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Testimony of the American Telemedicine Association

Before the Senate Committee on Commerce, Science and Transportation

Why Broadband Matters

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Mr. Chairman:

I am grateful for the opportunity to speak to this Committee about the importance of broadband networks for healthcare. I am the CEO of American Telemedicine Association. ATA promotes telemedicine, sometimes called telehealth or telecare, and resolves barriers to its deployment. Members of ATA include physicians, administrators and other health providers as well as hospital networks and suppliers of telecommunications and technology used in telemedicine.

My thoughts on broadband are shaped by my personal experience. My mother and father were born and raised in Appalachia. So, it's no surprise that when I came to Washington, DC in 1975, I went to work for the Appalachian Regional Commission. At the Commission, I learned the importance of opening up isolated rural communities by the construction of a networked highway system throughout the Appalachian Mountains providing access to education, jobs and health care. The highways of today are located

on the wired and wireless communications lines that open up the isolation of Americans, no matter where they live.

For the last thirty years telemedicine has been evolving in stages. Each stage has dramatically changed the way we get healthcare and changed the need for broadband networks.

Thirty years ago telemedicine was largely composed of federally funded demonstration grants and small projects that connected large hospitals with rural clinics to provide access to basic medical services and specialty care where it wasn't previously available. Since then, these first stage initiatives blossomed into 200 hospital-based networks reaching out to over 3,000 sites across America. The rural healthcare program established by Senators Olympia Snowe and Jay Rockefeller in the 1986 Telecommunications Reform Act targeted the growth of these hub-and-spoke networks. Although the program has been smaller than originally expected, for Americans living in some of the most remote parts of the country it has allowed them access to healthcare. Having built these networks, we now need to ensure their use by interconnecting them and ensuring we have affordable broadband services to all healthcare centers as well as having physicians fully reimbursed when they use telemedicine to provide care.

The second stage of telemedicine provides healthcare directly into the home through the use of remote monitoring for those with chronic ailments. Today, almost 80,000 Americans are having their vital signs remotely monitored by a healthcare professional,

helping them to manage their disease and providing an early warning for any complications. Over a million patients are using home-based remote monitoring for their heart rhythms or check up on their pacemakers. This is saving thousands of lives and saving millions of dollars by keeping people out of emergency rooms, hospitals and nursing homes and allowing them to stay in their own homes and communities.

Because many of these home based monitoring services use plain old telephone service for their connections, for several years I was not convinced that broadband connections to the home was a priority for telemedicine.

However, today, we are entering the third stage of telemedicine, moving beyond the walls of hospitals and clinics and even beyond the home. In many cases, this is a consumer-based initiative, piggybacking on popular PC programs and using cell phones to help the patients help themselves. In fact, these remote healthcare applications are often designed and developed by patients and caregivers. They allow users to track their own vital signs, get information about drug interactions or start on a weight loss diet. There are already over 100 health-related applications available for download just for the new Apple IPhone. Other applications allow physicians to use their new cell phones to look at diagnostic images such as an MRI or transmit images of tissue samples to pathologists. Online and video-game support groups for patients have exploded. There are active healthcare support groups in the video game Second Life dealing with alcoholism, diabetes, and domestic violence among others. These are not

novelty applications. They are an emerging part of healthcare delivery around the world and it is having a major impact on how our life and children's lives are lived.

I want to share a personal story to illustrate the impact of this stage of telemedicine. About three months ago, my sister, Diana, was diagnosed with stage-three breast cancer. She is over 60, lives alone, without a car, about 30 miles outside of Washington, DC. Since getting her diagnosis, Diana has relied on her access to the outside world via telecommunications in a variety of ways. She looks up all of the complicated terms and complex diagnoses used by her doctors via internet sites. She relies on friends she developed and communicates with through an online community as part of her own personal support group. She has started an online blog in an effort to reach out to others. She uses an internet site to occasionally order groceries from a local delivery firm. Broadband has allowed my sister to access help for her health. It has certainly reduced her costs. And, it has improved her life. Broadband is my sister's lifeline.

This is telemedicine 3.0 and it's a reason why we need to ensure all citizens of the US have access to broadband communications no matter where they live and no matter where they travel.

Other countries, notably Canada and several Scandinavian countries have established specific national goals toward universal deployment of high speed telecommunications. Even underdeveloped nations are leaping ahead of the United States in deploying

wireless broadband. Congress and the next administration should establish goals to ensure the availability of broadband telecommunications to every business, every home and every citizen in America.

Whether someone is living on a remote island of Hawaii or on the plains of west Texas or in an urban area living homebound and alone, they are just as isolated as the people living in the hollows of Appalachia. We can't use concrete or blacktop to build highways to everyone but we can use telecommunications to open up their isolation and help them build a better life.

Finally, I want to thank the Chairman for your strong support and your leadership over the years in getting important legislation passed that has helped the deployment of telemedicine. I will be happy to answer any questions you may have.