



October 9, 2018

Electronic submission

Marlene H. Dortch
Secretary
Federal Communications Commission
Room TW-A235
445 12th Street, SW
Washington, D.C. 20554

Re: Notice of Inquiry – WC Docket No. 18-213, Promoting Telehealth for Low-Income Consumers

Dear Secretary Dortch:

The Federal Communications Commission's (FCC's) demonstrated interest in exploring new means of promoting the growth of telehealth services into underserved areas and populations is a commendable and timely one, as is evidenced by the many supportive comments filed in response to the FCC's Notice of Inquiry. A broad array of entities, types of providers, populations served, and technologies utilized are represented in the initial comments.

As the FCC anticipated, many filings highlight advances made in the telehealth field in the United States, and they also demonstrate that through a pilot program, experiments with a range of models is possible. Moreover, by utilizing a non-prescriptive, flexible approach to pilots, more can be learned about effective ways to reach underserved populations and areas to provide unmet care needs. The initial comments also highlight the many ways in which entities that utilize telehealth are reaching out to and treating patients. Ochsner Health System (Ochsner or OHS) agrees with the FCC that collecting data from a number of different types of programs and measuring their outcomes will be critically important in demonstrating both the value of and in identifying objective improvements to existing care models afforded by the inclusion of a range of telehealth service options in any pilot program.

The varied responses to the Notice of Inquiry bolster Ochsner's view expressed in our initial comments that a pilot program should be flexible and encourage broad participation by a variety of entities in order to provide the FCC with useful data. Ochsner's experience and continuing pioneering work in telehealth could provide a model for others, but we recognize it is not the only model. Differences in geography, patient populations and available infrastructure can all pose unique challenges to would-be telehealth providers. Because of this, Ochsner reiterates that the value of a pilot program will be extremely limited if the FCC places strict parameters on the types of telehealth programs that can be funded as part of a pilot. As the FCC further develops its proposals for the program, its screening criteria should not preclude or discourage entities with relevant telehealth experience from participation.

Ochsner Health System, a part of Ochsner Clinic Foundation

In addition to the Commission developing broad and flexible criteria to screen pilot program applicants, the program should permit applicants the ability to identify a range of targeted low income populations and service areas, rather than having populations or geographic limits strictly mandated as part of any application process. Specifically, while Medicaid enrollment might be one means of determination for grant eligibility, such a narrow eligibility lens is not advisable for a pilot program. Ochsner would encourage the Commission to consider the variations between states in Medicaid coverage, population demographics, and eligibility criteria when setting eligibility parameters. An overly circumscribed definition of eligibility could inadvertently disqualify would-be pilot program applicants that have much to offer in terms of measurable data to advance U.S. telehealth outcomes and patient service models.

Ochsner appreciates the opportunity to add its comments to this process, and strongly supports the Commission's pilot program goals for improving access to quality healthcare for all Americans.

Respectfully submitted,



Mark W. Beckstrom
Vice President and Director of Government Relations
Ochsner Health System