairs  
Attention: RIN 2900-AQ06  
Submitted electronically <http://www.regulations.gov>

Re: Authority of Health Care Providers to Practice Telehealth

Dear Secretary Shulkin:

The American Medical Informatics Association (AMIA) appreciates the opportunity to provide input on the Authority of Health Care Providers to Practice Telehealth proposed rule.

AMIA is the professional home for more than 5,400 informatics professionals, representing frontline clinicians, researchers and public health experts who bring meaning to data, manage information and generate new knowledge across the health and healthcare enterprise. As the voice of the nation's biomedical and health informatics professionals, AMIA plays a leading role in advancing health and wellness by moving basic research findings from bench to bedside, and evaluating interventions, innovations and public policy across settings and patient populations.

The VA proposes that its providers, within the scope of their VA employment, be permitted to provide telehealth services regardless of the state or location where the provider or the beneficiary is physically located. The VA additionally proposes that this rule would supersede any conflicting state and local laws, rules, regulations, and requirements related to providers' practice. **AMIA supports these proposals because it will enable the VA to extend its robust telehealth services to even more beneficiaries.** We believe that extending telehealth services to veterans who may currently lack adequate access to local VA facilities is an important step towards improving both care and access for our nation's veterans.

As a health informatics organization, **AMIA further encourages the VA to ensure its telehealth applications use nationally recognized health IT standards and enable use of clinical decision support.** Special attention to standards-based functionality and application usability will be critical as the VA begins its transition to a new telehealth-enabled EHR system. We could also gain valuable insights into the economic benefits of telehealth, if specific research with that focus is tied to this expanded policy effort. This could, in turn, inform national policy at CMS and the private sector.

AMIA also requests some additional clarifications. First, we wish to confirm that in addition to real-time and/or store-and-forward programs conducted out of community-based outpatient clinics, this proposed rule would apply to all VA Home Telehealth programs, including those that utilize remote

November 1, 2017

patient monitoring, store-and-forward, and real-time technologies, such as simple smartphones.<sup>1</sup> **AMIA recommends the final rule be as inclusive as possible across the VA’s various telehealth programs.** Second, the VA currently honors a Memorandum of Understanding with the Indian Health Service (IHS), which explicitly calls on both agencies to collaborate and coordinate on enhancing access to care through telehealth services.<sup>2</sup> **AMIA recommends the VA consider IHS providers who treat VA beneficiaries to be considered “health care providers,” for the purposes of this rule.** Including partner agencies, such as IHS, as part of this effort would be of great benefit to the federal government and to the beneficiaries it serves. Further, we ask that the VA provide specific definitions of who is considered a VA-contracted employee. When the VA specifies eligible clinicians under this final rule, we ask the VA to be as inclusive as possible for the benefit of veterans across the nation.

Finally, while AMIA supports the VA’s proposals, we ask that the department be cognizant that there are still many areas of the country, especially rural areas, that lack broadband connectivity. The VA should take steps to ensure that beneficiaries in these areas still have care options if they are unable to benefit from the department’s telehealth offerings. It is our hope that the allowances that this rule would create will further prompt the appropriate agencies to address the country’s “digital divide.”

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We hope our comments are helpful as you undertake implementation of this important work. Should you have questions about these comments or require additional information, please contact Jeffery Smith, Vice President of Public Policy at [jsmith@amia.org](mailto:jsmith@amia.org) or (301) 657-1291. We look forward to continued partnership and dialogue.

Sincerely,



Douglas B. Fridsma, MD, PhD, FACP,  
FACMI  
President and CEO  
AMIA



Thomas H. Payne, MD, FACP, FACMI  
AMIA Board Chair  
Medical Director, IT Services, UW Medicine  
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<sup>1</sup> VA Telehealth Services, <https://www.telehealth.va.gov/ccht/>

<sup>2</sup> Veterans Affairs and Indian Health Services Memorandum of Understanding, October 10, 2010  
[https://www.ihs.gov/vaihsmou/includes/themes/newihstheme/display\\_objects/documents/VA\\_IHS\\_MOU\\_508c.pdf](https://www.ihs.gov/vaihsmou/includes/themes/newihstheme/display_objects/documents/VA_IHS_MOU_508c.pdf)