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ONE HUNDRED NINETEENTH CONGRESS

Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115
Majority (202) 225-3641
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April 23, 2025

Dr. Christian Dameff, MD, MS, FACEP
Emergency Physician and Co-Director, Center for Healthcare Cybersecurity
University of California San Diego Health
5282 Canning Place
San Diego, CA 92111

Dear Dr. Dameff:

Thank you for appearing before the Subcommittee on Oversight and Investigations on Tuesday, April 1, 2025, to testify at the hearing entitled "Aging Technology, Emerging Threats: Examining Cybersecurity Vulnerabilities in Legacy Medical Devices."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions with a transmittal letter by the close of business on Wednesday, May 7, 2025. Your responses should be mailed to Emma Schultheis, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, DC 20515 and e-mailed in Word format to Emma.Schultheis@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,

Gary Palmer
Chairman
Subcommittee on Oversight and Investigations

cc: Yvette Clarke, Ranking Member, Subcommittee on Oversight and Investigations

Attachment

Attachment — Additional Questions for the Record

The Honorable Neal P. Dunn, MD

1. Radiation therapy is a widely used and highly effective form of cancer treatment. When updated systems delivering stereotactic radiotherapy and stereotactic body radiation therapy are used to treat brain, spine, lung, prostate and pancreatic cancers, treatment outcomes are comparable and even superior to other treatment options while simultaneously saving patients and the healthcare system money. In addition to providing better outcomes, new technology radiation therapy systems can provide greater cybersecurity protections for patients and providers alike. However, providers are often slow or hesitant to adopt new technology because of misaligned payment incentives. How can CMS incentivize more providers to adopt new technology that is more cost effective, improves patient outcomes, and provides better cybersecurity protections?

(QFRs) Questions For the Record
for Dr. Christian Dameff MD

House Energy and Commerce Committee
Subcommittee on Oversight and Investigations
Hearing on “Aging Technology, Emerging Threats: Examining Cybersecurity Vulnerabilities in Legacy Medical Devices.”

April 1st, 2025

The Honorable Neal P. Dunn, MD

1. Radiation therapy is a widely used and highly effective form of cancer treatment. When updated systems delivering stereotactic radiotherapy and stereotactic body radiation therapy are used to treat brain, spine, lung, prostate and pancreatic cancers, treatment outcomes are comparable and even superior to other treatment options while simultaneously saving patients and the healthcare system money. In addition to providing better outcomes, new technology radiation therapy systems can provide greater cybersecurity protections for patients and providers alike. However, providers are often slow or hesitant to adopt new technology because of misaligned payment incentives. How can CMS incentivize more providers to adopt new technology that is more cost effective, improves patient outcomes, and provides better cybersecurity protections?

Answer:

Thank you for this important question. There are several potential strategies to incentivize the adoption of more cyber-resilient technologies across healthcare delivery organizations in the United States. Two key considerations are outlined below:

1. Clinical Cybersecurity Awareness

Clinician device preferences often drive procurement decisions within hospitals, with many favoring platforms and devices they are already familiar with from training. However, transitions between devices or platforms can introduce usability challenges. To promote adoption of more secure technologies, clinicians must be equipped to consider cybersecurity risks when evaluating medical devices. Currently, there is no standardized or widely adopted educational initiative that addresses this need. Incorporating cybersecurity education into medical training—through organizations such as the Liaison Committee on Medical Education (LCME) and the Accreditation Council for Graduate Medical Education (ACGME)—could empower clinicians to make more informed, security-conscious decisions that ultimately influence safer procurement practices.

2. CMS Reimbursement Incentives

The Centers for Medicare & Medicaid Services (CMS) can play a pivotal role in accelerating the transition away from insecure, legacy medical devices. One effective approach would be to provide enhanced reimbursement to healthcare organizations that acquire and properly implement more secure, modern medical technologies. While not a perfect comparison, the 2009 HITECH Act offers a useful precedent. By providing tiered financial incentives—followed by penalties for noncompliance—the Act successfully spurred the nationwide adoption of electronic health records. A similar reimbursement model could drive rapid transformation toward a more cyber-secure healthcare ecosystem.