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ONE HUNDRED EIGHTEENTH 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  
Minority (202) 225-2927

May 24, 2024

Dr. Eve Cunningham, M.D., M.B.A.  
Group Vice President and Chief of Virtual Care and Digital Health  
Providence  
1801 Lind Avenue, SW.  
Renton, WA 98057

Dear Dr. Cunningham:

Thank you for appearing before the Subcommittee on Health on Wednesday, April 10, 2024, to testify at the hearing entitled “Legislative Proposals to Support Patient Access to Telehealth Services.”

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 Monday, June 10, 2024. 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](mailto:Emma.Schultheis@mail.house.gov).

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

Sincerely,



Brett Guthrie  
Chair  
Subcommittee on Health

cc: Anna Eshoo, Ranking Member, Subcommittee on Health

Attachment

## **Attachment — Additional Questions for the Record**

### **The Honorable Robert Latta**

1. Doctors from teaching hospitals and programs have relied on telehealth to allow them to supervise resident physicians. This is especially in community hospitals where a teaching physician may not be physically present but can help supervise remotely. Can you discuss the impact that removing this flexibility might have in allowing patients to access specialty care and also for the adequate training of future doctors?

### **The Honorable Lisa Blunt Rochester**

1. In my home State of Delaware, the ChristianaCare Hospital Care at Home program just celebrated its 1000th patient admission since the program began under a COVID waiver in December 2021. Their innovative program enables patients with conditions like congestive heart failure or pneumonia, to receive hospital-level care in the comfort of their own homes through a combination of virtual and in-person care provided by a care team that includes physicians, nurse practitioners, paramedics, and other professionals. Patients who have participated in this program report high satisfaction with this model of care. Congress extended this waiver program via statute in December 2022 – and will need to act again by December 2024 for hospitals to continue these waiver flexibilities. Can you describe Providence’s experience in establishing a hospital at home program?
  - a. Why did you decide to establish a hospital at home program?
  - b. What can you say about the health outcomes and patient satisfaction levels experienced by patients participating in your program?
  - c. Would a multi-year extension of the current waiver provide more predictability and stability for your program going forward?