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Federal Communications Commission

445 12th St., S.W.

Washington, D.C. 20554

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

Dear Commissioners,

The National Rural Health Association (NRHA) is pleased to offer comments as stakeholders on how to help enable the adoption and accessibility of telehealth solutions in rural and underserved areas of the country, especially for low income consumers.

NRHA is a non-profit membership organization with more than 21,000 members nation-wide that provides leadership on rural health issues.  Our membership includes nearly every component of rural America’s health care infrastructure, from hospitals to individual patients.  We work to improve rural America’s health needs through government advocacy, communications, education and research.

Access to quality, affordable health care is essential for the 62 million Americans living in rural and remote communities. Rural Americans are more likely to be older, sicker and poorer then their urban counterparts. Specifically, they are more likely to suffer with a chronic disease that requires monitoring and follow up care, making convenient, local access to care necessary to ensuring patient compliance with the services that are necessary to reduce the overall cost of care and improve the patients’ outcomes and quality of life. Yet, many rural Americans live in areas with limited health care resources, restricting their available options for care, including primary care.

Rural Americans face numerous challenges when trying to access health care close to home. Seventy-seven percent of rural counties in the U.S. are Primary Care Health Professional Shortage Areas while nine percent have no physicians at all. Rural seniors are forced to travel significant distances for care, especially specialty services. In an emergency, rural American travel twice as far as their urban counterparts to receive care. As a result, while 20 percent of Americans live in rural areas, 60 percent of trauma deaths occur in rural America.

NRHA is pleased the commission understands some of the challenges of providing healthcare in rural America including shortages of health care providers, the impact of patient demographics, and consequences of challenging geography. While telehealth is not a complete answer to the challenges of rural health care it is a component, a necessary supplement to a robust local workforce. Telehealth, and specifically telemonitoring, is an important component to comprehensive rural health care. Robust health IT systems are essential for narrowing the access gap in rural America by leveraging health care providers in rural communities as well as those that connect through telemedicine, telemonitoring and other health technologies that continue to develop.

NRHA is pleased that the Commission is putting forth a proposal to expand the use of the Universal Services Fund (USF) to telehealth, instead of limiting it to a rural facility’s brick and mortar needs. Private sector health care companies have begun experimenting with remote patient monitoring and have seen great success. We believe this is an opportunity to build upon that success. NRHA supports broad program parameters to allow for innovation as well as expanding the evidence base for the efficacy of telemonitoring programs. This sort of broad design will allow for further evidence to be gathered by expanding upon previous uses of telemonitoring, for example in diabetes management, while also allowing for new patient populations or the use of new and emerging technology to support yet unconsidered patient applications. Strict limitation on the technology eligible for use within the program will limit the efficacy of the program by eliminating major innovation, especially related to new technology. Yet, the review of the application can then provide a necessary backstop to ensure new technologies or uses of existing technologies are feasible and likely to lead to the desired result.

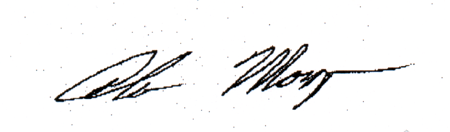
NRHA supports the inclusion of safeguards to ensure the funds are going to bolster vulnerable patient populations with impaired access to care, especially rural patients. While NRHA recognizes this is not a rural only program, we believe the access challenges in rural America justify a strong focus on benefits to the health of rural America. We believe this focus will provide the greatest benefit for the USF dollars invested.

NRHA believes minimizing administrative complexity will allow the program to reach rural providers without the need for hiring expensive consultants to navigate the bureaucratic morass. While some consultants provide important expertise in facilitating a program and NRHA is not opposed to the participation of consultants, we believe consultants services should not be necessary to have a viable opportunity to obtain funding through this program.

NRHA supports flexible criteria to allow for varying length of funding based on the specific project funded. The program must run long enough to provide a meaningful opportunity to demonstrate benefits, a timeframe that may differ for various technologies and disease states. Careful management of many medication conditions does not result in immediately evident benefits, especially for chronic conditions. Short and medium range markers should be examined to demonstrate continuing efficacy; however, longer term benefits should not be ignored.

Thank you again for examining new methods of providing necessary health care to the millions of Americans that call rural home. NRHA appreciate the continued opportunity to partner with you on this program and the chance to offer comments as a stakeholder.  We very much look forward to continuing our work together to ensure our mutual goal of improving quality of and access to care for all rural Americans.  If you would like additional information, please contact Diane Calmus, NRHA regulatory counsel, at [dcalmus@NRHArural.org](mailto:dcalmus@NRHArural.org), or 202-639-0550.

Sincerely,



Alan Morgan

Chief Executive Officer

National Rural Health Association