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Amy Comstock Rick, J.D.  
*Chief Executive Officer*

June 5, 2014

Ms. Sydne Harwick  
Legislative Clerk  
House Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, DC 20515

Dear Ms. Harwick:

Below please find my answers to the additional questions submitted by members of the House Committee on Energy and Commerce Health Subcommittee. I look forward to continuing to work with the Committee on the important issue of telemedicine.

Sincerely,

A handwritten signature in cursive script that reads "Gary S. Chard".

Gary Chard  
DE State Director, Parkinson's Action Network

**The Honorable Joseph R. Pitts**

**1. Chairman Pitts: What role can telemedicine play to facilitate new payment models?**

I believe another witness may be better equipped to answer this question.

**2. Chairman Pitts: What payment models are likely to best encourage the development of telemedicine or benefit from the use of telemedicine and how?**

Accountable Care Organizations (ACOs) are uniquely positioned to encourage the development of telemedicine and benefit from the use of telemedicine, given their goal to coordinate care. Because ACOs are within Medicare, they face the same restrictions in utilizing telemedicine. These barriers are counter to the Medicare Shared Savings Program's goal of ACOs having the ability to coordinate care using telemedicine, remote patient monitoring, and other such enabling technologies.<sup>1</sup> While ACOs are just one example, payment models that value coordinated care and reward better health outcomes are particularly poised to benefit from the use of telemedicine.

**3. Chairman Pitts: How has the advancement of telemedicine in recent years benefited the discovery, development or delivery of healthcare?**

The quality of healthcare in this country is often lauded as the best in the world; however, there are many in our society who cannot access the best possible care. The advancement of telemedicine allows for the highest quality of care available to reach people who could not previously have access, whether because of location or progression of their disease. Unfortunately, there are many hurdles currently preventing telemedicine from reaching its full potential.

**4. Chairman Pitts: As the capacity for telemedicine continues to grow, what regulatory bottlenecks are most likely to get in the way of its further development?**

There are many hurdles currently hindering the growth of telemedicine. First of all, Congress established very strict rules for Medicare reimbursement for telemedicine through the passage of the *Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000*. While provisions have been amended since 2000, many restrictions still remain, including the requirement that a patient be located at an originating site, prohibiting them from being seen by their doctor in their own home. For many people with Parkinson's disease, as well as other movement disorders, traveling outside of the home can prove difficult, if not impossible without the help of a caregiver. If one of the main goals of telemedicine is to expand quality healthcare to those who otherwise would not have access, restricting it to only those who can travel is counterintuitive and damaging to the overall healthcare system. Access to telemedicine is not only restricted to those who can travel, the *Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000* also restricted access to telemedicine to those located in narrowly-defined rural areas, health professional shortage areas, or areas participating in a federal demonstration project. However, health disparities do not solely exist in rural

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<sup>1</sup> 42 USC § 1395jjj(b)(2)(G).

areas. For example, I live in Wilmington, DE, which is not considered a rural area, yet there is no movement disorder specialist in the entire state of Delaware. Before I received care via telemedicine, I had to travel to Baltimore or Philadelphia, which many people with Parkinson's in Delaware continue to do. Another barrier to Medicare reimbursement of telemedicine is that Medicare only allows for certain providers to utilize telemedicine. While Congress allowed Medicare the authority to add providers every year, Medicare has yet to allow providers important to people with Parkinson's, like physical, occupational, and speech-language therapists, to be reimbursed for telemedicine. With no cure for Parkinson's, these therapies are some of the only treatments available to help maintain quality of life. Telemedicine has proven effective in delivering therapy services for people with Parkinson's, in particular speech-language therapy.<sup>2</sup> Because therapy services are so important to people with chronic diseases, I believe Medicare should take the step to allow for physical, occupational, and speech-language therapists to be reimbursed for telemedicine.

Another regulatory hurdle that must be addressed is the issue of state licensure. Currently, state laws and regulations require a physician to be licensed in the state where the patient is located. However, health care in the 21st century is no longer defined by state lines. People with Parkinson's and other diseases should be able to access the specialists they need, regardless of where they are located. As I stated in my testimony, in order for my movement disorder specialist to be able to treat me via telemedicine in Delaware, he had to go through the long and expensive process of becoming licensed in Delaware. If doctors were able to practice across state lines without additional licensure requirements, given the proper channels in place to protect against fraud and abuse, telemedicine will continue to grow.

##### **5. Chairman Pitts: Can telemedicine raise the quality of service provided to patients?**

Yes, telemedicine can raise the quality of service being provided to patients. According to a recent study, 42 percent of people with Parkinson's are not seeing a neurologist for their care.<sup>3</sup> Yet, the study also found that seeing a neurologist increases the survival rate for people with Parkinson's by six years and reduces the risk of hip fracture, which leads to expensive hospitalizations. According to the same study, people with Parkinson's who were cared for by a neurologist or movement disorder specialists had the lowest one-year Skilled Nursing Facility placement rates compared to patients cared for by all types of primary care physicians. I believe telemedicine can close this gap for people with Parkinson's and other chronic diseases that face the same access issues. Studies have shown that telemedicine can reduce hospitalization and keep people living safely and independently for longer, which are major concerns for the Parkinson's community.<sup>4</sup>

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<sup>2</sup> SIG 2 Perspectives on Neurophysiology and Neurogenic Speech and Language Disorders October 2011, Vol.21, 107-119.

<sup>3</sup> Willis, AW, et al. "Neurologist care in Parkinson disease: A utilization, outcomes, and survival study." *Neurology*. 77.9 (2011): 851-7.

<sup>4</sup> Darkins, M.D., Adam, et al. "Care Coordination/Home Telehealth: The Systematic Implementation of Health Informatics, Home Telehealth, and Disease Management to Support the Care of Veteran Patients with Chronic Conditions." *Telemedicine and e-Health*. 14.10 (2008): 1118-26.

**6. Chairman Pitts: Can telemedicine lead to more patients receiving care without costly, unnecessary, and time-consuming trips to their doctors? If so, how?**

Yes, if current Medicare hurdles that require a patient to travel to an originating site are removed, then people would be able to see their doctors via telemedicine in their homes. This would definitely reduce costly, unnecessary, and time-consuming trips to the doctor. In a recent study focused on people with Parkinson's, compared with in-person visits, each telemedicine visit saved participants, on average, 100 miles of travel and 3 hours of time.<sup>5</sup>

**7. Chairman Pitts: 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.**

As I stated in question 4, both Medicare reimbursement and state licensure must be addressed in order for me to continue to receive the care I need in the most effective way possible. Currently, I am not on Medicare; however, when I turn 65, I will enter into the Medicare system. In order for me to continue to see my doctor using telemedicine, these issues must be addressed today. These are the same issues faced by so many people with chronic conditions who rely on Medicare.

**8. Chairman Pitts: 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?**

The main barrier to receiving the care that I need as a person with Parkinson's living in Delaware, as I mentioned in question 4, is that there is no movement disorder specialist in my state. Telemedicine has resolved this barrier issue by allowing me to see my movement disorder specialist, who is located at the University of Rochester, without leaving my own community.

I also know that many of my friends and fellow people with Parkinson's travel thousands of miles to visit all of their doctors. This impacts both their health and pocketbooks. Additionally, many Medicare beneficiaries have multiple chronic conditions that require expert care coordination. Telemedicine can allow them to receive the best care at the right time, and subsequently decrease the financial stress on the Medicare system and the emotional stress on both the patient and caregiver by reducing negative health outcomes.

**9. Chairman Pitts: 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 21<sup>st</sup> 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?**

Telemedicine has allowed me to continue to access my trusted provider through two relocations – my own and my doctor's. Being able to continue a

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<sup>5</sup> Dorsey E, Venkataraman V, Grana MJ, et al. Randomized Controlled Clinical Trial of "Virtual House Calls" for Parkinson Disease. JAMA Neurol. 2013;70(5):565-570.

strong relationship I built with my diagnosing movement disorder specialist has provided me the best possible scenario for managing the symptoms of my disease. I hope my testimony and these answers will allow Congress to take action to remove barriers impeding the continued growth of telemedicine so others will also be able to benefit from telemedicine.

**10. Chairman Pitts: 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?**

Fortunately, I already see my provider via telemedicine. However, prior to seeing my provider via telemedicine, I would have to travel to see him in person at Johns Hopkins University in Baltimore, MD. As I still work full-time, this unnecessary travel resulted in lost work time and stress for both me and my caregiver. Telemedicine has greatly reduced both travel and stress.

**The Honorable John Shimkus**

**1. Representative Shimkus: 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?**

It would be most beneficial to have one centralized information system for complaints against all doctors, as is proposed in the Federation of State Medical Board's (FSMB) draft Interstate Licensure Compact. In our comments to the FSMB on the draft compact, the Parkinson's Action Network (PAN) recommended this information system be open to the public, like the coordinated information system included in the Nurse Licensure Compact, to allow patients to find this important information as well. PAN's comments are attached for your review.

**2. Representative Shimkus: 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?**

While PAN appreciates the efforts of the FSMB, we also believe that the draft Interstate Licensure Compact did not go far enough to fully address the issue of artificial barriers preventing patients and providers from having a virtual visit. The current system, which as stated, almost requires patients to get in their cars and drive to doctors, is not a system set up with the interests of the patients in mind. If a patient can travel to a doctor without any additional steps required from the doctor, then the same system should be in place if a patient wishes to see the same doctor via telemedicine.

**3. Representative Shimkus: 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?**

Unfortunately, states have a vested interest in maintaining the current system – interest that includes licensing fees and control. If not addressed at a national level, I don't believe a system that allows for doctors to practice telemedicine across state lines without a separate license will ever be established. If a system of medical license reciprocity is not established, health care will continue to be fragmented by where patients live and who is able to travel.

### **The Honorable Renee Ellmers**

**1. Representative Ellmers: 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 age 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.
- 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?**

I also support H.R. 3077, the TELE-MED Act, and believe licensure barriers within the Medicare system should be removed. To answer your questions regarding caregivers – yes, I believe technology can be a useful tool in engaging caregivers in the healthcare decisions of the patient. Many people with Parkinson's rely on a caregiver or family members to help manage their health. Unfortunately, I am not familiar with the technological or legal barriers that are currently restricting this practice, and believe another witness may be better able to answer your specific question. This is an important topic that I hope will continue to receive the attention of you and the Committee.

### **The Honorable Joe Barton**

**1. Representative Barton: How secure are medical records when using this kind of technology?**

I believe other witnesses may be better able to answer this specific question as I am not familiar with data security issues.

**2. Representative Barton: 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?**

The current system for reimbursement for telemedicine within Medicare is a major hurdle. The system created by the *Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000* is antiquated and an updated more robust system should be allowed for by Congress.

However, with regards to Medicaid and private insurance, over 20 states have taken legislative action to require Medicaid and/or private insurance plans in their states to cover telemedicine services. With so many states taking action on this issue, I believe it is time that Congress addresses the significant barriers that exist within the Medicare system.



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Amy Comstock Rick, J.D.

*Chief Executive Officer*

June 2, 2014

Eric Fish, JD  
Senior Director of Legal Services  
Federation of State Medical Boards  
1300 Connecticut Ave., NW  
Suite 500  
Washington, DC 20036

Dear Mr. Fish:

The Parkinson's Action Network (PAN) is the unified voice of the Parkinson's community advocating for better treatments and a cure. We appreciate the opportunity to comment on the Federation of State Medical Board's (FSMB) draft Interstate Medical Licensure Compact. In partnership with other Parkinson's organizations, including The Michael J. Fox Foundation for Parkinson's Research, the National Parkinson Foundation, the Parkinson Alliance, and the Parkinson's Disease Foundation, and our powerful grassroots network, PAN educates the public and government leaders on better policies for research and improved quality of life for the 500,000 to 1.5 million Americans living with Parkinson's disease.

We commend the hard work of the FSMB to address the very complex and important issue of interstate licensure. However, PAN is concerned that the draft Interstate Licensure Compact does not fully address the current licensure hurdles.

PAN is especially interested in addressing the issue of interstate licensure because of the limiting effect current licensure rules have on the practice of telehealth. For the Parkinson's community, telehealth has the potential to be a powerfully valuable service in terms of improving quality of life and better management of symptoms by increasing access to specialists. A recent study found that while seeing a neurologist increases quality of life, 42% of people with Parkinson's are not seeing a neurologist or a movement disorder specialist for their care. Yet, the study also found that seeing a neurologist leads to better clinical outcomes and may lead to a longer life for people living with Parkinson's.

While interstate licensure is a significant hurdle to the practice of telehealth, PAN does not believe the FSMB's draft Interstate Licensure Compact will make a significant impact on reducing that hurdle. Although the draft compact states the licensure process will be expedited, it does not set specific time goals for processing applications. Also, the draft compact does nothing to address the expensive fees that doctors must pay to become licensed in multiple states. We

understand state medical boards and the Compact Commission may incur some administrative costs in processing licensing applications; however, significant licensing fees remain a major barrier to doctors. With no promise of a faster or less expensive process, there is no incentive for a doctor to use the compact licensing process. PAN believes that not addressing these issues will merely establish a parallel licensing system that is no better than the current system.

Ultimately, PAN believes that the FSMB should strive for a system of reciprocity, similar to the systems that exist within the Department of Defense and the Department of Veterans Affairs. These systems have allowed our nation's soldiers and veterans to have access to the best care possible when and where they need it, which is a goal we should all strive to meet. Similarly, we recommend that the FSMB take under consideration the Nurse Licensure Compact. Under the Nurse Licensure Compact, a nurse only has to have one license in a compact state in order to be able to practice in other compact states. It is not required that nurses go through an additional administrative licensing process or pay additional fees. We believe that this type of reciprocity system is what should be adopted by the FSMB. However, we are aware that one issue with the Nurse Licensure Compact is that since 1999, only 24 states have joined the compact. In order to be useful, compacts must be adopted by all, or a majority, of the states. We hope that the FSMB's Interstate Licensure Compact will be more successful in creating a unified system.

Additionally, PAN is concerned with the overall compact approach to state licensure. In theory, interstate compacts work well to coordinate state rules and regulations; however, in practice, they must be adopted by a majority of the states to be useful. Since 1999, only 24 states have joined the Nurse Licensure Compact. We believe that a compact state medical licensure system that is adopted by only some states will only further the current fragmentation that is detrimental to doctors who wish to practice telehealth. PAN looks forward to working with the FSMB to ensure a streamlined and consistent system across all states.

PAN does support a coordinated information system as part of the draft compact. We believe this is an essential component to the success of the compact, as well as patient safety. In order to make it most beneficial to patient safety, we suggest that you make aspects of the information system publicly accessible, like the system used by the Nurse Licensure Compact. PAN believes patients should be able to access a database of disciplinary actions taken against physicians in order to make the best choice. We also believe this will be beneficial to patients who wish to see physicians via telehealth, given that they might not have a prior relationship with the physician.

In closure, we do applaud the FSMB for addressing the significant issues around interstate medical licensure and for drafting the Interstate Licensure Compact. However, health care in the 21st century is no longer defined by state lines. People with Parkinson's and other diseases should be able to access the specialists they need, regardless of where they are located. Unfortunately, PAN does not believe the current draft of the Interstate Licensure Compact does enough to address the current fragmented state licensure system. We look

Letter: Fish, Eric  
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forward to continuing to work with the FSMB to ensure the hurdles currently restricting patient access to quality care are removed.

Sincerely,

A handwritten signature in black ink that reads "Amy Comstock Rick". The signature is written in a cursive style with a large initial "A".

Amy Comstock Rick