

**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
VIRASPEX – THE VIRTUAL VASCULAR SPECIALISTS**

Viraspex, P.A., by its attorneys, respectfully submits these Reply Comments on the Notice of Proposed Rulemaking (“NPRM”) issued by the Federal Communications Commission (“Commission” or “FCC”) on July 11, 2019, in the above-referenced matter.¹ Viraspex uses telemedicine to provide patients located across the country with access to Board-certified vascular specialists for routine examinations, arterial and venous evaluations, and to address acute emergency or chronic conditions.² The data and information collected through the Commission’s proposed Connected Care Pilot program will ensure telehealth, telemedicine, and connected care services like those offered by Viraspex can continue to grow and flourish, and will “improve health outcomes among medically underserved populations that are missing out on these vital technologies.”³

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

² <https://www.viraspex.com/>. Dr. Edic Stephanian, MD, FACS, is the Executive Director of Viraspex. Dr. Stephanian also is a partner in Vascular Care of Texas (<https://www.vcaretexas.com/>), which provides a full-range of vascular-related services associated with dialysis, stroke, artery disease, and others to patients throughout the state of Texas.

³ NPRM ¶ 1.

The comments show substantial support for the Pilot program, and the need for broad participation by various types of health care providers in both urban and rural locations.⁴ Viraspex 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.”⁵ 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.⁶

A large coalition of stakeholders from both the health care and technology sectors also support a “broad and inclusive approach to Pilot eligibility” and ask the Commission to permit participation by any “health care provider” as that term is defined in the Social Security Act.⁷ Viraspex supports those commenters advocating for a more expansive level of participation in the Pilot program.⁸ Qualified health care providers should not be excluded from participating in the Pilot or unnecessarily limited in the services they may provide under the Pilot simply because they may not fit within the definition of “eligible health care provider” under the Act or the Commission’s rules.⁹ Viraspex agrees with the reasoning offered by MyNEXUS for expanding

⁴ 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.

⁵ American Hospital Association at 10.

⁶ 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; Multistakeholder Comments at 2.

⁷ Multistakeholder Comments at 2; 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.”).

⁸ 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.

⁹ 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).

participation in the Pilot beyond non-profit or public health care providers within Section 254(h)(7)(B):

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.¹⁰

As the Connected Health Initiative points out, encouraging broad participation in the Pilot will allow the Commission to evaluate the broadest range of proposals and ideas.¹¹

The comments demonstrate remote patient monitoring and mobile health applications are key components to telehealth, telemedicine, and connected care.¹² The success of such services relies on the ability of patients to be “connected” to their health care provider¹³ whether through fixed or mobile broadband services.¹⁴ This includes the end-user device on which the connected care service is received.¹⁵ While Medical Body Area Network (“MBAN”) devices represented the

¹⁰ MyNEXUS at 11-12.

¹¹ Connected Health Initiative at 8-9.

¹² 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.

¹³ Viraspex at 5; 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 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.

¹⁴ NPRM ¶¶ 19-20; see also CTIA at 2-3; Verizon at 3; Hughes at 5.

¹⁵ See, e.g., National Consortium of Telehealth Resource Centers at 1 (“the proposal to limit funding to Broadband Internet Access Service, excluding end user devices, would hamper the success of the pilot program. Patients without broadband connectivity will also lack the broadband-capable devices—such as tablets, peripherals,

first iteration of “remote monitoring,” Viraspex’s reference to MBAN in its initial comments was not intended to suggest MBAN technology should be used for the remote patient monitoring or connected care contemplated by the NPRM.¹⁶ 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.”¹⁷

and applications—that are needed to receive connected care.”); Microsoft at 5 (“To fully accomplish the objectives here, the Commission also must address the other side of the broadband connection – connectivity of telehealth recipients.”); *see also* NCTA at 2 (“the network equipment necessary to provide the broadband service should also be eligible for support through the Connected Care Pilot Program”).

¹⁶ Cf. Aerospace & Flight Test Radio Coordinating Council at 2.

¹⁷ NPRM ¶ 7.

CONCLUSION

For the foregoing reasons and those stated in its initial comments, Viraspex 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 made possible by telemedicine, telehealth, and connected care.

Respectfully submitted,

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