April 1, 2010

Chairman Julius Genachowski
Commissioner Meredith Attwell Baker
Commissioner Mignon Clyburn
Commissioner Michael J. Copps
Commissioner Robert M. McDowell

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

Re: GN Docket No. 09-191

Dear Chairman Genachowski and Commissioners:

Building on over two decades of learning from health systems improvement initiatives, CommonHealth ACTION's philosophy guides its practice to invest in people and dedicate available resources to those most affected by inequities in health and well-being. A national, non-profit, public health organization located in Washington, DC, CommonHealth ACTION serves as a catalyst and intermediary for the development of community generated solutions. We work nationally in support of community and government efforts to improve health outcomes while building sustainable community capacity.

As members of the Commission are well-aware, health care has been a topic of much public debate over the last year. With the recent passage of health care reform legislation, our organization sees tremendous potential for telehealth to play a critical role in tackling our nation's health care challenges. It has the potential to level the playing field and provide equal opportunities for good health in communities and for populations that have been poorly-served, under-served, or never-served by the current health care infrastructure.

Telehealth offers many of America's most vulnerable – for example, the elderly or disabled person who cannot leave a residence or those who live far from the nearest medical facility – access to health care and the ability to manage chronic disease from home. Telehealth services also allow patients access to medical specialists' real-time knowledge, even if that specialist is thousands of miles away.

That is why we are concerned over the non-discrimination clause in the Commission's Notice of Proposed Rulemaking. If approved, this proposal could drastically reduce the ability of healthcare providers to provide and implement telehealth solutions to the nation's pressing healthcare problems.

The key point about telehealth solutions is that they depend on fast, constant communication. A monitoring service for a patient suffering from congestive heart issues can only be successful if the network that links the patient and the service provides instant communication. Delays are not acceptable.

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Moreover, we urge the Commission to consider another obvious public benefit: cost savings. A 2008 study that looked at the impact of wireless telehealth for management of three chronic diseases (congestive heart failure, diabetes, and chronic obstructive pulmonary disease) concluded that "off the shelf" wireless technology and coaching has the potential to reduce the treatment cost of these three diseases by more than $20 billion per year.

The prospect of an Internet in which "all data are equal" threatens the future of the aforementioned developments in telehealth. Whether wireless or wired, all networks occasionally become overloaded. At those times, the vital signs from hundreds of patients (or more) simply cannot be put on the same level as ordinary email.

Finally, we encourage the Commission to consider that virtually since the Internet's creation, customers have been able to purchase dedicated network links that run at higher speeds than the ordinary public Internet. To the benefit of all Internet users, revenue from these arrangements has supported the Internet's expansion and progress.

As the Commission is aware, social and economic disparities have increased dramatically in the last 25 years and correlate with increasing health disparities and shorter life expectancy. Telehealth provides promising solutions that lead to short-term and long-term benefits for patients, providers, communities, and the health of the nation.

Please consider this as well as the potential drawbacks of a non-discrimination clause as you deliberate the Notice of Proposed Rulemaking. A non-discrimination clause could stall significant development and usage of telehealth services—possibly limiting equal opportunities for good health.

Sincerely,

Natalie S. Burke
Principal
CommonHealth ACTION