Center for Connected Health Policy
The National Telehealth Policy Resource Center

The Center for Connected Health Policy is the **Federally Designated**
National Telehealth Policy Resource Center

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Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

RE: Comments for WC Docket No. 18-213, In the Matter of Promoting Telehealth for Low-Income Consumers

Dear Commissioners,

On behalf of the Center for Connected Health Policy (CCHP), I am submitting the following in regards to the Federal Communications Commission's (FCC) solicitation for comments on a proposed pilot to increase health services and access via telecommunications technology. CCHP is the federally designated national telehealth policy resource center. In that capacity, we provide technical assistance to state and federal policymakers, health systems, providers, national organizations and the general public on telehealth policy. CCHP also conducts analyses and research on telehealth policy. CCHP is a program under the Public Health Institute. We thank you for this opportunity to comment.

Promoting low-income Americans' access to broadband-enabled telehealth services and applications.

As a stated goal of the proposed pilot, CCHP applauds the intention to increase access to broadband-enabled services and applications and notes previous efforts by the FCC to expand connectivity in rural areas with initiatives such as the Rural Health Care Program. As the Commission is aware, robust connectivity is necessary in the use of telehealth but can be difficult and expensive to obtain in rural areas. Due to this expense, the $100 million proposed for this pilot may not be adequate, depending upon how many people and regions the pilot hopes to impact and what would be the included costs covered by the pilot: connectivity, equipment, services, etc. Additionally, there may be added difficulty in ensuring there is adequate connectivity in a home setting. One health facility may be treating patients who live in a large area that may have varying levels of broadband strength. If these patients are to receive telehealth services such as remote patient monitoring (RPM) services in the home, the abilities of their connection may vary widely and may exclude potential participants if they do not have adequate capabilities in their home.

RPM Pilots & Policy Considerations

While use of RPM has shown to help with controlling chronic conditions and avoid hospital readmissions, policy has slowly kept pace with the evolution of the technologies' capabilities. Each state has a different policy, especially within Medicaid programs, in how they address and reimburse for telehealth delivered services. Currently, only 23 state Medicaid programs reimburse for some form of RPM (three of those states have yet to solidify exactly what their RPM policy is). Typically, there are caveats included in those RPM policies such as only reimbursing for specific chronic conditions. Reimbursement from private insurers can be even murkier and uncertain. Most private payers will not disclose their telehealth reimbursement policies, viewing it as proprietary information, so it is difficult to ascertain the

exact details on a plan's reimbursement policy. There are also varying laws among the states on the obligations of private payers to reimburse for telehealth services. Depending on how and where the FCC pilot takes place, it may not be sustainable if future funds to support the program are expected to come from either Medicaid or private payers.

Potential Technology & Equipment

The types of equipment selected would depend upon the types of conditions and services being offered. The kinds of equipment needed could vary widely from clinic to clinic if they are targeting different health issues. CCHP would suggest keeping the type of modality used open to all three telehealth modalities: live video, asynchronous and RPM to pilot participants in order for them to select the modality that works best for their community and patients. CCHP would also recommend that in the request for proposals that the FCC will eventually release for this pilot that participants engage with their regional telehealth resource center (TRC) for advice. The TRCs are federally funded to provide technical assistance to community health centers and others on telehealth. The TRCs are agnostic in their advice and will be able to provide unbiased information to pilot participants.

After equipment is purchased, upkeep and training in its use is also important. CCHP suggests that funds in the program also be allowed to be spent on any updates, especially if software is involved, and end user training and support, particularly if services are to be delivered in the home. Patients and/or caregivers must be given sufficient support and training on how to use the equipment properly, but also very important, to establish a comfort level for them to encourage the use of the equipment. Information cannot be gleaned in a home program if the patient or caregiver does not use the equipment because they don't know how or become frustrated with it.

CCHP hopes these brief comments provide you with information that will help shape this pilot. We are ready to answer any questions you may have. Please feel free to contact us at meik@cchpca.org or 877-707-7172.

Respectfully,

Mei Wa Kwong
Executive Director