

**Before the  
Federal Communications Commission  
Washington, D.C. 20554**

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

**REPLY COMMENTS OF CHRISTUS HEALTH**

CHRISTUS Health (“CHRISTUS”) hereby replies to the comments filed by a number of other stakeholders in response to the Notice of Proposed Rulemaking (“NPRM”) issued by the Federal Communications Commission (“Commission”) in the above-captioned proceeding.<sup>1</sup> CHRISTUS again commends the Commission for its actions to directly address the significant barriers to the use of telehealth through the establishment of a Connected Care Pilot Program (“Pilot Program”) to provide support for broadband connectivity that will enable patients to receive care beyond the hospital or doctor’s office.

CHRISTUS appreciates the opportunity to share its views in alignment with a number of comments submitted to the Commission in this proceeding. Based on our review of feedback from many supportive organizations related to the Pilot Program, we have identified the following shared priorities among diverse stakeholders: (1) increasing access to care for individuals with chronic diseases, low-income and living in rurally designated areas;<sup>2</sup> (2) expanding funding utilization beyond broadband to increase interoperability possibilities, such as

---

<sup>1</sup> *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Notice of Proposed Rulemaking, Commission 19-64 (2019) (“NPRM”).

<sup>2</sup> *See, e.g.*, Comments of America’s Health Insurance Plans, WC Docket No. 18-213 (filed Aug. 28, 2019); Comments of the American Hospital Association, WC Docket No. 18-213 (filed Aug. 29, 2019) (“AHA Comments”).

data storage;<sup>3</sup> (3) including other data transmission mechanisms for coverage, such as application transmission of patient outcome data;<sup>4</sup> (4) enhanced care delivery for patients with comorbid or chronic conditions such as the use of augmented reality through the use of artificial intelligence;<sup>5</sup> (5) reasonable collection of data and data requirements;<sup>6</sup> and (6) allowing mothers with high-risk pregnancies as an inclusionary population.<sup>7</sup> To encourage participation, we also support additional comments submitted urging the Commission to keep the application and patient survey process simple.<sup>8</sup>

Based on a comprehensive review of comments received, CHRISTUS believes that the Commission now has the information and support needed from a diverse range of stakeholders in order to create an effective plan to launch the Pilot Program with an expeditious timeline. We stand prepared to provide any additional support and information that may be helpful to assist the Commission in that regard.

Respectfully submitted,

/s/ George Conklin

George Conklin

Senior Vice President and Chief Information Officer

CHRISTUS Health

919 Hidden Ridge

Irving, TX 75038

September 30, 2019

---

<sup>3</sup> See AHA Comments at 18-21; Comments of Ochsner Health System, WC Docket No. 18-213, at 20 (filed Aug. 29, 2019) (“Ochsner Comments”).

<sup>4</sup> See AHA Comments; Ochsner Comments at 29.

<sup>5</sup> See Ochsner Comments at 7-8.

<sup>6</sup> See AHA Comments at 14-17.

<sup>7</sup> See Comments of America’s Essential Hospitals, WC Docket No. 18-213, at 3 (filed Aug. 29, 2019); Ochsner Comments at 6; AHA Comments at 14.

<sup>8</sup> See AHA Comments at 12, 17.