

**Remarks of LTC Ronald K. Poropatich, MD
Member, Board of Directors
American Telemedicine Association
Before the
Senate Committee on Commerce, Science and Transportation
Subcommittee on Science, Technology and Space
September 15, 1999**

Thank you Mr. Chairman.

My name is Doctor Ronald K. Poropatich. I am an elected member of the Board of Directors of the American Telemedicine Association and provide these remarks today on behalf of the Association. I am a practicing physician in pulmonary and critical care medicine with over 7 years of direct experience using telemedicine. I am also a LTC in the United States Army and the Director of the Telemedicine Directorate at Walter Reed Army Medical Center in Washington, DC and also serve on the staff of the Telemedicine and Advanced Technology Research Center at the U.S. Army Medical Research and Materiel Command at Ft. Detrick, Maryland. However, I am here today strictly on behalf of the ATA and my remarks do not necessarily reflect the position of the U.S. Department of Defense.

The American Telemedicine Association represents physicians, other healthcare professionals, technologists and companies involved in developing telemedical systems and providing healthcare services via telecommunications. We are a non-profit membership-based organization, established in 1993,

which serves to promote telemedicine and resolve barriers to its deployment.

In my remarks today I would like to briefly point out a few of the critical national issues we believe inhibits the growth of telemedicine. These serve as a barrier to realizing the potential benefits of telemedicine to expand access by all Americans to quality medical services and reduce the cost of providing healthcare services.

Many of the obstacles facing the use and deployment of telemedicine today require changes in existing laws and regulations. I will highlight several specific areas that should be addressed by the federal and state governments in the United States.

1. Lack of Payment for Services: Despite many years of successful telemedicine demonstrations and the rapidly expanding deployment of telemedical services in the private sector and in other countries, the U.S. lags behind in recognizing and paying for medical services provided via telemedicine. Medicare currently reimburses for several different types of remote services including teleradiology, remote patient monitoring and live video consultations with patients residing in remote Health Professional Shortage Areas. However, broad reimbursement for telemedicine services is still unavailable. This failure to provide coverage of telemedical services

has put a brake on the growth of telemedicine, restricted access to health services by many Americans and hampered the ability of the U.S. healthcare industry to use telemedicine in reducing costs and increasing the quality of care.

Knowing the crisis facing the cost of providing healthcare and the cost associated with increasing access to health services, ATA has three specific priorities for providing Medicare coverage of telemedicine services. Each of these priorities costs little or nothing in additional federal outlays and will help expand access to needed medical services by the American consumer.

- a) First the Health Care Financing Administration (HCFA) should clarify that it can fully reimburse for telepathology since this is a service, similar to teleradiology, which can easily be conducted remotely and does not require a direct physician-patient consultation. This can be simply accomplished by HCFA today and does not require any additional legislation. We are hopeful that HCFA will clarify this issue before the end of this year.

- b) Second, we urge Congress to eliminate existing flaws in the current Medicare program supporting telemedicine services to residents of rural

Health Professional Shortage Areas. For example, the program does not reimburse for medical consultations provided using store-forward technology. This is a very efficient and appropriate way of delivering patient information to a medical specialist and is being practiced today in the military, in other countries and in demonstration projects across this country. ATA fully supports legislation introduced by both Senator Kent Conrad (D-ND) and Senator Max Baucus (D-MT) to amend this program.

- b) Finally, when HCFA introduces a Prospective Payment System (PPS) for home healthcare services next year the provision of telemedical services to the home should be an allowable service that can be used by home healthcare agencies in providing services to the homebound patient. Studies have shown that the use of telehomecare can improve patient care and reduce the utilization of acute care services. The use of telehomecare under PPS will cost NO additional federal dollars, it can help improve services to the patient and it can help homecare agencies to continue providing services at lower costs. We strongly urge Congress to include language this year under the Balanced Budget Act Amendments Bill that directs HCFA to allow these telehomecare services.

3. Improved Access to Telecommunications Networks: The deployment of

telemedical links to rural and suburban medical centers require communications networks that are reliable and capable of handling large amounts of data in a short time. Homecare applications that require interactive video as well as clinical applications involving large patient data files will benefit greatly from the availability of broadband networks.

Congress established a program under the Telecommunications Reform Act of 1996 to provide improved access to high-speed data lines by rural health centers. Although well intentioned, this program has fallen far short of its potential. The application process as it exists today is burdensome, complicated, causes substantial hardship on applicants, and creates a barrier on getting the program benefits out to the intended beneficiaries. In addition, eligible services and program beneficiaries are unduly limited. In a letter to the FCC in March 1999 ATA called for specific changes in the program by both the Federal Communications Commission and Congress. I have included this letter in my written testimony.

ATA is also a member of the IAdvance Coalition, a group promoting improved broadband deployment of the Internet. The Internet is becoming the preferred platform for the delivery of telemedical services and can be an important vehicle for providing health services to the individual at home. It is therefore important that Congress help ensure that high-speed access to the Internet is available throughout the country including to rural

communities and individual homes.

3. State Medical Licensure: Currently each state requires separate medical licenses for physicians practicing inside state boundaries. Telemedicine challenges this by allowing for the practice of medicine across state lines. Some states have enacted restrictive laws to keep out health professionals licensed in other states. This has been viewed by some as efforts to protect the economic markets of the professionals residing within the state. Earlier this year the ATA Board of Directors adopted a position on state licensure that preserves the right of states to continue to license medical professionals while allowing access by patients and primary care physicians within the states to services of qualified health professionals located in other locations. I have included a copy of this statement in my written testimony.

4. Other key policy issues: There are several other important issues and concerns that may require federal policies. These include protection of healthcare and telecommunications entities from undue liability arising out of the use of telemedicine and ensuring patient privacy and confidentiality in the transmission of medical information and electronic storage of personal medical information. Within the military we have addressed the privacy issues by establishing a strict policy of requiring a separate secure server to

be used for all medical transactions with encryption of all medical related files.

In my responsibilities within the military I have witnessed a tremendous growth in the use of telemedicine in the delivery of healthcare. The results of research and service efforts at the Telemedicine and Advanced Technology Research Center at the U.S. Army Medical Research and Materiel Command have enabled us to provide cost effective and expanded access to medical specialty care where none was available before. At Walter Reed Army Medical Center we are now providing well over 3,000 medical consults per year to armed forces personnel and their families worldwide. In some ways the efforts achieved by the military has provided a model that might be adopted by civilian medical organizations. However, in the military we have not been faced with many of the barriers I have described here. It is the hope of the American Telemedicine Association that Congress will help eliminate many of these barriers so that all people throughout the United States can benefit from the potential of telemedicine.

Thank you.