November 5, 2019

The Honorable Lisa Murkowski
Chairman
Subcommittee on Interior, Environment, and Related Agencies
Committee on Appropriations
U.S. Senate
Washington, D.C. 20510

The Honorable Tom Udall
Ranking Member
Subcommittee on Interior, Environment, and Related Agencies
Committee on Appropriations
U.S. Senate
Washington, D.C. 20510

Dear Chairman Murkowski and Ranking Member Udall:

On behalf of the American Academy of Dermatology Association (Academy), which represents more than 13,800 dermatologists nationwide, I write to thank you for your leadership in taking measures to address the need for teledermatology services for Indian Health Centers via the FY2020 Senate Appropriations Subcommittee on the Interior, Environment and Related Agencies Appropriations bill report.

Most Native Americans lack access to dermatologic care. According to a 2013 study of the global burden of skin disease, skin diseases are the fourth leading cause of disability worldwide. Skin disease can impact self-esteem, engagement with community, and ultimately, ability to fully contribute as a member of society. The Indian Health Service is significantly underfunded, and its current budget does not specifically cover dermatology services.

Dermatologists have championed several telemedicine initiatives in order to increase access to board-certified dermatological care. The AccessDerm program supports the appropriate use of teledermatology as a means of improving access to the expertise of board-certified dermatologists to provide high-quality, high-value care at no charge to eligible sites. Teledermatology through AccessDerm can provide patient care coordination and communication between other specialties and dermatology through secure provider-to-provider consults with an easy to use platform.

In order to work with the Indian Health Services, we have identified the need for hardware on-site and training for effective operation so we can work together to provide dermatologists’ expertise to their healthcare centers. Your actions will allow each site to acquire new mobile devices with high definition cameras. Furthermore, additional appropriations are needed to address the program’s clinical burden, which has increased beyond its existing staffing pattern and now includes the need for image readers, training staff, administrative staff, and technical support staff.
The Academy appreciates your leadership on these issues and thanks you for your addressing the need for teledermatology services at Indian Health Centers. If you have any questions or comments, please contact Blake McDonald, the Academy’s Manager, Congressional Policy, at bmcdonald@aad.org or 202-712-2608.

Sincerely,

George Hruza, MD, MBA, FAAD
President
American Academy of Dermatology Association