June 23, 2020

The Honorable Troy Balderson  
U.S. House of Representatives  
1221 Longworth House Office Building  
Washington, DC 20515

The Honorable Cindy Axne  
U.S. House of Representatives  
330 Cannon House Office Building  
Washington, DC 20515

Dear Representatives Balderson and Axne:

On behalf of the American Academy of Dermatology Association (Academy), which represents close to 14,000 dermatologists nationwide, I write to offer Academy’s support for your introduction of the Knowing the Efficiency and Efficacy of Permanent (KEEP) Telehealth Options Act of 2020. Given dermatology’s leadership in telehealth, the Academy supports examining the implementation of remote healthcare during the COVID-19 public health emergency (PHE) and how these practices may permanently increase patient access to care.

The Academy believes telehealth is a viable option to deliver high-quality care to patients. The Academy supports the preservation of a patient choice to have access to in-person dermatology services and teledermatology services from a dermatologist of the patient’s choosing. There are some skin diagnoses for which an in-person examination by a dermatologist provides additional information that may not otherwise be obtainable by teledermatology alone. Therefore, it is important to ensure that by expanding access to telehealth services that payers, including, but not limited to, traditional Medicare and Medicare Advantage, do not create unintended barriers to quality care by limiting in-person interactions between the patient and physician.

To have appropriate coverage and payment for telehealth services, physicians delivering teledermatology services must be licensed in the State in which the patient receives services and must abide by that State’s licensure, scope of practice and medical practice laws. Provision of teledermatology should have proper documentation, including collection and coordination of the patient’s medical records and history. Organizations and clinicians participating in telehealth should have active training, protocols for local referrals for urgent and emergency care and protect patient privacy. Technical training is also necessary at the originating sites to ensure high-quality video and photography.
During the PHE, dermatologists were early and effective adopters of telehealth. According to a recent survey of our membership, prior to the PHE, 9% of respondents regularly used telehealth to treat their patients; since then, that figure has ballooned to 90%. To meet the demand for information on how to provide dermatology care remotely, the Academy has built a robust webtool for our members and is working with software providers on best practices. However, that same survey also showed there remains uneasiness among our members about the future of telehealth use due to uncertainty of future reimbursement rates.

The massive increase in telehealth usage by dermatologists during the PHE makes it difficult to develop a comparative analysis of impact on patient care. Therefore, the Academy welcomes all opportunities to collect data on telehealth usage across physician specialties and across various patient populations. Furthermore, the Academy supports this legislation’s call for the collection of demographic data and examination of differing patient groups, including underserved populations and communities, to ensure that telehealth narrows the gap in health disparities and adequately addresses social determinants of health.

The Academy appreciates your leadership on these issues, is pleased to offer our support for the KEEP Telehealth Options Act of 2020 and looks forward to working with you to address increasing access to physician care. If you have any questions or comments, please contact Blake McDonald, the Academy’s Assistant Director, Congressional Policy, at bmcdonald@aad.org or 202-712-2608.

Sincerely,

Bruce H. Thiers, MD, FAAD,
President, American Academy of Dermatology Association