

**Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554**

In the Matter of)	
)	
Promoting Telehealth for Low-Income Consumers)	WC Docket No. 18-213
_____)	

**REPLY COMMENTS OF
THE PARTNERSHIP FOR ARTIFICIAL INTELLIGENCE,
TELEMEDICINE, AND ROBOTICS IN HEALTHCARE**

The Partnership for Artificial Intelligence, Telemedicine, and Robotics in Healthcare (“PATH”), by its attorneys, respectfully submits these Reply Comments on the Notice of Proposed Rulemaking (“NPRM”) issued by the Federal Communications Commission (“FCC” or “Commission”) on July 11, 2019, in the above-referenced matter.¹ The comments reflect substantial support for the Connected Care Pilot program, and demonstrate interest in the Pilot from a wide range of stakeholders.²

The Commission has acknowledged that limitations on the entities eligible to obtain funds under the Connected Care Pilot program could limit the effectiveness of the program and the Commission’s ability to obtain meaningful data on connected care services.³ As discussed in its initial comments, PATH supports expanding the Pilot program funding for use in the broadest way possible to benefit the most patients.⁴ Many commenters also advocate that the Commission embrace broad participation in the Pilot by various types of health care providers in both urban

¹ *Promoting Telehealth for Low-Income Consumers*, 34 FCC Rcd 5620 (2019) (“NPRM”).

² *See, e.g.*, American College of Emergency Physicians at 1; Geisinger at 2; American Health Insurance Plans at 1; American Optometric Association at 1; America’s Essential Hospitals at 3-4; American Hospital Association at 10-11; Pharmacy Health Information Technology Collaborative at 3.

³ NPRM ¶ 39.

⁴ PATH at 6-7.

and rural locations.⁵ A large coalition of stakeholders from both the health care and technology sectors support a “broad and inclusive approach to Pilot eligibility.”⁶ PATH also agrees with the American Hospital Association that “the Commission should encourage participation by a diverse pool of applicants without limitations on applicant size or geographic location.”⁷ The underserved communities the Commission seeks to target exist in both rural and urban areas, and the Pilot should not be limited to rural areas only.⁸

A more expansive level of participation in the Pilot program also will benefit more patients in communities that need it most.⁹ PATH previously noted the importance of including school-based health care providers and emergency medical services in the category of health care providers eligible to participate in the Pilot.¹⁰ Several commenters have made similar observations.¹¹ Qualified health care providers should not be excluded from participating in the

⁵ See, e.g., Ochsner at 29; Doctors on Demand at 2; American Medical Informatics Association at 2; The MetroHealth System at 1; Healthcare Leadership Council at 2.

⁶ Multistakeholder Comments at 2.

⁷ American Hospital Association at 10.

⁸ See, e.g., Lifeguard at 12, Medical University of South Carolina at 5-6; Texas Organization of Rural & Community Hospitals at 1; American Academy of Family Physicians at 2.

⁹ See, e.g., American Association of Nurse Practitioners at 3; Connected Health Initiative at 8; American Urological Association at 6; MyNEXUS at 12; Pharmacy Health Information Technology Collaborative at 3; American Academy of Family Physicians at 3; Multistakeholder Comments at 2.

¹⁰ PATH at 7-10; see also Katie Hardie, *Telehealth could be the future of mental healthcare for students*, The Badger Herald (Sept. 24, 2019), <https://badgerherald.com/opinion/2019/09/24/telehealth-could-be-the-future-of-mental-healthcare-for-students/>; *School-Based Telehealth Programs Shown to Benefit Children with Asthma in Medically Underserved Communities*, AJMC (Sept. 9, 2019), <https://www.ajmc.com/newsroom/schoolbased-telehealth-programs-shown-to-benefit-children-with-asthma-in-medically-underserved-communities>.

¹¹ See, e.g., American College of Emergency Physicians at 1 (“we ask the FCC to consider broadening its scope slightly to support high quality, cost-effective telehealth programs in the emergency department (ED) setting”); Schools, Health & Libraries Broadband (SHLB) Coalition on Notice of Inquiry at 7 (“school-based clinics should be able to apply for funding from the Connected Care program”); Nemours Children’s Health System and the Children’s Partnership on Notice of Inquiry at 2 (“Since children spend significant amounts of time in school, school-based telehealth is an important tool to help improve access to primary, acute, and specialty care for children; improve the ability of families and youth to manage chronic conditions; facilitate health education for children, families, and school personnel; and increase the capacity of local health care providers to better meet the health care needs of children and youth.”).

Pilot or unnecessarily limited in the services they may provide under the Pilot because they may not fit neatly within the definition of “eligible health care provider” under the Act or the Commission’s rules.¹² The reasoning offered by MyNEXUS for expanding participation in the Pilot is persuasive:

First, the evolving healthcare marketplace includes a growing number of innovative, sophisticated providers and entities who do not fit within this narrow restriction. Second, many of the providers who do, such as skilled nursing facilities, are often not present in unserved communities and do not deliver the most clinically- and cost-effective care available. Third, this limitation is narrower than any being utilized by such programs as Medicare, Medicaid, and the VHA, thereby undermining the Pilot’s ability to sync up with and leverage the administrative and operational efficiencies of those programs. And fourth, by prioritizing some level of administrative alignment over the most advanced, patient-centric care delivery available, this limitation would only serve to deny unserved communities the benefit of being able to access the full range of providers and entities who may wish to participate in the Pilot.¹³

Encouraging broad participation in the Pilot will allow the Commission to evaluate the broadest range of proposals and ideas to the benefit of all stakeholders.¹⁴

The comments also demonstrate remote patient monitoring and mobile health applications are key components to telehealth, telemedicine, and connected care.¹⁵ The success of such services relies on the ability of patients to be “connected” to their health care provider¹⁶ whether through

¹² 47 U.S.C. § 254(h)(7)(B); 47 C.F.R. §§ 54.600, 54.601; *see also* NPRM ¶ 16 (looking for participation from a wide range of providers).

¹³ MyNEXUS at 11-12.

¹⁴ Connected Health Initiative at 8-9; *see also* Doctors on Demand at 2 (“We encourage the Commission to permit applications from any health care provider as defined in section 1171(3) of the Social Security Act (‘any other person or organization who furnishes, bills, or is paid for health care in the normal course of business’), regardless of geographic location or provider setting, to ensure a more inclusive pool of proposals that the Commission can evaluate.”).

¹⁵ *See, e.g.*, UPMC at 1; ConnectMe at 5; Connected Health Initiative at 6; HNC Virtual Solutions at 1-2; NetSmart at 4-5; Mercy Virtual at 7-9; *see also* NPRM ¶ 7; Eric Wicklund, *Telehealth Companies Team Up to Deliver Remote Patient Monitoring to Go*, mHealth Intelligence (July 31, 2019), <https://mhealthintelligence.com/news/telehealth-companies-team-up-to-deliver-remote-patient-monitoring-to-go>.

¹⁶ PATH at 5-6; *see also, e.g.*, Karen S. Rheuban, M.D., *Broadband expansion is crucial to health care access*, Virginia Mercury (Sept. 16, 2019), <https://www.virginiamercury.com/2019/09/16/broadband-expansion-is-crucial-to-health-care-access/> (“Exciting developments in telehealth are happening in Virginia and beyond, but state and federal leaders must continue to increase public investment in broadband and telemedicine services.”); Tim Horan, *The next*

fixed or mobile broadband services.¹⁷ While Medical Body Area Network (“MBAN”) devices represented the first iteration of “remote monitoring,” the reference to MBAN in PATH’s initial comments was not intended to suggest MBAN technology should be used for the remote patient monitoring or connected care contemplated by the NPRM.¹⁸ MBAN devices and the spectrum allocated for such services would not provide the type of broadband connections necessary to achieve the Commission’s goals with respect to the Pilot program. Nor is such technology necessary given that remote patient monitoring and mobile health applications now can be accessed on smartphones or tablets outside of health care facilities to provide “quality health care directly to patients, regardless of where they are located.”¹⁹

generation of wireless promises more speed, better telehealth, Reflector-Chronicle (Sept. 23, 2019), http://www.abilene-rc.com/news/the-next-generation-of-wireless-promises-more-speed-better-telehealth/article_ccc6d54e-de06-11e9-8238-534951cdc26c.html.

¹⁷ NPRM ¶¶ 19-20; *see also* CTIA at 2-3; Verizon at 3; Hughes at 5.

¹⁸ *Cf.* Aerospace & Flight Test Radio Coordinating Council at 2.

¹⁹ NPRM ¶ 7.

CONCLUSION

For the reasons stated herein and in PATH's initial comments, PATH strongly supports the Commission's proposed Connected Care Pilot program, and urges the Commission to adopt rules that permit broad participation in the Pilot to ensure all underserved patients have access to the vital and important technologies and health care innovations that are made possible by telemedicine, telehealth, and connected care.

Respectfully submitted,

**THE PARTNERSHIP FOR
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