

UNITEDHEALTH GROUP

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August 29, 2019

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: In the Matter of Promoting Telehealth for Low-Income Consumers
(WC Docket No. 18-213, FCC 19-64)

Submitted Electronically: FCC Electronic Comment Filing System

Dear Ms. Dortch:

UnitedHealth Group (UHG) is responding to a Proposed Rule from the Federal Communications Commission (FCC) establishing a pilot program to encourage the development of telehealth services to provide medical care for low-income Americans and veterans. The Proposed Rule was published in the *Federal Register* on July 30, 2019.¹ The FCC is funding the pilot program through the Universal Service Fund (USF).

UHG is a mission-driven organization dedicated to helping people live healthier lives and making our nation's health care system work better for everyone through two distinct business platforms – UnitedHealthcare, our health benefits business, and Optum, our health services business. Our workforce of nearly 320,000 people, including 85,000 clinical professionals, serves the health care needs of 142 million people worldwide, funding and arranging health care on behalf of individuals, employers, and the government. As America's most diversified health care company serving 25 million patients in 35 markets in the U.S. and five other countries worldwide, we not only serve as one of the nation's most progressive health care delivery organizations, we also serve people within many of the country's most respected employers, in Medicare – serving nearly one in five seniors nationwide – and in one of the largest Medicaid health plans, supporting underserved communities in 31 States and the District of Columbia.

We commend the FCC for its efforts to promote the development of telehealth services and the goals of the pilot program “in helping patients stay directly connected to health care providers

¹ 84 FR 146 (2019)

through telehealth services and improve health outcomes among medically underserved populations that are missing out on vital technologies.”² According to a systematic review of research compiled for the Agency for Healthcare Research and Quality (AHRQ), telehealth has proven effective in the delivery of services to a wide variety of patients, especially for counseling and remote monitoring of patients with chronic health needs and in the treatment of behavioral health conditions.³ Similar studies compiled by the American Hospital Association indicate that telehealth services offered by hospitals provide lower-cost care with improved outcomes.⁴

The capacity of the U.S. health care system has fallen behind, particularly in primary care where many parts of the country face a shortage of primary care providers. As we move toward a more connected and consumer-focused health care system, telemedicine is a promising yet underutilized tool that could be rapidly scaled nationally to meet access to care demands locally. Telehealth policies must reflect the growing consumer demand for convenient access to affordable, high-quality services currently offered through telemedicine. The FCC’s pilot program can help fill the gaps in the U.S. healthcare delivery system.

UHG previously provided comments to the FCC on telehealth initiatives and we offer recommendations below on the design of the pilot program.⁵

Pilot Program Scope

We agree with the decision to not limit the specific conditions that patients must have in order for the treating health care provider to participate in the pilot program. We suggest the FCC prioritize funding for programs that focus on longer term treatments such as opioid addiction and certain behavioral health conditions. In 2015 24.2 million adults received treatment for mental disorders and 3.5 million adults received treatment for substance use conditions.⁶ These patients utilize significant community resources and tax the healthcare system. Telehealth has shown to be effective in treating these types of illnesses⁷ and including patients with substance use disorders and behavioral health conditions into scope of the program would prove beneficial.

In addition, as noted in our prior comments, the FCC should include funding for programs connecting seniors with telehealth services. Older Americans are more likely to have the types of long-term and intensive health conditions requiring medical services that can be provided through

² *Ibid*

³ Totten AM, Womack DM, Eden KB, McDonagh MS, Griffin JC, Grusing S, Hersh WR. *Telehealth: Mapping the Evidence for Patient Outcomes From Systematic Reviews*. AHRQ Publication No.16-EHC034-EF (June 2016) accessed at: <https://www.ncbi.nlm.nih.gov/pubmed/27536752>

⁴ American Hospital Association, *Telehealth: Delivering the Right at the Right Place, at the Right Time* (July 2017) accessed at: <https://www.aha.org/system/files/content/17/telehealth-case-examples.pdf>

⁵ See: Comments by UnitedHealth Group, *In the Matter of Promoting Telehealth for Low-Income Consumers* (WC Docket No. 18-213) (September 10, 2018).

⁶ Park-Lee E, Lipari RN, Hedden SL, Copello AP, Kroutil LA. *Receipt of Services for Substance Use and Mental Health Issues Among Adults: Results from the 2015 National Survey on Drug Use and Health*. NSDUH Data Review (September 2016) accessed at: [https://www.samhsa.gov/data/sites/default/files/NSDUH-ServiceUseAdult-2015/NSDUH-ServiceUseAdult-2015.htm](https://www.samhsa.gov/data/sites/default/files/NSDUH-ServiceUseAdult-2015/NSDUH-ServiceUseAdult-2015/NSDUH-ServiceUseAdult-2015.htm)

⁷ Bashshur RL, Shannon GW, Bashshur N, Yellowlees PM. *The Empirical Evidence for Telemedicine Interventions in Mental Disorders*, Telemed J E Health (February 2016) accessed at: <https://www.ncbi.nlm.nih.gov/pubmed/26624248>

telehealth such as remote monitoring, chronic care management interventions, and on-line therapy and remote counseling. Vision concerns, lack of access to transportation services, and the need to depend on caregivers, family, and friends for support leads to frequent missed appointments. The availability of telehealth services could fill this gap in care for seniors.

Definition of Telehealth Services and Health Condition

The FCC is proposing definitions of several key terms used in the pilot program. The Health Resources and Services Administration (HRSA) defines telehealth “as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration.”⁸ We recommend adopting this definition as part of the pilot program specifications. In addition, we suggest that “health condition” for the purpose of the pilot program can be defined as chronic diseases with identifying diagnosis codes, for tracking and reporting assistance as well.

Items and Services Eligible for Funding Support

As discussed in the Proposed Rule, the FCC has determined that end-user devices, medical devices, and certain mobile devices are ineligible for funding under the pilot program. The FCC believes there are statutory limits on the use of the USF to programs that provide access to and availability of services.⁹ In addition, the pilot program will not provide support for administrative or outreach costs in connection with the provision of telehealth services. As a result, funding will be limited to certain information services (e.g., broadband internet connectivity and equipment necessary to maintain such connectivity).

UHG recommends the FCC reexamine the limits placed on funding for pilot programs and work to ensure participating health care providers have flexibility to use the resources in a manner that best meets the needs of patients. Connectivity is typically the lowest cost item or service needed to support telehealth programs and the failure to fully fund devices and administrative and outreach

costs may limit the number of health care providers that are willing to participate. UHG suggests that the FCC include pilot program funding for equipment and to reimburse estimated expenses and provide stipends for time and professional services not reimbursed through other available resources. We believe an expanded list of items and services would support access to and the availability of telecommunication and information services as contemplated by the USF and applicable federal law.

Areas Served by Pilot Programs

The FCC is proposing that the participating programs serve patients in areas designated by HRSA as Health Professional Shortage Areas or Medically Underserved Areas. While we agree telehealth services are a critical tool to provide patient care in areas with provider shortages, we suggest FCC

⁸ Department of Health and Human Services, Health Resources and Services Administration, Telehealth Programs at: <https://www.hrsa.gov/rural-health/telehealth/index.html>

⁹ See e.g., 42 USC §254.

use these designations as only one of the criteria to consider when allocating funding. As discussed above, there may be certain target populations, such as seniors, that do not reside in a designated area who would benefit from participation in a telehealth program. Applicants for funding should be asked to demonstrate that they will serve patients that are currently underserved (regardless of whether they are in a designated area) or otherwise lack access to critically needed services (e.g., are uninsured or underinsured).

Funding Allocation

We support FCC's proposal to fund programs over a three-year period with equal allocations of resources over the term of the program. Chronic conditions typically involve multi-year treatment and three years is a realistic timeframe to measure the impact of the telehealth services. In addition, we agree the programs should include a period of time to bring the telehealth services on-line and to close out the program at the end of the funding period.

We do not believe the funding allocation for broadband internet access service for a participating health care provider should be capped for each patient. Costs for internet access may vary for the provider's patient population and as noted above those engaged in the pilot program should be given maximum flexibility in allocating funding resources.

Program Application Standards

UHG supports the minimum application information requirements outlined in the proposed rule.¹⁰ We agree with the inclusion of a requirement that applicants describe the federal and state privacy standards that will be applied to safeguard patient data as well as compliance with any applicable reimbursement laws.

There are two additional standards that we believe should be included in the application process. Applicants should also address how patients will transition to continued care when a program ends. Assisting a patient's medical needs through telehealth may require long-term services that extend beyond the life of a particular project. Pilot project grantees should demonstrate plans to continue care for patients at the end of the funding cycle, if necessary to address health needs. In addition, in order to guard against waste, fraud, and abuse applicants should be asked to demonstrate experience with providing long-term patient care by sharing best practices and vendor solutions for connected care.

Dissemination of Pilot Program Results

The pilot programs will provide important insights into effective uses of telehealth to promote health care. We recommend that the FCC develop a process to share pilot program information, outcomes, and best practices with the Centers for Medicare & Medicaid Services and other interested stakeholders to facilitate the development of telehealth programs on a larger and sustainable scale.

¹⁰ Proposed Rule at ¶41, 84 FR 36872 (2019).

UHG supports the expansion of telehealth to appropriately support patient needs and we appreciate the opportunity to provide comments on the Proposed Rule. Please feel free to contact us if you have any questions.

Sincerely,

A handwritten signature in blue ink, reading "Richard J. Migliori" followed by a stylized monogram.

Richard J. Migliori, M.D.
Executive Vice President and Chief Medical Officer