August 29, 2019

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Washington, District of Columbia 20554

RE: *Multistakeholder Comments on Promoting Telehealth for Low-Income Consumers
        Notice of Inquiry, WC Docket No. 18-213*

Dear Ms. Dortch,

We, the undersigned, are a diverse – and growing – coalition of stakeholders spanning the
healthcare and technology sectors who support the use of connected health technologies to
improve patient outcomes and reduce healthcare costs. We jointly submit these comments in
response to the Federal Communications Commission (Commission's or FCC's) Notice of
Proposed Rulemaking (NPRM) in the above proceeding.[1] We strongly support the Commission's
goals in its proposed Connected Care Pilot.

A consistently growing body of evidence demonstrates that connected health technologies
improve patient care, reduce hospitalizations, help avoid complications, and improve patient
engagement (particularly for the chronically ill). These tools, increasingly powered by
artificial/augmented intelligence (AI), leverage patient-generated health data (PGHD) and
include wireless health products, mobile medical devices, telehealth and preventive services,
clinical decision support, chronic care management, and cloud-based patient portals. As few
rural communities have easy access to in-person care, access to broadband to support a
connected continuum of care is increasingly vital to America's healthcare system, especially as
remote patient monitoring (RPM) solutions continue to grow in use and capability. The
Connected Care Pilot is, therefore, a meaningful opportunity to provide much-needed support to
help bridge the digital-health divide for rural underserved Americans and veterans.

With approximately 133 million Americans suffering from some form of chronic illness,
particularly for those that live in rural areas, our healthcare system requires a shift to support
continuous contact with patients. The issue is complicated for Americans with chronic conditions
in rural communities that can be large distances from the nearest healthcare facility. However,
connected health technologies offer the ability to bridge these gaps and provide needed disease
prevention and treatment to America's most vulnerable rural citizens – as long as there is access

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[1] *In the Matter of Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Notice of Proposed
Rule Making (Connected Care Pilot NPRM) (2019). Available at
https://www.federalregister.gov/documents/2019/07/30/2019-16077/promoting-telehealth-for-low-income-
consumers.

to a robust broadband network to facilitate patients sharing essential data with their caregivers from their homes.

While the Commission's Rural Healthcare Fund has been an effective means for connecting eligible healthcare facilities, overall, support for connectivity to enable telehealth and remote monitoring is lacking to the detriment of countless rural Americans in need of high quality medical care. As proposed, the Commission's Connected Care Pilot includes in its mission more broadband services to enable connectivity for rural patients and healthcare facilities. This focus will make major inroads into solving the broadband-healthcare problem.

Further, we offer the following specific input on the Commission's NPRM:

- The past practices of the Commission in funding healthcare-related connectivity have been limited in scope and effectiveness, and we believe that the Pilot must go much further. For example, in addition to broadband connectivity and network equipment, Pilot projects should support use of innovative technologies, end-user devices, and software platforms.

- We support a broad and inclusive approach to Pilot eligibility and encourage the Commission to permit applications from any "health care provider" as defined in section 1171(3) of the Social Security Act ("any other person or organization who furnishes, bills, or is paid for health care in the normal course of business"), whether rural or urban, to ensure that the Commission can evaluate the broadest range of proposals and ideas.

- The Pilot should give Pilot projects adequate flexibility, allowing for the appropriate modalities and solutions to be plugged into various Pilot projects based on unique Pilot program needs, and should use outcome-driven (technology neutral) requirements and metrics.

- The Commission should ensure that the data it collects from each Pilot project provides evidence of how patients' lives are being improved and is used to analyze how emerging technologies such as AI can be leveraged in remote care to improve outcomes, and evaluates cost savings to the healthcare provider and the populations they are serving in the Pilot. This evidence will be important for evaluating the success of each Pilot program and will also provide an important base for future connected health policy-related decisions at the federal and state levels.

- The Commission should ensure that each Pilot program enjoys a sufficient support amount that will allow it to fully enable innovative healthcare providers to serve disadvantaged populations in rural areas, particularly where the necessary infrastructure may not already exist. If Pilot funding is spread too thin, it could result in under-resourced and ineffective programs, which will defeat the purpose of the Pilot. We support the Pilot awarding projects to participants that demonstrate their experience with, and their commitment to the value in, delivering connected health technologies to improve patient outcomes and reduce healthcare costs.

- We support the Commission's efforts to ensure that the recordkeeping and reporting requirements of the Pilot are not overly burdensome, and for the Commission to utilize existing reporting structures to the maximum extent possible.

We thank the FCC for this opportunity to comment, and for its consideration of our views.

Sincerely,

American Heart Association
America's Physician Groups
American Society of Nephrology
Association for Behavioral Health and Wellness (ABHW)
Bipartisan Policy Center
Catalia Health
College of Healthcare Information Management Executives
Connected Health Initiative
Consumer Technology Association
Diasyst
Healthcare Leadership Council
InTouch Health
Intel
Kaia
Medical Alley Association
Medical Society of Northern Virginia (MSNVA)
OCHIN
Palmetto Care Connections
Proteus
Remote Cardiac Services Provider Group
Rimidi
TytoCare
UnaliWear
University of Mississippi Medical Center for Telehealth
University of Virginia Karen S. Rheuban Center for Telehealth