

November 1, 2017

The Honorable David J. Shulkin, MD  
United States Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

Re: RIN 2900-AQ060-Authority of Health Care Providers to Practice Telehealth

Dear Dr. Shulkin:

On behalf of Prevent Blindness, its affiliates, and the millions of people of all ages whom we represent across the country who live with low vision and vision-related eye diseases, we appreciate the opportunity to submit comment to the U.S Department of Veterans Affairs (VA) on the proposed rule titled “Authority of Health Care Providers to Practice Telehealth” [38 CFR Part 17; RIN: 2900-AQ06] as published in the October 2, 2017 *Federal Register*. We look forward to working with the VA as it continues to expand access to quality vision and eye care for our nation’s veterans.

Prevent Blindness is the nation’s leading nonprofit, voluntary organization committed to preventing blindness and preserving sight. Prevent Blindness is first and foremost a public health organization committed to eliminating preventable blindness in America. We strive to improve our nation’s vision and eye health by enhancing state and community capacities through our core competencies of early detection, patient support, care coordination, public policy, research, public awareness, and health education.

Through this rule, the VA proposes to preempt state licensure and certification laws, rules, regulations, or requirements that currently prohibit VA healthcare providers from providing care via telehealth to VA beneficiaries who are located in states where the provider is not licensed, registered, certified, located, or otherwise authorized to practice medicine. If these proposals are finalized, VA healthcare providers would have the authority to provide care via telehealth to VA beneficiaries who reside in another state. This proposed rule, however, would not grant providers additional authorities that permit them to practice beyond the scope of the healthcare provider’s state license, registration, and certification.

We applaud the VA for taking this important step towards increasing access to much-needed vision and eye care for our nation’s veterans through telemedicine. Good vision is an integral component to health and wellbeing. It affects nearly all activities of daily living and impacts an individual’s physical, emotional, social, and financial status. Loss of vision often exists as a comorbidity with other chronic conditions, including diabetes, hearing impairment, heart problems, hypertension, joint symptoms, low back pain, and stroke as well as other significant health risks including falls, injury, motor vehicle collisions, depression, social isolation, diminished health-related quality of life, and premature death. Vision impairment has a costly and devastating impact on individuals and their families as it greatly impacts an individual’s independence as they age.

Veterans face unique challenges in accessing care as a result of geography and cost prohibitions on traveling to seek care, burdensome chronic disease, traumatic brain injury that impacts vision, and existing age-related vision impairments that may cause them to delay seeking diagnosis and treatment of eye disease until it significantly reduces visual acuity. By the VA’s [own estimations](#), 1 in 4 veterans potentially have diabetes with over 70% of veterans of all ages who receive care from the VA at risk for diabetes. Diabetic eye disease is a common occurrence for those with diabetes; however, diabetic retinopathy is often not symptomatic until vision has been irreversibly damaged. Moreover, veterans are more likely to live in medically-underserved areas, healthcare shortage areas, or rural communities where access to specialty care or facilities is not available. As the VA indicates in its own

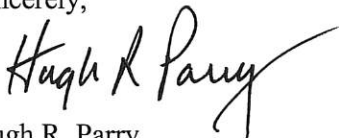
rationale for this proposed rule, 45% of the veterans who received care via telehealth in FY 2016 lived in remote areas.

As the nation's largest integrated healthcare system, the Veterans Health Administration (VHA) has pioneered numerous care delivery approaches that seek to bring veterans, specifically aging veterans who face a high risk of eye diseases such as cataract, glaucoma, age-related macular degeneration, and diabetic eye disease, to innovative eye care. Current VHA initiatives in telemedicine, such as the Technology-based Eye Care Services (TECS) program launched in 2015, provide an important access point for veterans to receive preliminary eye screenings that promote early detection of potential vision-impairing diseases or conditions. TECS is not meant to substitute the benefits of an in-person eye examination; however, providing an initial screening via telehealth is a valuable screening tool for detecting diseases earlier and avoiding preventable vision loss. Early analyses of the TECS program, including an [April 2017](#) study from the National Center for Biotechnology Information at the U.S. National Library of Medicine of the National Institutes of Health, found that TECS improved access to care for 99% of patients who sought follow-up care to abnormal eye screenings. Additional impacts of providing eye screenings via telehealth include increased patient satisfaction, reduced costs to the VA system and the patient, shorter appointment duration for patients and physicians, and decreased appointment no-show rates. Additionally, the VA's long-standing use of diabetic teleretinal imaging in its Diabetic Teleretinal Program has helped detect and treat patients with diabetes and prevent permanent vision loss. The VA's Quality Enhancement Research Initiative has played an indispensable role in identifying opportunities for preventing vision loss in veterans and improving the level of care they receive.

We encourage the VA to move forward with its proposals to permit VA healthcare providers to practice telemedicine across state lines within the scope of their state license, registration, and certification and the privileges granted to them by the Department. We also encourage the VA to continue engaging stakeholders within the healthcare community to ensure that patient protections in the secure exchange of private data via electronic healthcare records does not undermine the VA's credibility as a leader in eye health and telemedical initiatives. As well, given the significant cost of telemedical and teleretinal equipment, we ask that the VA's work to expand healthcare access to veterans does not stop short of ensuring that its primary care and community health clinics in rural and underserved clinics have the technological and staff resource capability to meet the needs of our veterans and provide these and other telehealth services.

We appreciate the opportunity to provide comments on policies that may impact the manner in which veterans continue to seek vision and eye care from the VA. Please know that Prevent Blindness stands ready to work with the VA as it moves forward on its current and future vision and eye health initiatives. Should you have any questions or concerns, please contact Sara D. Brown, Director of Government Affairs, at (312) 363-6031.

Sincerely,



Hugh R. Parry  
President and CEO