Statement of Neal Ian Neuberger, CISSP
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to the
United States Senate Special Committee on Aging
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Chairman Nelson and Ranking Member Collins:

My name is Neal Neuberger and I am the Executive Director of the Institute for *e*Health Policy within the HIMSS Foundation. www.e-healthpolicy.org. I am also a former Board Member and Secretary of the American Telemedicine Association. To start, let me thank the Committee for holding this important discussion -- especially as part of the "*NHIT Week*" activities here in Washington -- where more than 400 organizations have partnered to promote the "e-enabling" of our rapidly changing healthcare environment.

In addition, more than 30 lead healthcare and technology groups have recently united to form a "Multi-Stakeholder Organization" in order to promote a singular voice with regard to both short and long-term Telehealth policy objectives in Congress and the Administration. That group's recommendations are being formulated right now based on many existing bi-partisan legislative proposals during this Congress and will be available shortly.

In the meantime, I would like to share with you our Institute for eHealth Policy and HIMSS position on Telehealth. Starting tomorrow and throughout this week, several hundred constituents will be visiting their Members of Congress to share these and other top health IT priorities.

In summary our position on Telehealth is: To expand access to quality care, help control costs, enhance secure interoperability of health information, and improved quality for rural and underserved populations, Congress should pass legislation that enables the nationwide realization of the full benefits of Telehealth services.

Problem: The enormous potential of telehealth or telemedicine to positively transform healthcare delivery in America is not being realized due to numerous impediments. These include out-of-date public and private reimbursement structures, inadequate broadband availability, and varying licensure and practice restrictions between some states. Furthermore, federal and state personal health information (PHI) privacy laws and regulations across jurisdictions adversely impact the delivery and quality of care Americans receive via telehealth. In many areas of the country there are not enough health professionals to provide in-person visits or appropriate follow up care, especially for mental health and highly specialized services like

pediatric critical care. In other areas, distance or unavailability of transportation present impediments to care.

Background: While telemedicine refers specifically to remote clinical services, according to the **Health Resources Services Administration,** telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care as well as a broader scope of remote healthcare services including patient and professional health-related education, public health and health administration, continuing medical education, and patient empowerment and decision making.

More than $1 billion in congressionally appropriated federal grant funding through agencies including the Health Resources and Services Administration (HHS), Rural Utilities Service (DoA), and Federal Communications Commission (FCC), and National Telecommunications and Information Administration (DoC) has helped more than 300 existing telehealth networks, many of them university-based. There is an opportunity to achieve more with less by using consumer-focused technology and by expanding the role of telehealth in the delivery of healthcare and health management.

Telehealth technologies can eliminate travel time and reduce stress and expenses for the patient provider. Telehealth also increases patient-to-clinician interaction and satisfaction. This increases patient compliance, which leads to better clinical outcome at lower costs. For the past 25 years, telehealth in the United States has enjoyed explosive growth despite major ongoing public and private sector policy barriers.

One goal of the **Universal Service Fund,** as mandated by the ***Telecommunications Act of 1996*****,** is to increase access to telecommunications and advanced services in schools, libraries, and rural health care facilities. The FCC makes provisions for telehealth under the Universal Service Fund which sponsors the **Rural Healthcare Program.** However, the Rural Healthcare Program has a complicated administrative and application process deterring healthcare professionals from participating. By passing HR 3306 *Telehealth Enhancement Act*, many of the existing barriers that are stifling telehealth to innovatively and efficiently deliver healthcare will be addressed. The Act will expand telehealth services nationwide, decreasing costs and improving quality of healthcare.

Discussion: **HIMSS Public Policy Principles** (HPPP) support the enablement of telehealth and mobile technologies to expand healthcare access, help control costs, and improve quality for rural and underserved populations. HPPP #13A reads as follows: “mobile health (mHealth) technologies have the potential to dramatically alter the course of healthcare, especially in the areas of patient empowerment, remote monitoring, telehealth, and expansion of access to care to underserved and remotely located patient populations. The use and innovation of mobile technologies must be encouraged and not over-regulated in order to facilitate innovation.”

As of June 1, 2014, there were six bills pending in the 113th Congress designed to enhance telehealth by addressing some of the above mentioned issues. Among them is **H.R. 3306 the *Telehealth Enhancement Act*** (introduced October 22, 2013), sponsored by Representatives Gregg Harper (R-MS) and Mike Thompson (D-CA), which would enhance telehealth coverage nationwide, including the following:

- Require FCC rules on healthcare clinician access to telecommunications and information services to disregard clinician location
- Cover telehealth services in Medicare hospital and post-acute care payment bundles
- Allow Medicare accountable care organizations (ACOs) to use telehealth in the same way as Medicare managed care plans
- Facilitate Medicare home-based kidney dialysis
- Create a new Medicaid optional package for high-risk pregnancy and birth networks

Telehealth is a tool for the clinician to use in the provision of services. It is not a new service, but a modality by which service is provided. Therefore, the clinician should be held to the same standards he or she normally would whether providing services in-person or via technology. The issue is not the tool or technology that is employed, but the value it brings to patient care. Enabling the provision of telehealth services is essential to the positive transformation of our nation's healthcare system.

Other opportunities, beyond those contained in H.R. 3306, include the expansion of remote patient monitoring into the home and the use of in-home technologies to further enable the concept of "aging in place." HIMSS and the Personal Connected Health Alliance encourage advancing the concept of the e-Visit to include patient care and remote monitoring wherever the patient is located. This includes highlighting the ability to replicate the traditional in-person patient encounter using mobile devices and related mHealth technologies at home. The states should be encouraged to specifically include telephone, email, and fax in the definition of "telemedicine" or "telehealth" as a means of providing care.

Currently, the **Centers for Medicare and Medicaid Services (CMS) Telehealth Reimbursement Provisions** (also Medicare telehealth payment policy and claims processing instructions) restrict the deployment of telehealth to when the beneficiary seeks services from an originating site that is either outside of a metropolitan statistical area OR is in a rural geographic Health Professional Shortage Area. Eighty percent of the country is not included in this delineation. In addition, reimbursement provisions prohibit "store and forward capability;" and it requires a clinician on both ends. In summary, changes or amendments to existing legislation should include:

1. Allow use of "store and forward capability" – currently only Alaska and Hawaii may use for federal demonstration projects. There is a need to expand "store and forward processes," which aid in long-term monitoring of chronic diseases.
2. Expand reimbursement mechanisms of live (real-time) voice and video between clinicians and between clinicians and patients.

3. Amend changing the site of care beyond those stipulated by the CMS to include interactions with patients from wherever the patient is located, including the home.
4. Encourage the mitigation of barriers associated with clinician licensure related to interstate telehealth practice.
5. Update Current Procedural Terminology (CPT; maintained by the American Medical Association) and Healthcare Common Procedure Coding System (HCPCS; maintained by CMS) to explicitly cover in-home monitoring or clinician/patient non-centralized exchanges, including shared decision making.
6. Address the challenges of licensing clinicians to serve patients in other states including high cost, paperwork, differing criteria, etc.

Questions may be addressed to Richard M. Hodge, HIMSS Senior Director of Congressional Affairs, at 703-562-8847 or rhodge@HIMSS.org**.**

References:

1. American Telemedicine Association (ATA) website.
2. *Telecommunications Act of 1996.*
3. *H.R. 3306, Telehealth Enhancement Act.*
4. Federation of State Medical Boards, A Model Act to Regulate the Practice of Medicine Across State Lines, April 1996.
5. State Medical Boards Adopt Policy Guidelines for Safe Practice of Telemedicine, April 26, 2014.
6. Forbes Pharma & Healthcare website, "Top Health Trend For 2014: Telehealth To Grow Over 50%. What Role for Regulation?" December 28, 2013.
7. Department of Health and Human Services Centers for Medicare & Medicaid Services Telehealth Services Rural Health Fact Sheet.