

August 12, 2016

The Honorable John McCain  
Chairman  
Senate Committee on Armed Services  
228 Russell Senate Office Building  
Washington, DC 20510

The Honorable Mac Thornberry  
Chairman  
House Committee on Armed Services  
2216 Rayburn House Office Building  
Washington, DC 20515

The Honorable Jack Reed  
Ranking Member  
Senate Committee on Armed Services  
228 Russell Senate Office Building  
Washington, DC 20510

The Honorable Adam Smith  
Ranking Member  
House Committee on Armed Services  
2216 Rayburn House Office Building  
Washington, DC 20515

Dear Chairmen McCain and Thornberry, and Ranking Members Reed and Smith:

The undersigned organizations write to express appreciation for your work to provide quality medicine and improved patient outcomes for U.S Armed Forces military personnel, military retirees, and their dependents in TRICARE. We represent a wide – and growing – coalition of stakeholders that span the healthcare and technology sectors who hold that a consistently growing body of evidence has demonstrated that the wide array of connected health technologies improves patient care, reduce hospitalizations, help avoid complications, and improve patient engagement with their provider. We therefore generally support the inclusion of Section 705 in the NDAA, titled *Enhancement of Use of Telehealth Services in Military Health System*, but write to express concerns with a new proposed additional provision within the Senate version of the National Defense Authorization Act for Fiscal Year 2017 (S. 2943) that would alter the point of care from the location of the patient to the location of the provider.

Connected health products and services, ranging from wireless health products, mobile medical device data systems, telehealth screening and preventive services, converged medical devices, and cloud-based patient portals (to name a few) are revolutionizing the medical care industry by allowing the incorporation of patient-generated health data (PGHD) into the continuum of care. The TRICARE system, serving the U.S Armed Forces military personnel, military retirees, and their dependents, is a crucial component of the U.S. healthcare system serving approximately 9.4 million Americans, and should leverage the incredible potential of these technologies.

As a community, we continue to work on ways to overcome barriers related to licensure, liability, and reimbursement, so that this potential can be realized, ultimately benefitting American patients through the delivery of high quality care. For example, we have worked to support the growth of the Interstate Medical Licensure Compact and the Nurse Licensure Compact, two balanced and practical approaches to enabling physicians and nurses to practice in more than one state. The Interstate Medical Licensure Compact is currently enacted in 17 states while the Nurse Licensure Compact is currently operating in 25 states. Both compacts expect further introductions and adoptions next year. The Interstate Medical Licensure Compact and the Nurse Licensure Compact specifically facilitate the use of connected health technologies, reflecting the widely-recognized benefits that flow from its use in balance with the need for state medical and nursing boards to ensure and enforce a high quality of care for patients.

As noted above, we support the inclusion of Section 705 in S. 2943, which recognizes the benefits of connected health technologies in the TRICARE system and strives to bring the related benefits we discuss above to TRICARE beneficiaries. However, S. 2943's Section 705(d), titled *Location of Care*, would alter the location of the practice of medicine from the location of the patient to that of the provider with respect to reimbursement, licensure, and liability. If enacted, Section 705(d) would dismantle accountability mechanisms needed to ensure patient protection because (1) state licensing boards where the patient is located would lack authority over practitioners licensed in another state; and (2) state boards where the practitioner is licensed would have no authority to conduct investigations in a differing state where the patient is located. This approach would also depart from the growing approaches of the Interstate Medical Licensure Compact and Nurse Licensure Compact that facilitate the utilization of connected health technologies across state borders, using the location of the patient as the point of care.

As the diversity of healthcare systems like TRICARE increasingly look to leverage connected health technologies and services to save costs and improve patient care, legal certainty and clarity will be integral to the uptake of these advanced solutions. While well-intentioned, S. 2943's Section 705(d) would depart from the ongoing, reasoned, and streamlined approach by interstate compacts to the practice in medicine across state borders in an increasingly Internet-connected world.

We strongly urge Section 705(d) be struck in its entirety from the conference report -- while retaining the rest of Section 705 -- in order to bolster a consistent and widely-supported approach to growing the use of the connected health technology in patients' care throughout the U.S. The reach and impact of the NDAA, and your leadership roles in shaping it, are vital to the well-being of every American, including TRICARE beneficiaries, and we commend your dedication and work on this important bill. We are committed to working with you and your staff moving forward as the NDAA proceeds to conference. Please let us know of any way that we may be of assistance.

Sincerely,

ACT | The App Association  
AirStrip  
Allergy & Asthma Network  
American Academy of Dermatology Association  
American Academy of Neurology  
American Association for Respiratory Care  
American College of Radiology  
American Medical Association  
American Osteopathic Association  
Connected Health Initiative  
Federation of State Boards of Physical Therapy  
Federation of State Medical Boards  
Hahneman University Hospital  
Healthcare Leadership Council  
Hill-Rom  
National Council of State Boards of Nursing  
Prevail Health  
Stroll Health  
University of Mississippi Medical Center for Telehealth