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October 9, 2009

Re: Testimony of Stan Brock, Remote Area Medical Volunteer Corps, for the  
Committee on Energy and Commerce, Subcommittee on Oversight and Investigations  
Hearing: “Insured but Not Covered: The Problem of Underinsurance,”  
Scheduled for October 15, 2009, 1:30pm

In 1992, REMOTE AREA MEDICAL® (RAM), a charity formed to provide free medical relief overseas, began receiving requests for services in the United States, including dental procedures, eye exams, free eyeglasses, and primary health care. Today, 64% of our work is in America. We run about 30 expeditions per year and have completed 581.

Some 45,000 volunteers have delivered \$40 million worth of free care in over 400,000 patient encounters and treatment to more than 64,000 animals.

***Remote Area Medical is a 501 (c) (3) charitable organization with no paid employees using an airborne force of volunteers dedicated to serving mankind, providing free health care, veterinary services and technical and educational assistance in remote and rural areas of the United States and around the world.***

Our most sought-after services are dental and vision with over 55,000 patients served in the U.S. in each specialty. Demographics reveal that 94% of the patients are adults, with 83% between ages 21 and 64, reflecting a transition from childhood-covered programs to uninsured status prior to receiving Medicare benefits. 16% of them visit a hospital emergency room in the event of sickness, undergoing extensive tests caused by the practice of defensive medicine, while dentists and eye doctors are unaffordable, leading to long lines of desperate Americans at RAM free clinics.

The greatest impediment RAM programs face is regulation in 49 states preventing willing practitioners from crossing state lines to provide free care. Even during declared emergencies reciprocity between states is a complex matter that current legislation under the Uniform Emergency Volunteer Practitioners Act (UEVHPA) cannot adequately address. The sole exception is the Volunteer Health Care Services Act of Tennessee. Since 1995 a doctor can show up at a RAM event in Tennessee with license in hand and get to work – no bureaucratic application process, no fees, and no unnecessary background investigations. In 1997, Representative John J. Duncan, Jr., introduced House Concurrent Resolution 69 in an effort to persuade states to adopt the Tennessee model. H.C.R. 69 was referred to the Committee of Commerce. Despite endorsement by the American Medical Association in 1998 it gained no ground nationwide.

RAM events attract thousands of uninsured and underinsured patients and require large numbers of doctors. Patient volume invariably exceeds the number of local providers willing or available to volunteer free services. This gap can only be filled by reinforcing

our teams with volunteers licensed in other states. There are more than 179,000 dentists in America and 800,000 physicians. They pass a nationally standardized competency test and graduate from a nationally accredited school. Many like to travel and will do so at their own expense to provide free care – some do so in other countries because volunteering outside of the U.S. is easier than overcoming bureaucratic hurdles to help those 47 million uninsured here in America.

This demonstrates the need for all states to adopt the Tennessee model as proposed in the failed H.C.R. 69 initiative. That need was recently emphasized at a REMOTE AREA MEDICAL® event in Los Angeles. In 8 days, RAM treated 6,344 patients for a value of free care exceeding \$2.8 million. But, those numbers could have been doubled. We had 100 dental chairs and 20 lanes of eye exam equipment, yet on some days, we could only recruit 25 California-licensed dentists and 5 or 6 eye specialists. By comparison, in rural southwest Virginia, where laws were relaxed to allow the partial use of out-of-state doctors, RAM treated 2,715 patients in only 2 ½ days, a patient number not attained in Los Angeles until the 4<sup>th</sup> day, while thousands of uninsured California residents were turned away.

RAM patient surveys indicate that some 46% carry no insurance, 23% are on Medicaid and 18% on Medicare. Dental and vision insurance is carried by less than 1%. Self-induced health issues wrought by the culture of poverty, caused by fast foods, smoking, and lack of exercise are aggravated by the problems of access: Patients don't have

access to the doctor; the doctor cannot cross state lines to have access to the patients; and the doctor does not have reasonable access to protection from lawsuits.

RAM data proves that allowing doctors to cross state lines dramatically increases service to the underserved. If the Tennessee statute was enacted by all 50 states, or possibly at the federal level (for example under the Interstate Commerce Provisions of the Constitution), volunteers would respond en masse, and serve millions of uninsured Americans at NO COST to the government or the taxpayer.