

ONE HUNDRED THIRTEENTH 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) 225-2927
Minority (202) 225-3641

May 22, 2014

Mr. Gary Chard
Delaware State Director
Parkinson's Action Network
P.O. Box 394
Wilmington, DE 19807

Dear Mr. Chard:

Thank you for appearing before the Subcommittee on Health on Thursday, May 1, 2014, to testify at the hearing entitled "Telehealth to Digital Medicine: How 21st Century Technology Can Benefit Patients."

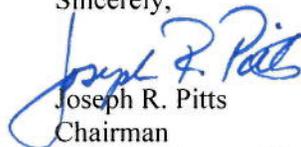
Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose 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.

Also attached are Member requests made during the hearing. The format of your responses to these requests should follow the same format as your responses to the additional questions for the record.

To facilitate the printing of the hearing record, please respond to these questions and requests with a transmittal letter by the close of business on Thursday, June 5, 2014. Your responses should be mailed to Sydne Harwick, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to Sydne.Harwick@mail.house.gov.

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

Sincerely,



Joseph R. Pitts
Chairman
Subcommittee on Health

cc: The Honorable Frank Pallone, Jr., Ranking Member, Subcommittee on Health

Attachments

Attachment I—Additional Questions for the Record

The Honorable Joseph R. Pitts

1. What role can telemedicine play to facilitate new payment models?
2. What payment models are likely to best encourage the development of telemedicine or benefit from the use of telemedicine and how?
3. How has the advancement of telemedicine in recent years benefited the discovery, development or delivery of healthcare?
4. As the capacity for telemedicine continues to grow, what regulatory bottlenecks are most likely to get in the way of its further development?
5. Can telemedicine raise the quality of service provided to patients? If so, how?
6. Can telemedicine lead to more patients receiving care without costly, unnecessary, and time-consuming trips to their doctors? If so, how?
7. In your opinion, what needs to be done, today, to enable you to get the care you need in the most effective way possible? Would you say the same applies to most everyone with a chronic, manageable condition? If so, please explain.
8. In your testimony, you speak to issues of distance and barriers to receiving the kind of care locally that you require. In your opinion, what are the barriers to receiving care that you have faced and how would telemedicine help solve them?
9. In today's mobile society, there is an ongoing debate about the level of benefit and efficiencies that might be gleaned from telemedicine and other 21st century technologies. In your case, does it make sense to allow patients to continue to access their trusted providers by allowing them to continue their relationship through telemedicine? If so, what benefits might that provide you?
10. Will you give us some examples of how your life would be better if you and your provider had the flexibility in tailoring your treatment to allow for virtual visits as appropriate? Are there times when you had to travel, unnecessarily, to see a Specialist because one was not available in your local area?

The Honorable John Shimkus

1. Currently, a doctor may be licensed in several states. However, if a complaint is filed in one state, the other states where the doctor is licensed are unaware of those complaints. Would it be more appropriate to have a primary state record all complaints?
2. The Federation of State Medical Boards (FSMB) has tried to develop a framework for an interstate licensure compact, but it just speeds up the licensing process. It does not address the concerns of some in removing artificial barriers that prevent patients and providers from having a virtual visit, without a doctor having to plan in advance to get a license to practice medicine in whatever state their patient happens to be living in part of year or visiting. What is the difference in a patient clicking or driving from Maryville, IL to St. Louis, MO for a follow-up visit with a Specialist?

3. After many years of effort, the Nurse's compact has still only been signed by 26 states. What confidence if any should there be that all 50 states will allow for doctors to practice telemedicine across state lines, without a separate license in each one they want to treat patients? If this practice across state lines does not happen, what will that impact mean for coordinated care health systems?

The Honorable Renee Ellmers

1. I would like to continue the discussion on care giving. As a nurse for over 20 years, it is a topic I am very familiar with. I would like to share some statistics:
 - American caregivers are predominantly female (66%) and are an average of 48 years old.
 - Most care for a relative (86%), most often a parent (36%).
 - Family caregivers provide an average of 20 hours of care per week.
 - One in seven caregivers provides care, over and above regular parenting, to a child with special needs (14%).
 - Caregiving lasts an average of 4.6 years.

Making it easier to get care to those who may have trouble traveling long distances to see a provider will improve outcomes and lives. Patients who have chronic conditions live longer and healthier lives when they have coordinated care and adhere to treatment programs. Today, children, often the daughter, are the caregivers for their parents. They are the vital component of coordinated care. Millions of women, who are caregivers, want to be there for their loved ones, but also need to be home to take care of their children or do their job.

With billions of dollars invested in using broadband technologies national networks with high speeds and capacity, today's state by state licensing of doctors is a barrier that should be removed. Established in the 1800s, it is an antiquated relic and it is time for it to be changed as it is proving to be an impediment to providing quality care for seniors. This is why I am a proud cosponsor of Reps. Nunes and Pallone's H.R. 3077, the Tele-Med Act. This bill would allow Medicare doctors licensed in one state to see a Medicare beneficiary across state lines without a separate license.

Can we not use technology to ensure family members and caregivers are included in discussions with the provider and the patient they are caring for? Would it not improve communications if the caregiver can speak with the patient's doctor directly, with the patient and for the patient, and be kept up-to-date with what the doctor is telling the patient, without having that caregiver fly across the country to attend a short appointment? What barriers are we facing to making this a reality?

Attachment 2—Member Requests for the Record

During the hearing, Members asked you to provide additional information for the record and you indicated that you would provide that information. For your convenience, descriptions of the requested information are provided below.

The Honorable Joe Barton

1. How secure are medical records when using this kind of technology?
2. There are some concerns that if the doctor, the patient and the health insurance are in different places Medicare and Medicaid sometimes do not know how to or are unwilling to calculate the charges that result from a telemedicine visit. Would you please speak to that issue?