



December 5, 2014

The Honorable Fred Upton
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington D.C. 20515

The Honorable Diana DeGette
U.S. House of Representatives
2368 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Upton and DeGette:

The undersigned, representing stakeholders from across the health care space applaud your work and commitment to improving patient care. We share your belief that the United States' health care system should recognize the potential of new and emerging technologies as well as policies that support their adoption. Building on your September 16, 2014-held roundtable addressing the promises and challenges of harnessing the power of telehealth,¹ we are writing to urge you to take a notable step towards realizing this potential by requesting that the Department of Health and Human Services' (HHS) Agency

¹ *Roundtable on Harnessing the Power of Telehealth: Promises and Challenges?*, Senate Special Committee on Aging (Sept 16, 2014), available at <http://www.aging.senate.gov/hearings/roundtable-harnessing-the-power-of-telehealth-promises-and-challenges>.

for Healthcare Research and Quality (AHRQ) undertake a review of existing literature regarding the benefits of telehealth and remote patient monitoring using its Evidence-based Practice Centers.²

We hold the view that in today's connected world telehealth³ and remote patient monitoring are the cornerstone of a 21st Century health care system and should be covered benefits. Relevant federal agencies have already invested substantial resources in validating the benefits of telehealth. The Veterans Administration is one such agency that has demonstrated significant success in the deployment of telemedicine.⁴ Despite an outdated and restrictive legal and regulatory environment,⁵ these transformative technologies have shown to result in increased quality of care, reduced hospitalizations, avoidance of complications and improved satisfaction, particularly for the chronically ill, and reduced costs, among other benefits. Congress and Federal agencies have the responsibility to take necessary steps to help Americans realize the benefits of these solutions.

The AHRQ's mission is to produce evidence to make health care safer, with higher quality, more accessible, equitable, and affordable, and to work within HHS and with other partners to assure that the evidence is understood and used. At no added expense to the taxpayer, AHRQ has the opportunity – today – and is the proper entity to undertake a literature review through its Evidence-based Practice Centers that would document the case for furthering the use of advanced technological solutions in Medicare while achieving better care and cost savings for the care of chronic disease patients. As leaders in this arena, you are in a unique position to urge AHRQ to undertake this review as a crucial next step in helping improve our health care system. Given your track record of responsibly supporting advances in the United States' health care system, we would appreciate your leadership in this area.

² AHRQ currently funds 11 Evidence-based Practice Centers, located throughout North America. See <http://www.ahrq.gov/research/findings/evidence-based-reports/centers/>.

³ While Section 1834(m) of the Social Security Act includes a definition of telehealth services, for the purposes of this letter we consider "telehealth" to include the wide range of modalities, technologies and services that are derived from telehealth, telemedicine, mobile health (mHealth), remote patient monitoring, and others.

⁴ See Darkins, Telehealth Services in the United States Department of Veterans Affairs (2014), available at <http://c.ymcdn.com/sites/www.hisa.org.au/resource/resmgr/telehealth2014/Adam-Darkins.pdf>.

⁵ For example, Section 1834(m) of the Social Security Act has resulted in arduous constraints on telehealth services. See 42 CFR § 410.78.

Sincerely,

American Osteopathic Association
American Telemedicine Association
Association of Clinicians for the Underserved
Biocom
HIMSS
Personal Care Health Alliance
Panasonic Corporation of North America
Parkinson's Action Network
Qualcomm
RCHN Community Health Foundation
Samsung Electronics
Telecommunications Industry Association
Underwriters Laboratories
WLSA – Wireless Life Sciences Alliance