

ONE HUNDRED THIRTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**  
COMMITTEE ON ENERGY AND COMMERCE  
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May 22, 2014

Dr. Ateev Mehrotra  
Policy Analyst  
RAND Corporation  
20 Park Plaza, 9th Floor, Suite 920  
Boston, MA 02116

Dear Dr. Mehrotra:

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."

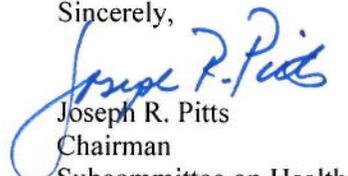
Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose 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](mailto: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 1—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. What share of healthcare services could conceivably be provided remotely? What aspects of care are likely to be beyond its reach?
8. In healthcare, we've frequently seen new technologies promise to save money, but in reality creating a new way for providers to bill the Medicare program. How can we ensure that telemedicine actually does deliver the savings that it promises?
9. The highest hopes for telemedicine propose nothing less than a revolution in the coordination of healthcare across different institutions and care sites. Would this be possible without a revolution in standards for Electronic Health Records (EHRs) to match?
10. As you may know, Congress has spent over \$20 billion on a nationwide system of EHRs but 5 years later this system has yet to achieve interoperability (the ability for one system to talk to another). How important is it that the Office of the National Coordinator push for interoperability without delay?
11. EHRs were supposed to be a big leap forward for our healthcare infrastructure, but it imposed huge behavioral changes and administrative costs on physician practices while adding as much confusion as clarity. How can we make sure that the development of telemedicine does not just crowd out more practical tried and tested arrangements?
12. When private businesses decide not to make major investments in new technologies, they often do so because the benefits do not justify the costs. The enthusiasm of policymakers for switching to EHRs is often not matched by that of providers who have to pay for it. What steps can we take to ensure that investments in telemedicine are worth that cost?
13. In these times of strained budgets, moves to adopt telemedicine often require substantial fixed start-up costs, which are scarce. Is there anything that can be done to help physicians to come together to share the burden of those costs? Are there barriers that prevent them from doing so at the federal level?
14. What opportunities does telemedicine provide for improving care coordination and preventing fraud?

15. In your experience, does fee-for-service Medicare—with its emphasis on paying for every service individually—create an intrinsic barrier to the value of telemedicine? Has Medicare Advantage been more able to encourage its use?

**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%).
  - Care giving 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 the 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?