

**Testimony to the Ways & Means Health Subcommittee
Bridging Health Equity Gaps for People with Disabilities and Chronic Conditions**

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In the fall of 1970, Peter Smith (not his real name) was a 24-year-old Green Beret serving in Vietnam. He and his fellow soldiers ran special operations near the Laos and Cambodian borders. They came under fire from the North Vietnamese and were routinely exposed to Agent Orange. After the war, Mr. Smith worked in the corporate sector and later became a math teacher. Before he retired, he lost his sense of smell and then developed a tremor in his left hand. He was diagnosed with Parkinson's. He is not alone. The late General Colin Powell and thousands of veterans who were exposed to Agent Orange have developed the disease. Yet despite the diagnosis and his service, Mr. Smith could not receive the care that he needed.

He travelled hours to the closest VA facility in western New York where he lived. There he saw a physician assistant who knew little about Parkinson's and then a neurologist who did not provide satisfactory care. So five years ago, Mr. Smith began seeing me, a Parkinson's specialist at the University of Rochester, via telemedicine. He started a new medication and continued doing 200 push-ups daily. Today, his Parkinson's continues to progress, he gets frequent leg cramps, and has lost over 25 pounds. Nonetheless, he remains active and now does modified push-ups.

Mr. Smith is not the only person who has benefitted from telemedicine. About four years ago, I saw a brother and sister with a very rare genetic form of Parkinson's disease. The siblings, both in their 30s, were lying in separate beds. They could not speak, feed, dress, or bathe themselves. They, like 4 million Americans, were homebound. Their parents, both immigrants, cared for their adult children in their small home just miles away from John F. Kennedy Airport in Queens, New York.

In 2013, the state of Delaware did not have a single Parkinson's specialist. Not one. So nurse practitioners at the University of Delaware created a telemedicine clinic. Now caregivers don't have to drive their loved ones hours to see a specialist. They can receive expert care in their own community.

Today over 40% of Medicare beneficiaries with Parkinson's do not see a neurologist soon after diagnosis. Those who don't are more likely to fracture their hip, to be placed in a skilled nursing facility, and to die. Rural residents, seniors who are Black, women, and older individuals are all less likely to receive care.

Telemedicine can help bridge these gaps. Yet before the COVID-19 pandemic, Medicare spent less than 0.1% of its budget on telemedicine. But thanks to former CMS Administrator Seema Verma, Medicare temporarily expanded its coverage of telemedicine in March 2020. In four weeks, use of telemedicine increased 100-fold. In 2020, the number of Medicare telemedicine visits topped 50 million.

Parkinson's is the world's fastest growing brain disease. It affects all of us including Senators, like the late Johnny Isakson, and Representatives, like former Congressman José Serrano. 1.2 million Americans, including over 100,000 veterans, have the disease. Today another 200 will be told that they have Parkinson's, and 100 more will die from it.

Yet, much of this is preventable. Pesticides, industrial chemicals, and air pollution are fueling Parkinson's rise. Paraquat is the most toxic herbicide ever created, it kills the weeds that Round Up doesn't, and it increases the risk of Parkinson's by 150%. Over 30 countries, including China, have banned this nerve toxin. The U.S. needs to do the same.

Until we summon the will to prevent Parkinson's, we can at least care for all affected by it. Telemedicine is far from a panacea. But we have just completed a natural experiment assessing its value. Clinicians accept telemedicine, patients love it, and with its adoption, Medicare's spending went

down, not up. Suffering was alleviated, infections were prevented, and lives were saved. It is now time for Medicare to permanently cover telemedicine:

1. Regardless of geography;
2. From a broad range of clinicians;
3. For patients in their homes; and
4. From physicians in any state

Let's not return to a time when veterans, immigrants, and rural residents are denied care that they need (and that they paid for) simply because of distance, disability, or the distribution of doctors. Medicare's intent was to guarantee access to health care for any senior anywhere. Chairman Doggett, Congressman Buchanan, members of the Health Subcommittee, it is time to fulfill that vision.

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Disclosures

Equity interests

Dr. Dorsey has stock options in Included Health, stock in Mediflix, and ownership interests in SemCap.

Consulting

Dr. Dorsey has served as a consultant to Abbott, Abbvie, Acadia, Acorda, Bial-Biotech Investments, Inc., Biogen, Boehringer Ingelheim, California Pacific Medical Center, Caraway Therapeutics, Curasen Therapeutics, Denali Therapeutics, Eli Lilly, Genentech/Roche, Huntington Study Group, Included Health, Informa Pharma Consulting, Karger Publications, LifeSciences Consultants, MCM Education, Mediflix, Medopad, Medrhythms, Merck, Michael J. Fox Foundation, NACCME, Neurocrine, NeuroDerm, NIH, Novartis, Orient Data Sciences, Otsuka, Physician's Education Resource, Praxis, PRIME Education, Roach, Brown, McCarthy & Gruber, Sanofi, Seminal Healthcare, Spark, Springer Healthcare, Sunovion Pharma, Theravance, Voyager, and WebMD.

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