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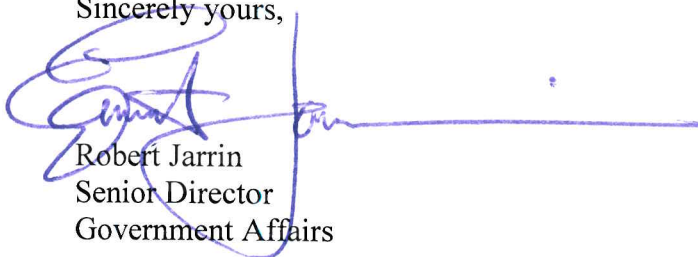
Ms. Charlotte Savercool
Legislative Clerk
One Hundred Thirteenth Congress
Committee on Energy and Commerce
2125 Rayburn
House Office Building
Washington, D.C. 20515

Dear Ms. Savercool:

On behalf of Qualcomm Incorporated, thank you for inviting me to appear on July 17, 2014 before the Subcommittee on Communications and Technology and Subcommittee on Health to testify at the joint hearing entitled "21st Century Technology for 21st Century Cures."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record has remained open to permit Members to submit additional questions for the record, and the Honorable Anna Eshoo has provided me with several questions. My responses to those questions are attached to this transmittal letter.

Sincerely yours,

A handwritten signature in blue ink, appearing to read 'Robert Jarrin', followed by a long horizontal line.

Robert Jarrin
Senior Director
Government Affairs

1. What are your top two policy recommendations that Congress could undertake to improve the adoption of telemedicine?

Congress should improve the adoption of telemedicine by (a) considering ways to drastically expand the broad coverage, payment and pricing of telehealth and remote patient monitoring technologies by the Center for Medicare and Medicaid Services, and (b) encouraging or requiring the Secretary of Health and Human Services to waive the technical, geographic, site and service restrictions on telehealth services (as set forth in section 1834(m) of the Social Security Act) for any telemedicine and remote patient monitoring services that are delivered by Medicare Shared Savings Program (MSSP) participants.

The current Medicare telehealth provisions in the Social Security Act Section 1834(m) and the accompanying regulations are overly restrictive and exclude the majority of 21st century technology innovations. A 2012 report by a public-private task force on mHealth consisting of federal officials, academia, industry and other stakeholders, named outdated reimbursement regulations and policies as inhibitors to the proliferation of mobile health technologies.¹ These outdated provisions are limiting patient access to new technologies, effectively discouraging providers from utilizing advanced information communications technologies and solutions in their practices.² In fact, over the course of this Committee's 21st Century Cures hearings and roundtables, several witnesses and panelists echoed the sentiment that the biggest obstacle to health IT innovation is the issue of reimbursement and called for an urgent need to modernize outdated coverage regulations.³

The Centers for Medicare and Medicaid Services (CMS) covers over 100 million people and has an annual budget of nearly \$900 Billion dollars. Of that amount, last year, only \$10-12 million dollars were spent on reimbursement for telehealth services, according to the American Telemedicine Association. Under current Medicare coverage and payment, in order to qualify for telehealth reimbursement, the following conditions must be met: the consult must be live (real-time) voice and video (synchronous communication); it must be in a specific site of care as stipulated by CMS (skilled nursing facility, hospital, doctor's office, mental health center); the beneficiary must live in health professional shortage area (HPSA) or not in Metro Statistical Area (MSA); the service must be included in the list of Medicare telehealth services (e.g., inpatient consult, psychiatrist, psychotherapy, pharmacological, nutrition); store and forward technologies (asynchronous communications) are allowed only in Alaska and Hawaii for federal

¹ See FCC Wireless Health Technology mHealth Task Force, <http://www.fcc.gov/document/fact-sheet-mhealth-task-force-recommendations>.

² See TIA multi-organization letter to Department of Health and Human Services (HHS) Secretary Burwell on waiving burdensome restrictions contained in Section 1834(m) of the Social Security Act for Accountable Care Organizations (ACOs) participating in the Medicare Shared Services Programs, June 9, 2014, <http://www.tiaonline.org/sites/default/files/pages/Multi-Assn%20Letter%20-%201834%28m%29%20%26%20MSSP%20ACOs%20060914.pdf>; ATA Telemedicine Policy Priorities, <http://www.americantelemed.org/docs/default-source/policy/ata-federal-policy-priorities.pdf?sfvrsn=36>; CTel, Our Mission, September 2014, <http://ctel.org/about-2/our-mission/>.

³ See 21st Century Cures: The President's Council of Advisors on Science and Technology (PCAST) Report on Drug Innovation, May 20, 2014, <http://energycommerce.house.gov/hearing/21st-century-cures-president%E2%80%99s-council-advisors-science-and-technology-pcast-report-drug>; 21st Century Cures Roundtable: Digital Health Care, June 24, 2014, <http://energycommerce.house.gov/event/21st-century-cures-roundtable-digital-health-care>.

demonstration projects; and the consult must be performed at distant site by a doctor, nurse, or other stipulated medical professional.⁴

In other words, 21st century solutions such as mobile medicine or remote monitoring technologies are disallowed for reimbursement, thereby discouraging their use by qualified medical professionals. This creates a disincentive to adopt modern wireless health and connected care technologies. Furthermore, under other current CMS regulations, most novel converged health and medical devices such as apps do not qualify for reimbursement as “durable medical equipment” because they are not considered “reasonable and necessary.”

There are efforts underway to improve this situation. These include transitional care management codes, chronic care management codes and the creation of the Center for Medicare and Medicaid Innovation, but more needs to be done to advance the growing body of evidence that these technologies are producing, such as cost-savings, improved adherence and better outcomes.

To rectify this situation, we recommend that Congress consider ways to drastically expand the broad coverage, payment and pricing of telehealth and remote patient monitoring technologies by the Center for Medicare and Medicaid Services, and encourage or direct the Secretary of Health and Human Services to waive the technological, geographic and practice restrictions on telehealth services (as set forth in section 1834(m) of the Social Security Act) for any telemedicine and remote patient monitoring services that are delivered by Medicare Shared Savings Program (MSSP) participants. Such a waiver would provide accountable care organizations with the immediate ability to utilize advanced telehealth and remote monitoring solutions beyond current stipulated geographic limitations and through modern asynchronous technologies, thereby bringing modern healthcare to countless Medicare beneficiaries who stand to benefit from care delivery virtually anywhere and at any time.

⁴ See CMS Telehealth Services Factsheet, April 2014, <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcfsht.pdf>.

2. What are additional steps we can take to encourage interoperability with electronic health records, while ensuring patient privacy and HIPAA standards?

Congress should direct the Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology (ONC) to allow patients the ability to upload patient-generated health data (PGHD) from interoperable health and medical devices into electronic health records (EHRs) as part of the meaningful use program.

Over the history of the “meaningful use” program, there have been a number of important attempts to incorporate PGHD from remote monitoring technologies into the EHR. Unfortunately, each attempt has been met with significant resistance resulting in the omission of PGHD as a requirement for EHR technology. This omission is unfortunate in light of ONCs stated goals to improve quality, safety and efficiency, while reducing health disparities.⁵ Remote patient monitoring technologies such as telemedicine, telehealth and mobile health (mHealth) play an increasingly vital role in our nation’s healthcare system and should be included in the Health IT Policy Committee and Health IT Standards Committee meaningful use efforts and recommendations.

Health IT is a broad ecosystem of data-driven technologies that rely on advanced remote health and medical products that are broadband enabled (wired, wireless or mobile). Health IT includes technologies that actually touch patients, electronically capturing and generating specific physiological and biometric data about a person’s health state or conditions and transmitting it wherever it needs to go. Health IT serves as an umbrella term that encompasses all information driven healthcare categories and practices such as e-Care, telemedicine and mHealth.⁶

To solely focus on EHR and EHR systems ignores the interconnected value of health IT and importantly disregards significant aspects of the patient. Although health IT alone cannot heal a patient, when incorporated into the healthcare delivery system it can enable eligible care providers to make better decisions, avoid patient errors, become more efficient, and understand individual and population health more effectively.⁷

As CMS and ONC contemplate Stage 3 meaningful use, allowing the upload of PGHD into the EHR can only help ONC to achieve its goals of improving medical quality, safety, efficiency, and reducing health disparities. Stage 3 should provide concrete recommendations, references or instructions, on device interoperability to more proactively involve patients and families in their care, especially in the home or outside of healthcare institutions and facilities. Stage 3 should include instructions on PGHD and how to integrate personal data into an EHR. Stage 3 should develop a method to incentivize eligible providers to embrace the use of remote monitoring technologies, while ensuring patient privacy and HIPAA standards.

⁵ See ONC in Partnership with the Learning Consortium, Meaningful Use Definitions and Objectives, September 2014, <http://www.healthit.gov/providers-professionals/meaningful-use-definition-objectives>.

⁶ See FCC National Broadband Plan, Chapter 10 – Healthcare <http://www.broadband.gov/plan/10-healthcare/>.

⁷ Id.

Healthcare transcends the walls of healthcare facilities whether clinical, hospital or that of the eligible professional. In today's reality, health IT facilitates continuous care and quality improvement by automating healthcare. Physiological data represents important elements of a person's health state, particularly those with high priority chronic conditions. Consistent information helps formulate a more accurate care record along the continuum of care.

As more healthcare providers and patients utilize mobile computing devices such as mobile broadband enabled smartphones, tablet PCs, and medical device data hubs, we cannot underscore how important it is that healthcare stakeholders have the ability to take advantage of PGHD throughout health IT.