

reduced costs, and CHI actively engages with Congress and a wide range of federal agencies to promote a legal and policy environment that incents investment, innovation, and patient protection. Notably, CHI has provided comments to the FCC’s Connect2Health Task Force on broadband-enabled connected health technologies and their ability to revolutionize American healthcare.³ We hope the Commission finds our following comments helpful as it determines its path forward in this proceeding.

II. CHI Supports the Commission’s Efforts to Realize a Connected Continuum of Care that Benefits Americans

The Commission will play an integral role in closing the “digital divide,” and CHI is committed to assisting in this effort. As the Commission has noted, more than 320 million people in the United States could require health care services at any time.⁴ With only 280,000 available primary care physicians, the ability to serve the millions of Americans that require healthcare services becomes even more stark.⁵ Accordingly, CHI urges the Commission to enable a broad diversity of connected health technologies and services through its policies and actions (e.g., a technology-neutral approach). These efforts will help close the digital divide and augment caregivers’ ability to help American patients everywhere.

The wide array of connected health technology products and services in development, and those available today—like telehealth, remote monitoring (RM) of patient generated health

³ *In the Matter of Accelerating and Accessibility of Broadband-Enabled Health Care Solutions and Advanced Technologies*, GN Docket No. 16-46, CHI Comments (2017), found here: <http://actonline.org/wp-content/uploads/CHI-Comments-FCC-Connected-Health-PN-appendix-05242017.pdf>.

⁴ *FCC Seeks Comment and Data Actions to Accelerate Adoption and Accessibility of Broadband-Enabled Healthcare Solutions and Advanced Technologies*, GN Docket No. 16-46, Public Notice at 4 (rel. Apr. 24, 2017) https://apps.fcc.gov/edocs_public/attachmatch/FCC-17-46A1.pdf.

⁵ *See id.* at 5-6.

data (PGHD), and telemonitoring—provide the ability to save countless American lives while lowering healthcare costs. The crucial role of the healthcare sector requires that improvements be made to America’s critical infrastructure to support the use of connected health technologies and products. This includes supporting the deployment of reliable and robust broadband infrastructure and taking measures to give healthcare providers the ability to use connected health technologies and services throughout the continuum of care – both inside and outside of the doctor’s office. A strong and growing body of evidence identifies telehealth and RM of PGHD as cornerstones of advanced healthcare systems, particularly with respect to acute and chronic care consultations for patients in rural parts of the country.⁶ The benefits of broad adoption of connected health technologies include improved care, reduced hospitalizations, prevention of complications, and improved satisfaction, particularly for the chronically ill. While the American patient remains the primary beneficiary, the connected health sector is at the brink of incredible growth, and it has the potential to create thousands of high paying jobs across the United States.

Given the extraordinary advancements in the telehealth space, the Commission must maintain its focus on building 5G networks while closing the digital divide. CHI is encouraged by Chairman Pai’s recent action to make 5G deployment a priority for the Commission,⁷ and the use of this instant proceeding to address the much-needed reform of the RHC Fund.⁸ We also applaud the Chairman’s efforts to close the digital divide through his “Gigabit Opportunity

⁶ CHI recently filed comments with the HHS’ Centers for Medicare and Medicaid Services’ Center for Medicare and Medicaid Innovation that includes the most recent version of this evidence base. *See* https://static1.squarespace.com/static/57ed48b4f5e23125aa094623/t/5a3acaea085229e1ec4ee719/1513802476621/c_hi_comment_re_cms_cmmi_new_direction_final_w_appendix_112017.pdf.

⁷ *E.g., In the Matter of Accelerating Wireless Broadband Deployment by Removing Barriers to Infrastructure Investment*, Notice of Proposed Rulemaking, WT Docket 17-79 (2017).

⁸ *See* Telehealth NPRM.

Zone” program, which would “bring broadband and digital opportunity to our nation’s most economically challenged areas.”⁹ CHI urges the Commission to continue on this trajectory to ensure the necessary infrastructure is in place to facilitate more innovative healthcare solutions in this country. CHI stands ready to partner with the Commission as it develops goals and metrics to bring these prospective reforms to the RHC Fund.

CHI also encourages the Commission to coordinate with other key agencies in the connected health space. For example, the Department of Health and Human Services’ (HHS) Centers for Medicare and Medicaid Services (CMS) has very recently taken significant and impactful steps to provide unprecedented support to Medicare caregivers for using RM technologies in the treatment of chronic conditions. CMS has also implemented significant incentives for incorporating PGHD into care coordination efforts through its new Quality Payment Program.¹⁰ Further, the Food and Drug Administration (FDA) has taken steps to provide much-needed clarity on its regulatory approach to clinical decision support software and has launched a landmark Software Precertification Pilot Program to explore ways to streamline the medical device regulatory process for software innovators.¹¹ While these changes are incredibly important, they cannot be realized without broadband connectivity. CHI therefore

⁹ FCC Chairman Ajit Pai, *Digital Empowerment Agenda* (Sep. 13, 2016) found here: https://apps.fcc.gov/edocs_public/attachmatch/DOC-341210A2.pdf.

¹⁰ The CHI has driven several important changes in Medicare reimbursement that took effect January 1, 2018. These include providing payment to Medicare caregivers for using RM technologies for the first time ever, and in shaping incentives in the newly-formed Merit-based Incentive Payment System (MIPS), a key component of the new “value-based” Medicare system that will go into effect in January of 2019. We urge the Commission to review a detailed article CHI’s Executive Director, Morgan Reed, has published that describes these changes and how they play into the ongoing shift in Medicare towards supporting the use of innovative technologies that the CHI is driving, available at: https://medium.com/@Morgan_Reed/slaying-silicon-valleys-white-whale-realizing-the-benefits-of-connected-health-innovation-6b273858d95f.

¹¹ CHI continues to work closely with the FDA on its guidance documents and efforts to improve its regulatory processes. We urge the Commission to review a recent CHI blog post providing greater detail on the FDA’s efforts at <http://www.connectedhi.com/blog/2018/1/11/significant-fda-regulatory-advancements-clear-a-path-forward-for-connected-health-innovators>.

urges the Commission to coordinate with sister agencies to support connected health solutions and build on the progress of these agencies.

III. CHI Welcomes the Commission's Steps to Address Expected Rural Health Care Funding Shortages for FY 2017

CHI supports the Commission's efforts to bring advanced telehealth services to all communities in the United States. In years past, the RHC Fund has not seen requests for support that exceeded its \$400 million cap, but that may happen in fiscal year (FY) 2017. It is crucial that the Commission take steps to support healthcare connectivity, and CHI supports the Commission's Order to waive the RHC Fund's annual cap, on a one-time basis, by carrying forward any unused RHC Program funds from prior funding years for use in FY 2017. We also agree with the decision to permit service providers to voluntarily reduce their rates for qualifying FY 2017 requests, while keeping the support amount provided by the Universal Service Fund constant.

IV. CHI Supports the Commission's Proposed Steps to Reform the RHC Fund Program to Increase Sustainability and Telehealth Capabilities in Rural Communities

In the notice for proposed rulemaking (NPRM) portion of its item, the Commission proposes several actions to ensure the stability of the RHC Fund beyond FY 2017. These actions include increasing the RHC Fund's \$400 million annual cap and implementing a prioritization process should future demands exceed the new cap; improving fairness and transparency in program oversight and the determination of funding requests; providing a uniform standard of

cost-effectiveness for the RHC Fund; and assuring adequate support for rural and tribal healthcare providers.

The RHC Fund must continue to support broadband connectivity for eligible healthcare facilities striving to address troubling health trends, particularly in rural parts of the United States that are plagued with both chronic diseases (e.g., diabetes, heart disease, and COPD) and a lack of local health care facilities.¹² For example, in Mississippi, the American Diabetes Association approximated that 371,662 Mississippians (15.4 percent of the state’s adult population) live with diabetes and about 810,000 Mississippians (37.5 percent of the state’s adult population) have pre-diabetes blood glucose levels.¹³ Despite alarming rates of diabetes, Mississippi has only 53 physicians per 100,000 people, painting a dire picture for the treatment of this otherwise manageable condition.¹⁴

The diabetes epidemic served as the impetus for the University of Mississippi Medical Center (UMMC)—a CHI steering committee member—to start its telehealth program. UMMC’s Center for Telehealth provides more than 35 telehealth specialty services to more than 200 non-affiliated sites in Mississippi to combat chronic diseases and provide affordable health care in those rural areas.¹⁵ In 2014, UMMC launched its Diabetes Telehealth Network—the first of its

¹² Rural Health Information Hub, Chronic Disease in Rural America (Dec. 4, 2017) *found here*: <https://www.ruralhealthinfo.org/topics/chronic-disease>.

¹³ American Diabetes Association, The Burden of Diabetes in Mississippi (last visited Jan. 22, 2018) *found here*: <http://main.diabetes.org/dorg/PDFs/Advocacy/burden-of-diabetes/mississippi.pdf>

¹⁴ Roya Stephens, *Tuning into Telehealth: How TV White Spaces Can Help Mississippi Tackle the Diabetes Epidemic*, ACT | The App Association (Jul. 20, 2017) *found here*: <http://actonline.org/2017/07/20/tuning-into-telehealth-how-tv-white-spaces-can-help-mississippi-tackle-the-diabetes-epidemic/>.

¹⁵ See UMMC Health Care, Telehealth (last visited Jan. 22, 2018) *found here*: https://www.umc.edu/Healthcare/Telehealth/Files/telehealth_brochure.pdf; see also, University of Arizona, Arizona Telemedicine Program (last visited Jan. 22, 2018) *found here*: <http://telemedicine.arizona.edu/servicedirectory/ummc-center-telehealth>.

kind—to use RPM to combat diabetes in rural areas.¹⁶ The first 100 patients enrolled in UMMC’s diabetes telehealth program saw an average 1.7 percent reduction in their A1C (a blood test for type 2 diabetes and pre-diabetes) levels, and did not require an emergency room visit or check into a health care facility.¹⁷ The program helped save those diabetes patients \$339,184 collectively.¹⁸ UMMC’s Telehealth Center has been so successful that HHS’s Health Resources and Service Administration recognized the program as a “National Center of Excellence.”¹⁹

In this proceeding, the Commission also attempts to develop a “prioritization mechanism” for RHC Fund’s cap to add funds that meet demand if demand exceeds RHC Fund monies available.²⁰ Although CHI does not take a particular stance on how the Commission should provide the monetary increase to the RHC Fund, in principle we support any effort that advances the goals of increasing access to infrastructure for telehealth connectivity. We urge the Commission to ensure the RHC Fund continues support for telehealth and remote monitoring deployments like UMMC’s, particularly for those suffering from chronic conditions in rural areas.

Moreover, we support the Commission’s stated goals for its RHC Fund program to bringing added clarity and transparency to the distribution of funds, and simplify eligibility requirements, which will in turn increase program participation by other telehealth stakeholders

¹⁶ UMMC Health Care, Remote Patient Monitoring (last visited Jan. 22, 2018) *found here*: <https://www.umc.edu/Healthcare/Telehealth/Remote%20Patient%20Monitoring.html>.

¹⁷ Eric Wicklund, *UMMC Earns National Telehealth Center of Excellence Designation*, mHealthIntelligence (Oct. 6, 2017) <https://mhealthintelligence.com/news/ummc-earns-national-telehealth-center-of-excellence-designation>.

¹⁸ *See id.*

¹⁹ *See id.*

²⁰ Telehealth NPRM at para. 21.

in need of assistance. CHI welcomes any reform that increases transparency of the government's efforts in the telehealth space and promotes stakeholder involvement because it will ensure that patients receive the quality and cost-effective care they need to lead happy and full lives.

V. Conclusion

CHI appreciates the Commission's request for public input in this proceeding and urges consideration of the views and data provided herein.

Sincerely,



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