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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
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Minority (202) 225-2927

May 24, 2024

Dr. Ateev Mehrotra, M.D., M.P.H.
Professor of Health Care Policy and Medicine
Harvard Medical School
180 Longwood Avenue
Boston, MA 02115

Dear Dr. Mehrotra:

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.

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. Hospitals have patients in the pediatric, adolescent and adult age groups who leave the state temporarily for school, work or other reasons, and need guidance from their caregiver while away. Right now, hospitals cannot offer care to our established patients with chronic medical and mental health conditions if their provider is not licensed in the state the patient is located at the time of the visit. The focus of this question is for established patients seeking care from their PCP and medical home regarding chronic issues such as depression, anxiety, chronic heart and lung conditions, auto-immune conditions. These issues cannot be addressed via local urgent care, and patients have a much higher risk of being referred to the Emergency Room or not seeking care at all. How can we solve this issue at the federal level to protect the primary care relationship with patients, and deliver high quality, value driven coordinated care?

The Honorable Lisa Blunt Rochester

1. The COVID-19 pandemic allowed us to make rapid progress in expanding access to telehealth. Delaware patients now rely on the flexibility provided by telehealth, which allows individuals in rural or underserved areas to receive accessible care for their complex health needs. Losing access to this care or failing to properly reimburse telehealth services will have ripple effects. How does timely telehealth access to high-quality primary care and behavioral health reduce the likelihood of hospitalization, ER visits, invasive procedures, and complications?
 - a. Medicare reimburses health centers for telehealth at 50 percent of the in-person rate for the same service. How do disparities in reimbursement for telehealth affect access to care?