**ISSUE SUMMARY**
(July 2015)

**FURTHERING ACCESS TO STROKE TELEMEDICINE (FAST) ACT (S. 1465 AND H.R. 2799) AND TELEHEALTH ENHANCEMENT ACT OF 2015 (H.R. 2066)**

Senator Kirk, a stroke survivor himself, introduced the Furthering Access to Stroke Telemedicine (FAST) Act (S. 1465) in the U.S. Senate in an effort to expand access to stroke telemedicine services for stroke patients in rural or underserved areas. Rep. Griffith introduced similar legislation (H.R. 2799) in the U.S. House of Representatives with Congresswoman Beatty, another stroke survivor. Right now, Medicare covers telemedicine services for stroke survivors only if they are provided in a rural hospital. If passed, this bill would direct Medicare to cover stroke telemedicine services regardless of location, ultimately making diagnosis and treatment faster nationwide.

Rep. Harper also introduced the Telehealth Enhancement Act of 2015 (H.R. 2066) to increase access to telemedicine services for all Medicare beneficiaries. **National Stroke Association strongly supports the FAST Act and the Telehealth Enhancement Act of 2015 in their efforts to increase stroke survivors’ access to healthcare.**

**Background**

Speed is crucial when assessing and treating a stroke; the faster the diagnosis and treatment, the better chance of survival and minimizing long-term disability. Stroke telemedicine, also referred to as telestroke, uses electronic communication devices such as videoconferencing or smartphones to remotely diagnose and monitor stroke. Telestroke technology can connect patients having a stroke with stroke specialists around the country who can provide quicker, more accurate diagnoses. They can also recommend courses of treatment to emergency medical personnel on the ground. Greater access to telestroke technology could help minimize stroke fatality and disability rates nationwide.

**AMERICANS GIVING CARE TO ELDERS (AGE) ACT (S. 879):**

Senator Klobuchar’s American’s Giving Care to Elders (AGE) Act (S. 879) would provide much needed financial relief to caregivers through a tax credit of up to $6,000 on all expenses related to caregiving for elderly stroke survivors. For many stroke survivors, family members serve as the primary caregivers during the post-stroke recovery process. Acting as a survivor’s caregiver takes a significant commitment in time, energy, and money. Unfortunately, these commitments often result in high levels of stress for the stroke survivor’s caregivers and loved ones.

**Background**

On average, caregivers annually spend $5,531 in out-of-pocket caregiving costs. At the same time, 7 in 10 caregivers have either cut back on work hours, changed jobs, or simply stopped working; thus reducing their annual income. Caregivers are faced with a difficult financial burden while caring for a loved one and there is no relief. The proposed tax credit in the AGE act would not cover all of the
needed expenses for caregiving, but it would reduce the average out-of-pocket cost by 25%. This is a much needed financial relief that stroke survivors, their caregivers and family members would welcome.

Caregivers are also a major part of the nation’s economy, generating over $450 billion a year in economic value. At any point in the year, there are roughly 61.6 million caregivers in the U.S. providing care for someone. Without their efforts, many of the costs associated with caregiving would likely fall on Medicare and Medicaid. As more of the baby boomer generation transitions into retirement, caregivers will become a more vital part of this country’s economy. Enacting the AGE Act would be a long term investment to secure the nation’s economic future. National Stroke Association supports this legislation and urges a member of the House to introduce a companion bill.

**MEDICARE ACCESS TO REHABILITATION SERVICES ACT OF 2015 (S. 539 AND H.R. 775)**

The Medicare Access to Rehabilitation Services Act of 2015 (S. 539/H.R. 775) seeks to ensure stroke survivors on Medicare have access to the therapy they need for full and timely recovery. Medicare currently limits, or caps, the amount of therapy beneficiaries may receive annually. In 2015, these caps are set at $1,940 for physical and speech therapy combined, and $1,940 for occupational therapy. For years, Congress has passed a temporary exceptions process that allows patients to receive medically-necessary therapy in excess of the caps. However, this temporary exceptions process is not a long-term solution. National Stroke Association supports permanently repealing the caps to eliminate uncertainty and ensure stroke survivors have access to the critical therapy they need for recovery.

**Background**

Medicare therapy caps stand as a barrier to many stroke survivors who require extensive therapy during recovery. In March 2015, Congress once again renewed the exceptions process. However, the exceptions process is set to expire on December 31st, 2017, yet again leading to uncertainty after that date for stroke survivors on Medicare in need of therapy.

There are about 7 million adult stroke survivors in the United States and 795,000 people have a stroke each year. Furthermore, stroke is a leading cause of long-term disability in this country. Access to rehabilitation is a big issue for both individual stroke survivors and the healthcare system in general. In the U.S.:

- Medicare paid $4.76 billion for outpatient therapy services in 2008, representing 1 percent of total Medicare expenditures;
- An average of 15 percent of Medicare beneficiaries who used therapy services in 2008 exceeded the caps, requiring more therapy for their recovery; and
- Beneficiaries who have been diagnosed as having a stroke have a higher probability of exceeding the caps than beneficiaries with more common diagnoses.

National Stroke Association supports H.R. 713 and S. 367, legislation to permanently repeal the Medicare therapy caps. The association also support the extension of the exceptions process until the caps are fully repealed.
The National Institutes of Health (NIH) conducts critical biomedical and health research on stroke. This research primarily takes place at the National Institute of Neurological Disorders and Stroke (NINDS) and the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative. NINDS research has led to significant advancements in stroke diagnosis, treatment and recovery. The BRAIN Initiative aims to map the brain in an effort to better understand it and lead to cures and treatments for neurological diseases like stroke.

Additionally, the new Precision Medicine Initiative at NIH seeks to prevent and treat diseases by accounting for individual variability in a person’s genes, environment, and lifestyle. This initiative is of particular interest to National Stroke Association because it could lead to a more personalized, patient-focused approach to preventing and treating stroke. National Stroke Association supports increased funding for NIH, NINDS, and the BRAIN Initiative, and supports funding the Precision Medicine Initiative to the President’s requested level.

Background

Why is NIH funding threatened? As part of the 2013 sequestration process, the NIH budget was cut by more than $1.5 billion over the next 10 years. As a result, hundreds of long-term research projects have been abandoned, including some with the potential of reducing the incidence and impact of stroke. This is important because:

- NIH research is an integral part of the health of our economy. In fiscal year 2011, NIH-funded research supported 432,000 jobs in the U.S. It’s also been estimated that every dollar of NIH funding generates $2.21 in local economic growth.
- NIH also conducts research that improves the nation’s health and thus, lowers the cost of healthcare. Stroke is a leading cause of serious, long-term disability in the U.S. Thus, medical research that reduces the incidence and impact of stroke can reduce long-term healthcare costs.

NIH and NINDS funding will continue to be impacted by the long-term budget cuts unless Congress takes steps to protect these critical funds. This is why National Stroke Association supports increased funding for NIH, NINDS, and the BRAIN Initiative, as well as funding the Precision Medicine Initiative to the President’s requested level.

21st Century Cures Act (H.R. 6)

The 21st Century Cures Act (H.R. 6) seeks to improve the discovery, development, and delivery of cures for a wide variety of diseases. Among many other things, this bill would establish a program at the National Institutes of Health to track neurological diseases. The brain, in many ways, remains a mystery to scientists. Greater understanding of the workings of the brain and diseases associated with it would help doctors better prevent and treat stroke. Because stroke is a neurological condition with wide-ranging impact across the country, National Stroke Association supports the very specific inclusion of stroke as one of the neurological diseases to be tracked through this program.

About National Stroke Association
National Stroke Association is the only national nonprofit healthcare organization focusing 100 percent of its resources and attention on stroke. Our mission is to reduce the incidence and impact of stroke by developing compelling education and programs focused on prevention, treatment, rehabilitation and support for all impacted by stroke.

Stroke is a brain attack that occurs when a blood clot blocks an artery or a blood vessel breaks, interrupting blood flow to an area of the brain. Because oxygen is carried in our blood, this condition deprives brain cells of oxygen. The impact on the stroke survivor depends on what part of the brain is deprived of oxygen and for how long. There are 7 million stroke survivors in the U.S., and roughly 795,000 people in the U.S. will have a stroke this year. Stroke is the fourth leading cause of death and a leading cause of serious long-term disability in the U.S.