

Via electronic submission (www.regulations.gov)

December 24, 2020

Robert Wilkie
Secretary
Department of Veterans Affairs
810 Vermont Ave. NW, Room 1068
Washington, DC 20420

Re: RIN 2900–AQ94—Authority of VA Professionals to Practice Health Care

Dear Secretary Wilkie,

The Association of American Medical Colleges (AAMC) welcomes this opportunity to comment on the Department of Veterans Affairs (VA) Interim Final rule entitled *Authority of VA Professional to Practice Health Care*, 85 Fed.Reg 71838 (November 12, 2020). The AAMC strongly supports the interim final rule that confirms that VA health care professionals, consistent with the scope of requirements of their VA employment and while providing care as VA employees, may deliver health care services in a state other than the health care professional's state of licensure, registration, certification, or other state requirement. This will enable beneficiaries access to critical VA health care services.

The AAMC is a not-for-profit association dedicated to transforming health through medical education, patient care, medical research, and community collaborations. Its members are all 155 accredited U.S. and 17 accredited Canadian medical schools; more than 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and their more than 179,000 full-time faculty members, 92,000 medical students, 140,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

The AAMC and our teaching hospitals and health systems and medical schools have a long-standing and unique relationship with the VA for 75 years dating back to the end of World War II. Today, the VA has affiliations with over 1,800 individual institutions, comprising nearly 8,000 individual programs across more than 40 health professions. VA's physician education program is conducted in collaboration with 144 of 155 MD granting medical schools and 34 of 34 DO granting medical schools. Each year, the VA helps train more than 20,000 individual medical students and more than 40,000 individual medical residents within its walls. As a system, the VA represents the largest training site for physicians, and funds approximately 10 percent of national graduate medical education (GME) costs annually. More than 110 medical schools have affiliation agreements with VA Medical Centers where faculty are jointly appointed.

The COVID-19 pandemic has emphasized the need for health care professionals to practice across state lines. One of the VA's missions is to improve the nation's preparedness for response to war, terrorism, national emergencies and national disasters. In response to the COVID-19 pandemic VA has moved health care professionals around the country to care for veterans and other beneficiaries. It is important that these health care professionals are able to practice without unnecessary restrictions placed on them by the states or be concerned about any adverse actions from the states.

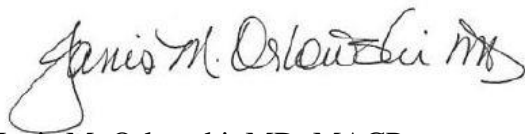
Beyond the pandemic, allowing VA health care professionals to practice across state lines will continue to be essential as it enables the VA health care workforce to meet the needs of all VA beneficiaries year-round. This will enable health care professionals in the VA to travel to rural locations in nearby states to provide care that may be difficult to access.

We also strongly support the VA's authority to allow health care professionals to practice telehealth in any state regardless of where they are licensed, registered, or certified which relies on federal law preempting state law. The use of telehealth has been of great benefit for patients, especially during the public health emergency. Telehealth has long been recognized as an important way to expand access to health care for those in underserved communities. During the pandemic, the use of telehealth has been critical to enable access to health care services for Veterans and other beneficiaries. It expands access to care for the frail or elderly, for whom travel to a provider or facility is risky or difficult even when there is no pandemic. Physicians can effectively use telehealth to monitor the care of patients with chronic conditions, such as diabetes and heart conditions, reducing their risk of hospital admissions. Telehealth also protects patients from exposure to infectious diseases, such as COVID-19 and the seasonal flu. Telehealth has enabled increased access to mental health services. The use of telehealth will also provide opportunities for the many medical students and residents who train at VA sites to gain experience in the optimal use of telehealth. At a time when the VA is grappling with workforce shortages, the ability to practice across state lines for both telehealth and in person visits is essential.

The AAMC also supports the VA setting national standards of practice and being responsible for determining that the health care professional has the necessary education, training and skills to perform the tasks and duties detailed in the national standard of practice.

The AAMC appreciates your consideration of the above comments. Should you have any questions, please contact Gayle Lee at galee@aamc.org or Matthew Shick at mshick@aamc.org.

Sincerely,



Janis M. Orlowski, MD, MACP
Chief Health Care Officer