



November 26, 2019

The Honorable Danny Davis
US House of Representatives
2159 Rayburn House Office Building
Washington, DC 20515

The Honorable Brad Wenstrup
US House of Representatives
2419 Rayburn House Office Building
Washington, DC 20515

The Honorable Terri Sewell
US House of Representatives
2201 Rayburn House Office Building
Washington, DC 20515

The Honorable Jodey Arrington
US House of Representatives
1029 Longworth House Office Building
Washington, DC 20515

Dear Rural and Underserved Communities Health Task Force:

Thank you for the opportunity to submit comments to the Rural and Underserved Communities Health Task Force (“Task Force”). Hillrom is a leading worldwide manufacturer and provider of medical technologies and related services for the health care industry, including patient support systems, non-invasive therapeutic products for a variety of acute and chronic medical conditions, medical equipment rentals and integrated information technology solutions. Hillrom’s comprehensive product line delivers solutions across the care continuum in hospitals, long-term care facilities and home care settings. We write in response to the Task Force’s Request for Information (RFI) on issues specific to successful models that show a demonstrable, positive impact on health outcomes within rural or underserved communities (RFI question 2).

According to the Centers for Disease Control and Prevention (CDC), one in four Americans age 65 or older have diabetes. The CDC has also found that southern and Appalachian areas of the United States have the highest rates of diagnosed diabetes and of new diabetes cases, which links this disease to highly rural regions of the country ([source](#)). Over 80 percent of people living with diabetes will develop diabetic retinopathy, which can lead to severe vision loss and blindness. Each year 24,000 Americans lose their sight due to diabetic retinopathy, 75 percent of whom are Medicare-age. The good news is that 95 percent of these vision loss cases can be prevented if retinopathy is detected early. Medicare covers an annual diabetic eye exam by an optometrist or ophthalmologist to detect retinopathy, but up to 50 percent of fee-for-service beneficiaries do not take advantage of this benefit every year.

Through the technology known as digital retinal imaging with remote interpretation, patients can now be evaluated for diabetic retinopathy in the convenience of their primary care provider’s office. Using a special camera, the provider takes high-quality digital retinal images and transmits them to an eye care specialist for review and evaluation. If evidence of retinopathy is detected, the beneficiary is referred for further evaluation and treatment by an ophthalmologist or optometrist.

Evaluating retinal health during regular office visits is highly effective, achieving up to 90 percent diabetic retinal exam compliance. Offering access to this technology in primary care settings will help rural Medicare beneficiaries be evaluated for retinopathy earlier, when their



vision can be preserved. For this reason, we would urge the Task Force to consider bipartisan legislation introduced by Task Force co-chair, Congresswoman Sewell, along with Congressman Reed and Congresswoman DeGette. The Diabetic Vision Loss and Blindness Prevention Act of 2019 (H.R.5254) provides Medicare coverage for digital retinal exams with remote interpretation in primary care settings for beneficiaries with diabetes. This benefit would not replace the annual diabetic eye exam, but is instead intended to reach and evaluate those beneficiaries, including those living in rural areas, who do not regularly see an eye care specialist. All beneficiaries with diabetes would continue to have access to comprehensive in-person eye exams through the existing Medicare benefit. By allowing increased access to timely and convenient retinal exams in primary care settings, more rural diabetic beneficiaries will have the opportunity to be evaluated annually for retinopathy.

We applaud Congresswoman Sewell's leadership and urge the Task Force's support for improving access to diabetic retinal exams in primary care settings for rural Medicare beneficiaries. H.R. 5254 will help ensure that Medicare beneficiaries are diagnosed with diabetic retinopathy while it is still treatable. Hillrom appreciates the opportunity to comment on this RFI and the Task Force's consideration of our comments. Please feel free to contact me (Thomas.Jeffers@hillrom.com; 812-934-7958) or Martie Kendrick (mkendrick@akingump.com; 202-887-4215) should you have any questions.

Sincerely,

A handwritten signature in blue ink that reads 'Thomas J. Jeffers'.

Thomas Jeffers

Vice President, Government Affairs
Hill-Rom Company, Inc.