



NOBEL Women
20 F Street, NW | Suite 743
Washington, DC 20001

March 6, 2014

Re: Health Care Workshop
Project No. P131207

Federal Trade Commission:

The National Organization of Black Elected Legislative (NOBEL) Women submits these comments to the Federal Trade Commission for its consideration in advance of the upcoming public workshop, "Examining Health Care Competition."

NOBEL Women acknowledge that health innovations such as telehealth, or healthcare coupled with telecommunications technology, are beneficial to all women and their families. Telehealth can serve as a viable solution to address health disparities and increase access to much needed, and in some instances, scarce health care providers. NOBEL Women is also confident that telehealth will give patients the right to choose a cost-efficient, hassle-free, and patient-centered healthcare delivery solution.

NOBEL Women embarked on a nationwide telehealth initiative a few years ago and our primary goal is to enact legislation that aims to expand and increase patient adoption of telehealth. Since our initiative began, several of our members in over a dozen states have introduced bills and members representing three states were successful in enacting laws in accordance to our goal.

While the benefits of telehealth are attractive, many patients remain unable to enjoy them. Two of the most pervasive barriers preventing telehealth expansion are related to licensure and reimbursement.

Licensure Barriers

In 2012, NOBEL Women passed a resolution that called for the establishment of a national framework that would allow healthcare providers to service patients across state borders.

Currently healthcare providers are required to obtain multiple state licenses and adhere to multiple and sometimes conflicting state medical practice rules in order to provide health care services and coordinated care across state lines via today's communications technologies. This places onerous restrictions on patients who may be travelling to a different state from receiving medical services from their home physician, even if that same physician is licensed, credentialed, privileged and providing quality healthcare.

Additionally, the United States is facing a critical physician shortage. The Association of American Medical Colleges predicted that within the next six years, our nation will have a physician shortage of more than 91,500. With such a shortage, many patients face difficulty accessing a healthcare provider, whether it is a primary care physician or a specialist, in close proximity to their residence. Sometimes a provider in another state might have the expertise, time, and availability to fulfill the needs of a patient.



Fortunately, innovations like telehealth allow patients to access a healthcare provider that fits their needs, regardless of either party's location. However, in order for patients to consider seeking care from a physician in another state, we recommend that the FTC consider exploring the practicality of establishing a national licensure framework to allow patients with mobility issues, no physician in their immediate locality, and/or who would like their healthcare delivered anytime and from anywhere, to access a physician.

Reimbursement Barriers

Another major barrier to the expansion of telehealth, and other healthcare innovations, is related to reimbursement for services.

Although the option of telehealth is available for patients and healthcare providers alike, reimbursement for telehealth-provided services is a major hindrance to widespread telehealth adoption. Because healthcare providers are unsure of how they will be compensated for providing services enhanced by telehealth and most patients are unable to pay for full healthcare expenses out-of-pocket, the lack of specific reimbursement requirements deter patients and providers from utilizing these services.

To date 45 state Medicaid programs cover and reimburse for some type of telehealth-provided service. However telehealth policies in each state vary according to service coverage, distance requirements, eligible patient populations and health care providers, and authorized technologies. For example, only 18 states reimburse for home telehealth despite research showing that patients who receive such care are more likely to have better health outcomes and less likely to be admitted to the hospital resulting in huge cost savings. Expanding coverage and reimbursement for telehealth-provided services in Medicaid programs is another primary goal of NOBEL Women's initiative.

Additionally, 20 states and the District of Columbia have adopted telehealth parity laws which require private health insurers to reimburse for telehealth-provided services comparable to that of in-person services. This year, NOBEL Women members have telehealth reimbursement measures pending in Florida, Illinois, Iowa, Massachusetts, New York, Ohio, Pennsylvania, South Carolina, Tennessee, and West Virginia.

Overall, in order to give patients more options to access crucial and timely health care services, artificial barriers including licensure and reimbursement which obstruct the expansion of telehealth will need to be resolved expeditiously. We hope that the FTC considers these issues as they continue to examine health care competition over the next several years.

Sincerely,

Rep. Laura Hall (AL)
Alabama House of Representatives
NOBEL-Women President