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July 13, 2017

The Honorable Morgan Griffith
U.S. House of Representatives
Washington, DC 20515

The Honorable Joyce Beatty
U.S. House of Representatives
Washington, DC 20515

Dear Representatives Griffith and Beatty:

On behalf of the American Heart Association/American Stroke Association (AHA/ASA) and the nearly 800,000 Americans who experience a stroke each year, we applaud you for introducing the Furthering Access to Stroke Telemedicine – or FAST – Act (H.R. 1148). Your legislation is a “win-win” for stroke patients and the federal budget.

Unfortunately, as you well know, stroke takes an enormous toll on families and our nation. It is our nation’s No. 5 killer and a leading cause of serious, long-term disability and dementia. As the Baby Boomers age, it is critically important that we reduce the burden of this devastating disease on stroke survivors and their families and on federal health care programs. By improving access to stroke telemedicine, or “telestroke,” the FAST Act will do just that.

In the treatment of stroke, it is frequently said that “time is brain.” With every minute that goes by without a stroke patient receiving treatment, millions of brain cells die. The clot-dissolving drug tPA can significantly reduce disability from stroke by restoring blood flow to the affected area of the brain, but it needs to be administered as quickly as possible, and within the first 3 to 4-1/2 hours after symptoms start. Sadly, however, only about 3-5 percent of patients receive this therapy. The use of telestroke has proven to be extremely effective in increasing the percentage of stroke patients who receive tPA and in reducing the time it takes to get the treatment started.

Despite the tremendous benefit of telestroke, Medicare currently only reimburses for the telestroke evaluation if the stroke patient is located at a rural hospital. The FAST Act would improve access to timely, high-quality stroke care by allowing Medicare to reimburse for the telestroke evaluation for the 94 percent of stroke patients that present to urban or suburban hospitals.

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By reducing disability from stroke, expanding access to telestroke can save Medicare and Medicaid money by increasing the percentage of stroke patients who are able to be discharged directly home, rather than to inpatient rehabilitation or long-term care. According to an AHA/ASA analysis, the FAST Act could result in *net* savings of \$1.2 billion over 10 years after both increased costs and savings are factored in.

In short, the FAST Act will help to improve the quality of stroke care that Medicare beneficiaries receive and will save money. We are encouraging your colleagues to co-sponsor this important legislation and look forward to continuing to work with you to secure its enactment. Thank you again for your leadership in improving care for stroke patients.

Sincerely,

A handwritten signature in cursive script that reads "John Warner".

John J. Warner, M.D.
President