



CENTER FOR CONNECTED HEALTH POLICY

The Center for Connected Health Policy (CCHP) is a public interest nonprofit organization that develops and advances telehealth policy solutions to promote improvements in health and health care systems.

Telehealth expands access, particularly among underserved communities, and improves the efficiency and cost effectiveness of health care systems. With these benefits in mind, CCHP:

- Promotes policies that expand telehealth program adoption;
- Conducts objective research and policy analysis;
- Develops nonpartisan policy recommendations;
- Serves as a state and national resource on telehealth policy issues.

In its work as the federally designated National Telehealth Policy Resource Center (NTRC-P), CCHP provides technical assistance to twelve regional telehealth resource centers (TRCs) nationwide. The NTRC-P project is made possible by Grant #G22RH24746 from the Office of the Advancement of Telehealth, Health Resources and Services Administration, Department of Health and Human Services.

CCHP was created in 2008 by the California HealthCare Foundation, who remains as lead funder. CCHP is a program of the Public Health Institute.

HR 3577 – Commission on Health Care Savings through Innovative Wireless Technologies

Reps. Scott Peters (D-CA), Gerald Connolly (D-VA), John Garamendi (D-CA), Michael Honda (D-CA), Jackie Speier (D-CA), Eric Swalwell (D-CA), and Juan Vargas (D-CA)

Author Intent: To establish the Commission on Health Care Savings through Innovative Wireless Technologies

BILL LANGUAGE

Creates a Commission on Health Care Savings through Innovative Wireless Technologies to do the following:

1. Examine the cost savings to the US health care system that can be achieved by increasing the use of wireless health information technologies (HIT) by patients, caregivers, and health care providers;
2. Examine existing scientific research studying the medical effectiveness of wireless HIT;
3. Examine existing payment models and incentive payment programs that provide Federal financial reimbursement or funding for the use of wireless HIT;
4. Examine options for Congress and for appropriate Federal agencies to incentivize and promote innovation;
5. Examine barriers to marketplace entry that impede efforts to develop new wireless HIT and improve existing wireless HIT;
6. Identify appropriate situations for the integration of wireless HIT into Federal health care programs, and recommend methods for integration;
7. Develop a proposal based on findings of its examinations under this section for the establishment, implementation, and financing of a comprehensive program to encourage further integration of wireless HIT into existing Federal health care programs;
8. Develop cost estimate approaches that the Congressional Budget Office can consider utilizing in order to more accurately assess the cost savings that the Federal government can achieve by increasing the use of wireless HIT by patients, caregivers, and health care providers in the United States.

BILL LANGUAGE

Membership

The Commission will consist of 19 individuals who have experience or expertise in wireless health information technologies, e.g., representatives of health care providers, health plans, HIT vendors, etc. (See bill text for full example list.)

Members will be appointed by the President, Speaker of the House, Senate and House minority and majority leaders, the Secretary of Health and Human Services, and the Chairman of the Federal Communications Commission.

This section also addresses other terms relating to the operation of the Commission and meetings.

Director and Staff of Commission

The Commission will appoint a paid director, and may appoint staff. They may also procure experts and consultants, as well as request staff assistance from federal agencies.

Powers of Commission

The Commission can hold hearings and members can take actions as authorized in the bill. Various other Commission powers are outlined in the bill text.

Reports

The Commission shall submit an interim report no later than 9 months after the final member is appointed and a final report no later than 18 months after. The final report will include a detailed statement of findings, conclusions, and recommendations for legislation and administrative actions.

Termination

The Commission shall terminate 60 days after submitting its final report.

Impact and Analysis

This Commission would be charged with examining and reporting on the potential for savings associated with wireless HIT, which, according to the bill, broadly includes digital health, mHealth, telehealth, telemedicine, e-care, remote patient monitoring, and the collection of patient-generated health data (all listed out separately as distinct entities).

Since a plethora of studies demonstrate telehealth's effectiveness and health care savings potential (encompassing live video, store-and-forward, and remote patient monitoring), the Commission's findings would likely help to raise positive awareness about telehealth among various stakeholders, including federal legislators and administrators. Such a Commission report could also potentially draw attention to many of the policy barriers that currently impede telehealth's widespread use, and lead to a greater emphasis from federal legislators and administrators on addressing these barriers.

The Commission has a limited life span, and will be dissolved once the final report is submitted.