FCC Tele-Health Notice of Inquiry (FCC 18-112)

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The FCC has a distinguished history of providing grants to telecommunications providers to stimulate deployment of broadband service in un- and under-served rural sectors of our country. Stimulating the provision of tele-health services is different than stimulating broadband deployment.

Instead of the FCC making grants to broadband providers that will either use a “shotgun” approach to expanding broadband service (e.g., Connect America Fund) and providing tele-health service capabilities to those persons captured in the broadband expansion or it will necessitate surveying the potential and actual customer bases to ascertain who will benefit from receiving tele-health services and building a network to serve those so identified. Instead, a different partnership model will be more appropriate and effective.

**The Concept Proposal:** The FCC should solicit proposals from federal and state agencies with existing tele-health programs and partnerships to create and expand partnerships that successfully target eligible individuals. For example, the Veterans Administration has programs linking VA health care staff and both: a) civilian health care facilities (e.g., hospitals and clinics) such that veterans can go to their local hospital and be seen electronically by VA healthcare professionals; and b) individual veterans in their homes.

The State of Kansas has contracts with health care organizations in which some Medicaid recipients with chronic, acute health care issues (e.g., diabetes, heart disease) are electronically monitored on a daily or more frequent basis. If the monitoring shows a trend toward health instability, the Medicaid recipient’s primary care physician is notified.

In the Tele-health model proposed by this recommendation, the FCC would solicit grant applications from federal and state agencies providing, or planning to provide, tele-health services directly or through contract health care providers to: a) expand existing programs to serve more persons and/or provide new services; and b) expand existing or create new public-private partnerships with tele-health and broadband providers.

I recognize that it is very unusual for one federal agency to provide grants to another. In this instance, the FCC funds would be passed through the VA system to local healthcare institutions (e.g., hospitals) and broadband providers to expand the number of sites to which veterans could go to be electronically seen by the VA staff and to expand the number of individual homes in which veterans could receive tele-health services. The FCC’s goal of improving healthcare outcomes and quality of life for individuals and society would be achieved.

Similarly, FCC grants to states would facilitate connecting more Medicaid patients to real-time health monitoring systems, reduce emergency room visits by Medicaid patients, thereby reducing over-all health care costs and improving individual patient’s quality of life (this is well documented in Kansas). Again, achieving FCC objectives.

**Evaluating Proposals:** Grant applications could be evaluated on such factors as: a) agency record of cost-effectively achieving tele-health programs and health improvement outcomes as an indicator of likely success with an expanded program; b) evaluation of existing public-private partnerships between the federal/state agency and tele-health and broadband providers as indicators of likely success with an expanded program; c) cost vs benefits model comparisons (e.g., demonstrated reductions in over-all health care costs associated with individual patients/clients participating in existing tele-health monitoring programs versus similar cohorts not participating in such programs).

**Design of the Pilot Program:** The type of interactive tele-health services, the cost for equipment and broadband service, how the FCC support should be dispersed should be evaluated when formal proposals are submitted. Eligibility for persons who would benefit from FCC funding would be determined by the federal and state agencies selected to partner with the FCC.

From the FCC’s perspective, simplicity in operating the Tele-Health Pilot Program should be a priority. Partnering with existing federal and state agencies with proven record of cost-effectively delivering healthcare services utilizing the Internet and other communications technologies will: a) best enable the FCC to identify effective programs; b) eliminate the need for the FCC to determine what types of services should be delivered to whom; and c) permit the FCC to require documentation regarding healthcare outcomes and program cost-effectiveness from their federal and state partners.

**Rationale:** A tele-health grant program as proposed above would: a) Demonstrate inter-federal agency cooperation and coordination to achieve shared objectives; b) Support the New Federalism by increasing federal-state policy coordination, while enabling states the maximum flexibility to implement the most appropriate tele-health program; c) Demonstrate cost-effective ways to improve health care outcomes outside the Affordable Care Act; and d) Demonstrate the value of public-private partnerships in healthcare delivery and broadband deployment.