

LIZZIE FLETCHER
7TH DISTRICT, TEXAS

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March 4, 2022

Chiquita Brooks-LaSure
Administrator
U.S. Centers for Medicare & Medicaid Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Administrator Brooks-LaSure,

I write to express my support for the ongoing discussions between the Centers for Medicare and Medicaid Services (CMS) and the Mobile Stroke Unit (MSU) community regarding reimbursement for the services provided. MSUs are ambulances with staff that have the expertise to diagnose and resources to treat strokes before getting to the hospital. Currently, there are 21 cities, including the city of Houston where my district is located, with active MSUs in the United States providing life-saving care in their communities.

According to the CDC, more than 795,000 people in the U.S. suffer from a stroke every year, and strokes are a leading cause of serious long-term disability. The CDC also states that receiving emergency services within the first three hours of a stroke is critical to decreasing the likelihood of severe disability. MSUs provide the ability to quickly diagnose and treat strokes and have the potential to significantly improve outcomes and survival rates.

Congress and CMS have long been interested in acting to improve stroke care through innovation. On February 9, 2018, the Furthering Access to Stroke Telemedicine (FAST) Act was signed into law making telestroke services, such as MSUs, eligible for Medicare reimbursement regardless of where the patient receives treatment. Until this time, Medicare only reimbursed for these services if the patient was treated at a rural hospital. Despite this progress and a clear signal to the potential of this emerging technology at the time, this only permitted reimbursement for the time a physician spent with the patient to make a diagnosis. MSUs require a computerized tomography (CT) scan, administration of tissue plasminogen activator, and expert care by a stroke nurse or comparable practitioner, and a CT technologist on board. Currently, however, there is no billing pathway for any of these activities.

I am excited about the potential that MSUs have in caring for stroke patients and want to make sure they can remain available to them, which means they must be economically viable. As the discussions continue, I hope that you will take into consideration stakeholder feedback on all opportunities and barriers to advancing MSUs, including reimbursements.

Sincerely,

A handwritten signature in black ink, appearing to read "Lizzie Fletcher". The signature is written in a cursive, flowing style.

Lizzie Fletcher
Member of Congress