WHO IS THE AAN?

Established in 1948, the American Academy of Neurology (AAN) is the world’s largest association of neurologists and neuroscience professionals, with more than 36,000 members. The AAN is dedicated to promoting the highest quality patient-centered neurologic care.

WHAT IS A NEUROLOGIST?

A neurologist is a doctor with specialized training in diagnosing, treating, and managing disorders of the brain and nervous system such as Alzheimer’s disease, stroke, migraine, multiple sclerosis, concussion, Parkinson’s disease, and epilepsy.

Click to learn more about the AAN’s priorities in the 117th Congress.

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The COVID-19 pandemic has forced neurology practices around the country to dramatically reshape their delivery of care for the vulnerable populations they treat. Telehealth has become an essential method of delivering care for most neurologists, which has only been possible due to the policy flexibilities enacted by Congress, along with the broad interpretation of these provisions by the Centers for Medicare & Medicaid Services (CMS).

**TELEHEALTH IN NEUROLOGY**

Neurology is one of the top specialties benefiting from telehealth flexibilities, with an increase from 1 percent of neurology providers delivering telemedicine in the pre-COVID-19 period to 56.3 percent of neurology providers delivering telemedicine from March through June 2020.1 Neurologic providers and patients have reported high levels of satisfaction with telehealth, with one study showing headache patients have a 99 percent level of satisfaction.2 Telehealth has also benefited children with neurologic disease, with 86 percent of patients/caregivers in a large pediatric neurology care network indicating interest in telemedicine for future care after the onset of the pandemic.3

Access to audio-only telephone-based services is important for Medicare beneficiaries of limited means and is also vital for Medicare patients who live in communities that lack sufficient broadband cellular service and internet connectivity. As much as 7 percent of the US population does not use the internet, including 25 percent of adults aged 65 or older, according to a recent Pew Research Center study.

### References


WHAT CAN BE DONE?

As COVID-19 vaccination rates increase, the ability for neurologic patients to access telehealth services is threatened by the impending end of the public health emergency. Congress must act to preserve the progress that has been made by extending telehealth access to better understand the long-term impact, or at a minimum continuing current telehealth flexibilities for another year or two, as proposed in the recent MedPAC report. Permanent policy changes should consider the following:

- Removing restrictions on the site of service of the patient to ensure that all patients can access care at home and other appropriate locations.
- Ensuring patients maintain access to virtual care without restrictions based on geography.
- Continuing coverage of audio-only services, which are essential to provide health equity for patients lacking high-speed internet access or are otherwise unable to operate the necessary technology.
- Ensuring equitable access to telehealth services through the development of universal access to broadband and resources to increase digital literacy to reduce disparities for patients from underrepresented racial, ethnic, and socioeconomic populations.
- Supporting sustainable and reasonable reimbursement for audio-visual and audio-only telehealth services.
- Funding data collection and more research of telehealth to better understand impact on neurologic patient care. More research is essential to help improve both the patient and provider experience in using telehealth and to develop evidence-based policies.
- Maintaining and enhancing federal authority to determine appropriate providers and services for telehealth.
- Making permanent federal temporary waiver authority for future emergencies.

SUMMARY

Cosponsor the Telehealth Modernization Act (S. 368/ H.R. 1332) or the CONNECT for Health Act (S. 1512/ H.R. 2903) to maintain access to telehealth for neurologic patients following the public health emergency.
NEUROLOGIC PATIENT IMPACT

**Epilepsy patients:**
“Many of these patients have been on ‘lockdown’ since early 2020. Telehealth has been a lifesaver to maintain contact with these vulnerable patients during the pandemic and optimize their seizure control as much as possible to prevent an ER visit and hospitalizations.”

**Parkinson’s patients:**
“Telehealth has given my patients the great convenience of being seen from their homes. It removes several obstacles associated with poor continuity of care including travel time, finding transportation and parking, and mobility issues.”

**Patients in nursing facilities:**
“Gone are the days when patients with advanced neurologic disease would arrive without a list of medications or any information about how they are doing. Now, nursing home personnel are able to play an integral part in their visits.”

**Medicaid patients:**
“Our no-show rate for patients with Medicaid was 40 percent prior to our use of telehealth. This high no-show rate resulted in management recommending limiting patients with Medicaid or not scheduling them at all. As the COVID pandemic has continued to wreak economic havoc on our patients, the need for uninsured or minimally insured patients has grown. I was able to have a previously unheard-of no-show rate of 0 percent for this past October for my patients scheduled via telehealth.”

**Patients in rural communities:**
“A majority of my patients throughout residency, and now in fellowship, come from hundreds of miles away. The opportunity cost to the patient and the health care system at large for their travel to see me is quite high, and in one case has resulted in one of my patients losing his job. Patients must skip work, often for more than one day, pay for gas, room, board, just for one office visit. Our telehealth platforms have increased access to neurologic care for members of these rural communities and lowered costs of care to patients and our overall health care system.”
Decades of investments in the National Institutes of Health (NIH) allowed the science community to respond rapidly to the COVID-19 pandemic, including safe and effective vaccines identified, authorized, and deployed less than a year after the threat first emerged. At the same time, however, the pandemic has imposed major challenges for the nation’s research enterprise, including early-career scientists, women, and individuals with caretaker responsibilities—challenges that ultimately will result in delayed or deferred progress on our understanding of neurologic diseases.

WHAT CAN BE DONE?
Bipartisan members of Congress have reintroduced the Research Investment to Spark the Economy Act (H.R. 869/S. 289), also known as the RISE Act. This bill would authorize $25 billion in emergency relief and recovery funds for federal science agencies, including $10 billion for the National Institutes of Health (NIH).

IMPACT ON NEUROLOGY
Over the past year, neurologic research efforts suffered delays and other challenges due to closures of university campuses and laboratories. Many AAN members including principal investigators, their support staff, and trainees face financial and other hardships because of the disruption of their research activities. During the period that research was suspended funds were reallocated, which now negatively impacts the timely completion of planned work.

Emergency supplemental funding for the NIH is necessary to sustain momentum for scientific and medical advances related to the ongoing pandemic, especially the short- and long-term impact of COVID-19 on the brain. We must also preserve previous investments to address the ongoing need for treatments and cures for neurologic patients.

Bill Details
- Funding in Fiscal Year 2021 to help support principal investigators, graduate students, postdocs, and technical support staff, as well as pay for equipment

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- Senate Sponsors: Markey (D-MA), Tillis (R-NC), Peters (D-MI), and Collins (R-ME)
- House Sponsors: DeGette (D-CO), Upton (R-MI), Johnson (D-TX), Eshoo (D-CA), Gonzalez (R-OH), and 73 other original cosponsors

SUMMARY
Cosponsor the RISE Act (H.R. 869/S. 289) to help support the recovery of neurology research efforts from the harmful impacts of the pandemic.
The economic impact of COVID-19 continues to affect neurology practices across the country. From January through September 2020, neurology practices experienced a -16-percent reduction in Medicare spending. While we are grateful for the emergency relief Congress has provided for the medical provider community, physician practices are still struggling to recover.

While neurology practices work to rebuild their capacity to provide patient care in their communities, several Medicare policies are scheduled to take effect on January 1, 2022, that together would severely threaten their progress.

1. **Medicare Sequestration** – a 2-percent across-the-board reduction to Medicare payments created by the Budget Control Act of 2011, which Congress has temporarily postponed multiple times during the pandemic, but will go back into effect in 2022.

2. **Statutory Pay-As-You-Go (PAYGO) Act of 2010** – requires sequestration if new legislation increases the deficit. The recent COVID-19 relief bill, the American Rescue Plan Act, triggered this reduction, leading to a 4-percent cut in Medicare payments beginning in 2022.

3. **Medicare Fee Schedule Relief** – Congress provided a 3.75-percent temporary increase for Medicare payments that will expire in 2022.

4. **No Inflation Update** – No inflation update is scheduled for Medicare providers in 2022–2025 under the Merit-based Incentive Payment System (MIPS), compounding the unsustainability of this Medicare cliff.

While CMS may attempt to partially address these reductions, congressional action is needed to fully address this nearly 10% Medicare cliff, which is clearly unsustainable, and would no doubt impact patients’ access to care if allowed to go into effect.

**SUMMARY**

Congress must act as soon as possible, but no later than December 31, 2021, to avert the upcoming Medicare cliff to avoid a substantial negative impact on patient access to care.
A neurologist is a doctor with specialized training in diagnosing, treating, and managing disorders of the brain and nervous system.

**WHAT IS A NEUROLOGIST?**

1 in 6 people has a neurologic disease, costing the US a total of over $600 billion a year.

**MIGRAINE AND HEADACHE**
60 million Americans have migraines

**ALZHEIMER’S DISEASE**
More than 6 million Americans are living with Alzheimer’s disease

**EPILEPSY**
1 in 26 people will get epilepsy in their lifetime

**MULTIPLE SCLEROSIS (MS)**
Nearly 1 million Americans are living with MS

**TRAUMATIC BRAIN INJURY**
About 2.8 million Americans sustain a traumatic brain injury every year

**PARKINSON’S DISEASE**
About 60,000 Americans are diagnosed with Parkinson’s disease every year

**STROKE**
About 800,000 Americans have a stroke each year

**AUTISM**
1 in 54 American children are affected by autism spectrum disorder

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