

House Professional Licensure Committees
Testimony on Telemedicine Senate Bill 780
Pennsylvania State Grange
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Chairs Mustio and Readshaw, and members of the House Professional Licensure Committee,

Thank you very much for having the Pennsylvania State Grange to present testimony on Senate Bill 780 sponsored by Senator Elder Vogel (R-Beaver). **We support passage of SB 780 just as the Pennsylvania State Grange supports its House counterpart, House Bill 1648 sponsored by Professional Licensure Committee member Rep. Marguerite Quinn (R-Bucks).**

I am commenting on behalf of the Pennsylvania State Grange which has represented rural Pennsylvanians, both farmers and others, since 1873. Our mission is people. A core issue for the Pennsylvania State Grange is rural access to health care.

Other witnesses will doubtless talk about the shortage of trained and qualified medical professionals. **It is worse in rural areas.**

Others may describe the financial strains faced by hospital systems. **It is worse in rural areas.**

Others may talk about lack of treatment facilities. **It is worse in rural areas.**

The rural situation invites additional challenges. A person needing care travels farther and has fewer options for health care. Isolation compounds the mileage. Sometimes an elderly disabled person is literally cut off from the world. It is too difficult physically for him or her to travel 2-3 hours for care. Sometimes, medical care is neglected because it is simply too hard to access it. A consequence of this comparative isolation is more than physical. It creates mental and psychological issues. Depression and a sense of futility are serious problems.

How can the General Assembly address these health problems?

There are two stop-gap bills that the Pennsylvania State Grange supports. First is House Bill 1800 sponsored by Rep. Eric Nelson (R-Westmoreland). Called 'medical synchronization', it requires insurance companies to pay for partial prescriptions when the pharmacist is trying to help people reduce their trips to get medicine. It synchronizes them with one renewal date instead of many. It makes a difference with regards to distance and infirmity.

The second piece of stop-gap legislation is Senate Bill 740 advanced by Senator Ryan Aument (R-Lancaster). It continues the Universal Service Fund until December 31, 2021. That means landline telephone service will continue to be available in areas of PA without access to cell phones.

Both are stop-gap bills. They are important but realistically do not begin to meet the health care need. Let us look at one example. There are not enough mental health providers in rural Pennsylvania. According to the Center for Rural Pennsylvania September/October 2018 newsletter, there are 21.2 providers (psychiatrists, neuro-psychiatrists, clinical psychologists, clinical social workers and geriatric psychiatrists) per 100,000 people. Compare to urban areas which have a ratio of 33.6 mental health providers per 100,000 persons. (http://www.rural.palegislature.us/publications_newsletter.html)

The Opioid Crisis also highlights this issue. The U.S. Department of Agriculture reports that “*In October 2017, the Centers for Disease Control and Prevention announced that the rates of drug overdose deaths are rising in rural areas, surpassing rates in urban areas. In addition, a December 2017 survey by the National Farmers Union and the American Farm Bureau Federation found that as many as 74 percent of farmers have been directly impacted by the opioid crisis.*” The consequences of a fatal overdose may reverberate in rural areas because communities are smaller and the deceased is known to many. In urban areas, the loss and grief are just as hard but the impact is diffused because a larger population can make the death one reads about in the newspaper more abstract. Current medical thinking suggests that a major pathway is prescription to painkillers and a migration to heroin or worse. Along with this come associated mental problems – lack of focus, problems with self-esteem. How will these people get counselors and others to help them with the non-medical side of their disease?
(<https://www.usda.gov/topics/opioids>)

Telemedicine comes closer to alleviating rural health care accessibility in rural areas.

Telemedicine is a way to overcome distance and allows health care professionals and patients to make the best use of their time. Sitting in front of a monitor or smart phone certainly beats a two-hour trip and lengthy waiting times at the doctor’s office. Receiving Telemedicine counseling certainly beats no counseling at all.

According to the American Telemedicine Association (<http://www.americantelemed.org>), there are four fundamental benefits:

- Improved Access
- Cost Efficiencies
- Efficiency in Healthcare
- Patient Satisfaction

Examples of Telemedicine success, again from the American Telemedicine Association, include the primary care provider being able to involve a specialist into patient care, remote patient monitoring such as a specific vital signs, monitoring blood glucose, and heart monitoring, etc. These monitoring tools help home care and visiting nurses work more effectively.

No or Limited Access to Telemedicine

But what if we have the finest medical technology in the world but cannot use it effectively?

If there is no Internet or cellular telephone access, there are no virtual visits and no remote automatic checks on a heart monitor or sleep apnea devise. There is no visual opportunity for the health care professional to actually see the patient. To paraphrase the old television commercial, “Help! I can’t get up and I can’t tell anyone that I can’t get up!”

In areas with insufficient Broadband width, there is another problem – quality of care. Technical problems associated with Telemedicine may mean the data transmission is garbled or inaccurate. Senior Healthcare Group Consultant Arun Ravi told *Becker’s Hospital Review* that poor broadband connections could lead to “*possible patient mismanagement.*”

That is the hurdle Telemedicine faces.

If the General Assembly wants Telemedicine to work at its best, there must be universal access to Broadband and sufficient Broadband width.

Although testimony at this hearing may focus on important issues like hospital system reimbursements, Internet security, etc. the Pennsylvania State Granges asks legislators to not lose sight of making sure that Telemedicine has the tools it needs to work at its potential.

We are encouraged by recent activity on Broadband expansion, both in the Governor's Office and in the General Assembly. As you may know, a Rural Broadband Caucus is being formed by a bipartisan team of Republican Rep. Kristin Phillips-Hill (York) and Democratic Rep. Pam Snyder (Fayette/Greene/Washington). Several members of the House Professional Licensure Committee have already signed up as part of this new Caucus and they should be recognized for their understanding of this need.

Members of the House Professional Licensure Committee who joined the Rural Broadband Caucus are:

- Rep. Rosemary Brown (R-Monroe)
- Rep. Gary Day (Berks/Lehigh)
- Rep. Tina Davis (D-Bucks)
- Rep. Bill Kortz (D-Allegheny)

Conclusion

Telemedicine is an important part of the solution to the problems of delivering health care to rural Pennsylvanians. But right now, it does not have the ability to be truly effective.

Here is what the Pennsylvania State Grange hopes. We hope that the House Professional Licensure Committee will move Senate Bill 780, the House will pass it, and the Governor will sign it into law in this legislative session.

We also hope that Pennsylvania will provide Telemedicine with what it truly needs to be effective, universal access to Broadband and adequate band width to underserved areas.

Thank you again for reviewing this testimony from the Pennsylvania State Grange.