

Statement of Mr. Roy Underhill for the

Committee on Ways and Means of the U.S. House of Representatives

“Hearing on Enhancing Access to Care at Home in Rural and Underserved Communities”

March 12, 2024

Good morning, Chairman Smith, Ranking Member Neal, and Members of the Committee.

My name is Roy Underhill and I have traveled here today from Saxapahaw, North Carolina, where I have lived with my wife for 15 years in an old mill on Cane Creek in Alamance County. Our nearest neighbors are wood ducks, bobcats and river otters. My primary occupation is studying and teaching about early American woodworking. I am honored to be here with you today and I thank you for inviting me to testify at today’s hearing on enhancing access to health care at home in our rural and underserved communities.

One landmark of the old mill where we live is the dam and waterfall of the mill pond. Throughout 2021, I had been suffering with urinary blockage from prostate enlargement. One might understand that the discomfort of urinary blockage can be made all the more aggravating when accompanied by the constant sound of a nearby waterfall. I finally had to resort to a urinary catheter for relief. In November of 2021, during a change of catheter, I apparently induced an e-coli infection into the works.

This infection began to spread from my urinary tract to the rest of my body, but I did not know that until Sunday evening, November 7th, 2021. I was at home and began feeling waves of chills and trembling. My temperature was climbing and I was sweating profusely, becoming disoriented, verging on delirious. My wife, Jane, managed to get me to the car and drove me to the emergency room over in Chapel Hill as fast as she could, about 30 minutes away.

We arrived at the emergency room at 10 PM. Unfortunately this was also the evening of a basketball game in Chapel Hill and the emergency room was packed with students suffering from alcohol related mishaps and malaise. This was also in the high time of COVID which added significantly to the crowd. Thus, it was close to 4 AM before I could be seen.

Eventually, I was stabilized and they began treatment with intravenous antibiotics. I was diagnosed with sepsis, a potentially deadly situation where the bacterial infection

had spread throughout my body. In the morning, the doctor told me that I came close, but that I was not going to die, a reassurance for which I was most grateful.

Later, about mid-day, I was informed that my course of treatment, which, again, primarily involved intravenous antibiotics would require a hospital stay of at least three days. Although I was certainly glad of the modern medical cure for my condition, the prospect of three days in the hospital was not great news to hear. But this was quickly followed by the news that there was an alternative.

They told me of a new program where I could continue treatment at home rather than in the hospital—if I qualified. I enthusiastically expressed my desire to pursue this option, and they began the questions regarding the suitability of my home situation for this new program. The questions were extensive regarding if I had help at home, if I had electrical facilities, internet links, running water, a functioning toilet, my distance from the hospital emergency room, and so forth.

Once they determined that I qualified, they dispatched a team out to my home where they verified the suitability and began installing the technical equipment that I would need to stay connected to my care team. They prepared a downstairs bedroom with wireless connections to the hospital, a battery backup to maintain constant communication, a direct phone line, an emergency call button and a dedicated visual link through an iPad. All of this was installed on the bedside tables of my own bed.

When I returned home that afternoon, all this equipment was in place and medical staff was there to explain and test the equipment with me. I learned how to pull up my schedule of visits for each day, how to place and receive video calls with my care team, how to use the hardwired phone if the tablet was not working, and how to wear the personal emergency response system device so that I could reach my care team if I was not near the tablet or phone and needed help. This may sound complicated, but it was extremely simple and clear.

I slept well that night! I was home with my pets and my books and in my own bed and bed clothes. The next day neighbors and friends were able to stop by, one of whom, blacksmith Peter Ross, brought the best chicken soup I have ever enjoyed! These friends would not have been able to visit had I been in the hospital due to the COVID restrictions. Twice or more a day medical professionals dropped by on their rounds through the countryside to check my vitals and administer the continuing antibiotic treatment. All antibiotics were confirmed and administered under the watchful eye of the UNC hospital staff over the live video link.

There was never a moment when I felt alone. I saw my doctors, nurses and paramedics both in-person and virtually several times a day and received all the

medications, tests, treatments, therapies, and services I needed. At any time I could check in through the video link with the doctors and nurses at UNC hospital who made sure I was proceeding as expected in my recovery.

Indeed, my recovery from this dangerous condition was rapid and complete. I credit the hospital at home option with the excellent results of my treatment, as well as the absence of any dangerous complications that might occur from hospital induced infections.

As a result of my direct experience, I became an enthusiastic advocate of the hospital at home program and went out of my way to inform the hospital that, if they needed endorsement of the program, I was ready and eager. That is why I am here today, representing only myself and my experience.

In addition to my good experience, the potential of the program appeals on many levels. Because I was not in the hospital, that hospital bed was free for those who might need it more. I was happy at home with my own room and Jane's home cooking. I never felt concerned that I was away from the hospital, as my condition was being checked as often as it would have been had I been in the big building in town. The program worked well for me and thinking of my rural neighbors, it is an option that could do a lot of good for the country folk.

I am fortunate to have access to the care I need both at the university hospital and at home. As I understand it, this program was created during the COVID pandemic as a way to keep people out of the brick and mortar hospitals and to increase capacity for those who needed to be hospitalized for COVID. However, I am grateful that Congress has acted once before to extend this program. I hope that as you debate and consider legislation that brings health care innovation to the home, you will find a way to ensure hospitalization at home continues to help more patients than ever before.

For me, the program was great! I do like old tools and techniques, but when it comes to health care, I am a big fan of the twenty-first century!

Thank you for providing me with the opportunity to testify before you today. I look forward to answering questions should you have any.