Statement of

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Chair Blackburn, Ranking Member Doyle and members of the subcommittee, thank you for the opportunity to speak to you regarding the importance of broadband and telehealth in rural and frontier areas.

My name is Jenni Word, and I serve as the associate administrator and chief nursing officer of Wallowa Memorial Hospital in Enterprise, Oregon. Our facility is a 25-bed critical access hospital and Level IV trauma center that serves Wallowa County, with a population of 7,008 people spread over 3,152 square miles in frontier northeastern Oregon. Our county is home to Hells Canyon National Recreation Area, Wallowa Lake and the Eagle Cap Wilderness Area, known as the Swiss Alps of Oregon. The nearest hospital – another CAH – is 65 miles away.

Wallowa Memorial Hospital provides a wide array of services including emergency and primary care, general surgery, obstetrics, chemotherapy and infusion and transitional care. We have been named a Top 20 Critical Access Hospital in the nation by the National Rural Health Association for the past two years.

We are also proud to claim Rep. Walden as our representative in the U.S. Congress. We certainly appreciate his leadership on the issues the subcommittee is considering today.

Telehealth is Key to Access to Health Care in Rural Areas

I would like to focus my testimony on the important role broadband plays in encouraging greater use of telehealth to ensure access to high quality care in rural and frontier areas.

As in all rural areas, meeting the health care needs in our community can be challenging. We are fortunate that Wallowa Memorial Hospital provides a wide array of services – but not all that members of our community need. Increasingly, telehealth technology has enabled us to fill this gap. Here are a few examples of what this has meant in our community:

- A baby is delivered in our hospital by a family practice physician during a snowstorm on a January night. The closest hospital with a Neonatal Intensive Care Unit (NICU) is more than 150 miles away. Roads out of the county were closed early in the day due to ice, and snow has been falling off and on for most of the day. An hour after delivery, the newborn is struggling to breathe and oxygen levels are lower than normal.

  The physician has been on the phone with a neonatologist who recommends transferring the baby to a NICU, but, due to weather, a fixed wing plane or helicopter is unable to land in Enterprise, and road conditions are not safe enough to make the four-hour highway trip to the NICU.

  The solution: we were able to use a telemedicine robot to allow the neonatologist to assess the newborn throughout the next week. From more than 150 miles away, he was able to

listen to the baby's heart, lungs and belly. He could see the baby's color, hear its breathing and talk with the parents.

With this technology, with the guidance of the neonatologist, we were able to provide all the care necessary for this family. The baby was discharged a week later.

Telemedicine made possible a high quality outcome for this family, allowed them to stay in their hometown and prevented their having to incur Life Flight and NICU costs.

- A 68-year old man experiencing shortness of breath, severe chest and jaw pain dials 911. On the scene, the EMS crew performed an EKG and transmited it to the emergency room where the physician confirms that the patient is having a severe heart attack. When the patient arrived at the ER, a helicopter was waiting to transport him to a tertiary hospital for an angioplasty.

- A 72-year old woman finished packing in preparation to head south for the winter. Relaxing in her chair, she suddenly drops her drink and mumbles incoherently to her husband, who dialed 911. Based on the symptoms, the Stroke Protocol is activated and, within minutes, a stroke neurologist from Portland is on the video screen talking to the physician, nurses, patient and family members.

  Following a CT scan and diagnosis by our local physician and the neurologist in Portland, a plan of care was developed. She was ultimately transferred to a tertiary hospital, but due to the rapid treatment provided, she is expected to make a full recovery.

These are just three examples of the impact telehealth technology has had in our community. There are many more. Wallowa Memorial Hospital provides oncology, rheumatology, cardiology for adults and children, orthopedic, psychology, neurology and palliative care services through telemedicine. This technology saves patients two-and-a-half hours of driving – and many gallons of gas – for what is usually a 15 to 30 minute visit with a specialist.

Other services available via telehealth at Wallowa Memorial Hospital include remote pharmacy, EKG transmission to the emergency department from the field, remote cardiac monitoring, radiology and language translation services.

Telehealth technology also benefits health care providers. Our local providers access monthly continuing education sessions via our telehealth technology. We also have collaborated with other organizations in simulations of trauma situations. Telehealth technology helps keep our providers up-to-date while minimizing their time away from the facility.

The Importance of Broadband in Rural Communities

The key to utilizing the full potential of telehealth technology is an adequate broadband infrastructure. According to the Federal Communications Commission (FCC), 34 million Americans still lack access to adequate broadband. Lack of affordable, adequate broadband infrastructure impedes routine health care operations, such as widespread use of electronic health records and imaging tools, and limits the ability to use telehealth in both rural and urban areas.

Congress took steps to address this challenge in the FY 2018 omnibus appropriations bill, which included $600 million to the Department of Agriculture for a new pilot program offering grants and loans for broadband projects in rural areas with insufficient broadband. Thank you for that action.

In addition, the FCC recently increased the funding available through its Rural Health Care Program, which supports broadband adoption for non-profit rural health care providers. We very much appreciate that action.

We're fortunate in Wallowa County to have a good broadband infrastructure. But, even so, our county has many remote areas that do not yet have broadband connectivity.

One example of why this is important is the Holter Monitor, a portable device that continuously monitors heart activity. If a patient has broadband connectivity, the results are sent to a monitoring center in real time and the ordering physician is notified of abnormalities.

There are many other examples of the potential new technology holds for patient care. But its usefulness depends on access to broadband.

Oregon has made significant progress in the deployment of broadband infrastructure over the past 15 years, yet a Digital Divide still exists in our state. Ten years ago, the Digital Divide was considered to be between those areas that had digital subscriber line services and those that only had "dial-up" Internet access. Today the divide is between those areas that have access equal to or greater than the latest FCC broadband standard and those that have transmission speeds under 25 Mbps.

Rural areas are especially affected by the digital divide. Only 55 percent of people living in rural areas have access to the service transmission speeds that the FCC currently considers broadband, while 94 percent of people living in urban areas do have access.

A 2014 survey of broadband adoption in Oregon found that our state's digital divide is not only in infrastructure deployment and service availability between urban and rural areas, but also in the rates of adoption and utilization of broadband technologies between urban and rural residents.

This divide is not just related to population density, but also to factors of income, age, ethnicity and education. Fewer than 50 percent of households in the bottom income quintile use the Internet at home, compared to 95 percent of households in the top income quintile. The Mississippi State University Extension Service Index identified Wallowa County as one of 10 Oregon counties with the highest digital divide index.

Narrowing this divide is even more important as health care moves from a volume- to a value-based system. Success in this new model in rural areas will require the use of telehealth technology.

Barriers to Expanding Telehealth

The potential for telehealth to expand access to high quality health care services seems limitless. However, there are a number of barriers preventing us from realizing that potential.

Medicare payment policy restricts sites eligible for reimbursement, limits distant site providers eligible to provide telehealth services and restricts the services Medicare will reimburse. For telehealth to be reimbursed by Medicare, the service must be via two-way video – a “face-to-face” interaction between the patient and provider. Medicare does not reimburse for remote patient monitoring, which could be especially important in monitoring patients with chronic conditions. Nor does it reimburse for phone, e-mail, fax-based services or synchronous “store and forward” technology.

Providers would like these geographic and setting location requirements eliminated, an expansion of the types of technology that can used and coverage for all services that are safe to provide.

State licensing requirements are another barrier. To provide services to patients located at an Oregon originating site, distant site providers must hold a current Oregon license consistent with their professional discipline and be credentialed to practice at the originating site facility.

This could be resolved at the federal level with legislation that redefines the "place of service" from the site of the patient to the site of the provider delivering care. A provider then would only need to be licensed in the state in which he or she is physically located, as opposed to the state of the patient. As a facility bordering Washington and Idaho, this is an especially burdensome requirement for us.

A third barrier is the capital cost associated with developing telehealth programs. Federal grant and loan programs are needed to help small rural providers make the investments needed to implement telehealth programs. Wallowa County has four telemedicine robots – made possible through the U.S. Department of Agriculture's Rural Utility Service grant programs. This has given us the capability to expand our telehealth services. Our challenge is in sustaining the program due to the annual service costs, which far outweigh the reimbursement for originating sites. That's a challenge for us.

In addition, establishing telehealth capacity requires expensive videoconferencing equipment, adequate and reliable connectivity to other providers, and staff training, among other things. The fiscal year (FY) 2018 omnibus appropriations bill included more than $50 million for rural telehealth programs, but greater support is needed.

I am pleased that the Bipartisan Budget Act of 2018 expanded Medicare coverage for telestroke and provided waivers in some alternative payment models, but more fundamental change is needed.

Conclusion

On behalf of rural eastern Oregon, I would like to thank the committee for its work to expand the broadband infrastructure in rural areas. I want to especially thank you for your work to pass the Ray Baum's Act. We appreciate your commitment to removing federal barriers, increasing spectrum availability and funding broadband for rural America. I especially want to acknowledge the work Mr. Walden has done in this area.

Finally, I applaud your continued commitment to addressing the digital divide in unserved and underserved rural areas. Rural hospitals stand ready to work with you to achieve this goal.

Thank you.