August 28, 2019

Federal Communications Commission
445 12th Street, SW
Washington, DC 2055

“Promoting Telehealth for Low-Income Consumers Notice of Proposed Rulemaking “
WC Docket No. 18-213

Submitted via Regulations.gov

Dear Commissioners,

On behalf of the Healthcare Information and Management Systems Society (HIMSS) and the Personal Connected Health Alliance (PCHAlliance), we appreciate the opportunity to respond to the Federal Communication Commission’s (Commission) “Promoting Telehealth for Low-Income Consumers Notice of Proposed Rulemaking” (NPRM). We offer our comments and recommendations in support of the Commission’s work to improve access to high quality healthcare for those through improved infrastructure (e.g., broadband availability and access) for patients and healthcare providers.

As a mission driven non-profit, HIMSS offers a unique depth and breadth of expertise in health innovation, public policy, workforce development, research, and analytics to advise global leaders, stakeholders, and influencers on best practices in health information and technology. Through our innovation companies, HIMSS delivers key insights, education, and engaging events to healthcare providers, governments, and market suppliers, ensuring they have the right information at the point of decision.

As an association, HIMSS encompasses more than 78,000 individual members and 650 corporate members. We partner with hundreds of providers, academic institutions, and health services organizations on strategic initiatives that leverage innovative information and technology. Together, we work to improve health access, and the quality and cost-effectiveness of health care. Headquartered in Chicago, Illinois, HIMSS serves the global health information and technology communities with focused operations across North America, Europe, United Kingdom, the Middle East, and Asia Pacific.

Interoperable, connected health requires a broad ecosystem of shared digital health information. PCHAlliance members span this ecosystem and include entities that: manufacture the devices patients and providers use to measure biophysical data; provide health insights and increase the usability of clinical decision support; provide care; operate the networks that communicate patient-generated data between patients and providers; and represent consumer perspectives on connected health. PCHAlliance works to advance evidence-based two-way digital communications between patients, their caregivers, and providers through the development of open technical standards, real-
world testing, and through health policy and coverage advocacy. This work includes development of and support for policies and programs that advance evidence-based telehealth.

As technology and telehealth assume an increasingly critical role in healthcare delivery, well-designed telehealth programs are more vital than ever to provide examples and models for innovative health care providers. Today’s standards for appropriate clinical care delivery as well as best practices for some of our nation’s most prevalent conditions (heart failure, diabetes, chronic obstructive pulmonary disease, and multiple chronic conditions) rely upon provider-patient communication of biophysical data and care management in synchronous, near synchronous, and asynchronous means. Overall, the delivery of efficacious health care in our system relies more and more on 21st Century information communication technologies.

Trends suggest that disadvantaged consumers and communities across the country are falling behind when it comes to the availability of high-quality healthcare. By enabling broader access to modern communications services, a well-designed telehealth pilot program can help overcome obstacles to delivery of efficient and effective telehealth for disadvantaged consumers and communities. These obstacles, including fundamental broadband availability and access, must all be addressed for a successful telehealth pilot program to operate.

HIMSS and PCHAlliance support the Commission’s work to highlight and bring attention to the important and valuable role that telehealth can provide in improving access to and quality of health care, particularly in disadvantaged communities. Through discussions across our memberships, we identified several recommendations for the NPRM’s pilot proposals that we believe would be essential for the delivery of successful telehealth services. In addition to what is outlined in the NPRM, we specifically recommend that the Commission require proposals to include the following information:

- Plans for long-term sustainability.
- Commitments from community partners, including: physicians, hospitals, health systems, and home health/community providers.
- Documented commitment from all health care payer(s) and/or insurers who cover the population likely to receive telehealth services of their willingness to reimburse for telehealth services as well as the proposed clinician time and clinical care delivered as a telehealth service.
- Evidence base or evidence support for the telehealth services to be provided.\(^1\)

Furthermore, we urge the Commission to ensure at least one pilot be operated by or at a Federally Qualified Health Center (FQHC). We believe that FQHCs serve the populations targeted by the Commission in these pilots and have telehealth capabilities that would be better utilized and enhanced with the greater availability of funds for connectivity.

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\(^1\) The Agency for Health Care Research and Quality (AHRQ) has published several excellent evidence reviews (cited by the Commission in various NPRMs and RFIs) that provide clear pathways on how telehealth can be targeted to promote efficacy.
HIMSS and PCHAlliance look forward to the launch of this pilot program and want to support its delivery of successful outcomes in order to create additional telehealth models that can be adopted by the entire health care community in the future. Our organizations and members are committed to being valuable resources to the Commission to help enhance and strengthen the adoption and accessibility of the best possible healthcare to all, but especially to those who are disadvantaged.

Moreover, HIMSS and PCHAlliance want to continue to support the Commission in the development of its work on broader telehealth-related issues. We welcome the opportunity to meet with the Commission to discuss our comments in more depth. Please do not hesitate to contact Eli Fleet, Director of Federal Affairs at HIMSS, at 703.562.8834, or Robert Havasy, Senior Director for PCHAlliance, at 508.499.3363.

Thank you for your consideration.

Sincerely,

Harold F. Wolf III, FHIMSS
President & CEO
HIMSS and PCHAlliance