

Ways & Means Committee Member Day Hearing
TJC Testimony – June 4, 2019
Healthcare Access

Dear Chairman Neal and Ranking Member Brady of the Ways and Means Committee.

Thank you for the opportunity to testify before you today. My home district, California's 21st district, faces many unique challenges.

One of particular concern is the large number of asthma and COPD patients in the Central Valley.

According to the American Lung Association's recent State of the Air 2019 Report, California's 21st district cities are the most polluted in the nation.

This is due in large part to geography and industry that contributes to poor air quality in the region, which disproportionately impacts vulnerable populations, like seniors and children, and our low-income communities.

In addition to managing complex, chronic conditions, California's 21st district has many rural communities that face healthcare access challenges.

Since 2010, communities in my district have seen and faced the closure of three hospitals. Three.

Access to care in these rural communities' can quite literally be a matter of life or death.

Some of my constituents drive over an hour to receive basic care. And in the event of an emergency, an hour drive to care is more than likely not possible.

Many of the local healthcare clinics are the only source of care most of my residents interact with. I applaud their work, but together we can and must do more to meet patients where they need care and deliver it in a way that meets their unique medical needs.

Doing better includes being innovative and bringing resources that urban communities have to rural areas, such as telehealth.

Telehealth helps connect patients to the right care at the right place at the right time.

This should include remote clinical services and patient monitoring, videoconferencing, store-and-forward imaging, which is the sending of health history and photos to other providers or specialists, continuing medical education and call centers for patient and provider ongoing health education.

For constituents in my district, an hour plus drive just isn't feasible. They need telemedicine options for long-distance clinical healthcare services and ongoing management of their chronic conditions.

That is why I was proud to introduce the Better Respiration Through Expanded Access to Tele-Health (The BREATHE Act) with my colleagues Representative Mike Thompson of California, Mike Kelly of Pennsylvania and Buddy Carter of Georgia.

This bipartisan bill will help Medicare beneficiaries with COPD and Asthma receive telehealth services, such as disease management, patient education and self-management assistance, from qualified respiratory therapists.

Constituents in my district, like John Dominguez, a Vietnam War Bronze Star recipient with COPD will greatly benefit from this pilot program. Mr. Dominguez lives an hour from the nearest VA Hospital. This bill will help him receive care and treatment for his COPD and related issues when he is unable to travel an hour to the hospital.

Mr. Dominguez is not alone. There are 4.1 million Californian's suffering from pulmonary disease.

This three-year pilot program will provide timely access to care for Medicare beneficiaries to remain in the comfort of their own home while reducing the financial burden to Medicare.

COPD is the third leading cause of death in the United States and is the 4th most costly condition with respect to hospital readmissions.

This bill will allow Congress and the Centers for Medicare and Medicaid Services (CMS) to evaluate the value of Respiratory Therapists as telehealth practitioners in reducing utilization and costs while improving outcomes for patients with COPD.

We must make meaningful changes that help people manage their chronic respiratory conditions and prevent them from happening in the first place.

I urge my colleagues to support this bill and all telehealth bills that expand critical access to care.

Lastly, I would like to bring one more unique challenge to the committee's attention that impacts California's 21st district – Valley Fever.

Some of you may know or have heard about Valley Fever, for those who haven't, Valley Fever, is an infectious fungal disease that lives in the dirt in areas of the Southwest United States.

In California, Valley Fever is rampant across the Central Valley, with Kern County being a highly endemic area. About 30 percent of all Valley Fever cases nationwide occur in the Central Valley.

Valley Fever is contracted by inhaling the spores of the airborne fungus when dirt is distributed by wind, farming or construction. Once inhaled into the lungs, it can cause an illness that might see like a cold or the flu. This infection can spread from lungs through the blood stream, affecting other body systems. Valley Fever can be fatal without appropriate treatment.

I bring this to the committee's attention because there is a great lack of public awareness. Only one in four infections are actually diagnosed. Recent data from Kern County Health Department in California shows that 2,959 people were infected last year. Currently there is no vaccination or cure for Valley Fever.

I applaud the commitment and dedication Kern Medical and the Valley Fever Institute at Kern Medical has given to fighting this disease, as it is the only place in the world that offers Valley Fever treatments.

As a member of the Valley Fever task force, led by Co-Chair Representatives Kevin McCarthy and David Schweikert, I am committed to working on a meaningful solution that will strengthen research and advance treatment and vaccine development for Cocci, as well as other orphan endemic fungal diseases.

I look forward to working with all of you on all of these important issues I have shared today and finding a cure for Valley Fever.

Thank you for your time.