

225 W. Wacker Drive Suite 400 Chicago, IL 60606

[800] 331.2020 toll free [312] 363.6001 local www.preventblindness.org

May 12, 2021

The Honorable Lloyd Doggett Chairman, Subcommittee on Health Committee on Ways and Means Committee United States House of Representatives Washington, DC 20515 The Honorable Devin Nunes
Ranking Member, Subcommittee on Health
Committee on Ways and Means
United States House of Representatives
Washington, DC 20515

Dear Chairman Doggett and Ranking Member Nunes:

Prevent Blindness is the nation's leading nonprofit, voluntary organization committed to preventing blindness and preserving sight for Americans of all ages, backgrounds, and circumstances. We appreciate that the Subcommittee held a hearing on April 28, 2021 ("Charting the Path Forward for Telehealth") to seek perspectives on the role of telehealth during the COVID-19 pandemic and to understand its role in a future, post-pandemic health care system. On behalf of the millions of people of all ages across the country who live with, or care for those with, vision-related eye diseases and vision loss, we stand ready to work with you toward telehealth policies that ensure patients can continue to access sight-saving care.

During the COVID-19 pandemic, telehealth has unquestionably become an invaluable way for patients to receive care in a safe and socially distant manner. For the eye care patient, telehealth has provided an opportunity for expanded access to eye care in communities where it is unlikely that the appropriate and necessary eye care provider(s) will be physically and adequately present to address the needs of individuals and a population. Currently, 24% (roughly 721) of 3,006 American counties have no practicing optometrist or ophthalmologist. For many underserved and low-income communities, federally funded community and rural health centers may be the only source of eye and vision care services. Prior to the pandemic and the wave of relaxed telehealth policies that came with it, patients who had been referred to eye care for either preventive or specialty care or those who had a chronic illness that presented potential visual health consequences (such as diabetes) were often required to travel—which means time away from work or home responsibilities such as child care or family caregiving, added travel costs (an insurmountable burden for those whose visual capabilities disallow them to drive independently), and difficulty with accommodating appointment availability. Adding these additional burdens to a patient makes adherence to care very difficult and, in some cases, could lead to worsened eye health and potentially irreversible loss of vision.

When thoughtfully and properly executed, telehealth can be utilized to achieve population health goals like closing gaps in access, reaching underserved and rural areas, establishing community care, integration of vision and eye care into other health approaches, fostering patient-centered care, and encouraging adherence to care through patient education of conditions or risk factors that could lead to blindness or vision loss. Telehealth and telemedicine can complement vision and eye care through disease prevention and health promotion, early detection and risk assessment, care coordination, and

<sup>&</sup>lt;sup>1</sup> https://pubmed.ncbi.nlm.nih.gov/25602911/



disease monitoring. Telemedicine can enable care coordination, facilitate receipt of a comprehensive vision examination, and allow for disease monitoring in concert with needed and appropriate in-person care. Even with the potential for population health efforts, sustaining telehealth as an avenue for vision and eye care requires consideration of how to mitigate unintended consequences that will allow telemedicine to become another way to perpetuate inequities in health care.

A national telehealth strategy should promote access to care— not become an additional barrier or raise/exacerbate additional disparities in access to eye care. Telehealth policies should reflect aspects of health equity (including in broadband capability, health literacy, and language interpretation) and accessibility (including audio-only telehealth for those living with low vision or blindness or who may be unable to afford technology or reliable broadband and Internet services to engage in video visits). Of critical importance, we urge that telehealth platforms need to comply with protections under the Americans with Disabilities Act (ADA) to ensure people with physical and sensory disabilities (including visual impairment and blindness as well as hearing loss) can access the health care they need via telehealth platforms. In addition, telehealth should reflect a standard of care *for all* so that quality of care provided is not diminished or allocated only for underserved communities who may be pushed toward telehealth visits that do not reflect the same standard of care as in-person visits.

In closing, Prevent Blindness encourages Congress to consider not just allowing for expanded telehealth policies to endure, but all of the components that comprise a strong national telehealth approach to health care. Looking forward, federal policies should seek to create pathways for emerging technologies in telehealth (such as artificial intelligence that can allow for imaging) as well as appropriate insurance reimbursement for their use with the ultimate goal of fostering patient access to high-quality care. Federal policy should equip communities with appropriate infrastructure such as broadband that can support communications, extend appropriate telehealth flexibilities that promote early detection, prevention, health promotion, and disease state monitoring, stabilize community health facilities (such as federally-qualified health centers, critical access hospitals, and community health centers), and expand the community and public health workforce with supportive policy mechanisms that ensure there is provider access where there is need.

Once again, we appreciate the Subcommittee's exploration of this important aspect of health care and the opportunity to provide input into this timely matter. Please do not hesitate to contact Sara Brown, Director of Government Affairs, at (312) 363-6031 or <a href="mailto:sbrown@preventblindness.org">sbrown@preventblindness.org</a> if you or your staff would like to discuss these issues.

Sincerely,

Jeff Todd
President and CEO