April 17, 2020

The Honorable Ajit Pai
Chairman Federal Communications Commission
445 12th St. SW
Washington, DC 20554

Dear Chairman Pai:

On behalf of the Healthcare Information and Management Systems Society (HIMSS) and the Personal Connected Health Alliance (PCHAlliance), we would like to take this opportunity to express our strong support of the measures that the Federal Communications Commission (FCC) leadership has taken to support our nation's response to the Coronavirus (COVID-19) pandemic.

The COVID-19 pandemic threatens healthcare system capacity to respond to this unique threat. Health care providers (HCPs) from clinical practices to inpatient hospitals and all other care settings are being pushed to maximum capacity. The "Keep Americans Connected Pledge" and the Order waiving the gift rules applicable to Rural Health Care (RHC) and E-Rate Programs are both instrumental efforts by the agency to aid providers and support use of technology to increase capacity. Further, we applaud FCC's most recent work to secure $200 million in additional funding to enable the provision of telehealth under the Coronavirus Aid, Relief, and Economic Security (CARES) Act[1], and use those funds to establish the COVID-19 Telehealth Program, as well as the separate $100 million for the Connected Care Pilot Program. The COVID-19 pandemic requires expedited solutions to bring quality broadband access to everyone in the United States. We support the steps taken so far to help address this major crisis.

HIMSS and PCHAlliance believe FCC is in a position to further help health care professionals, educators, and patients use information and communications technology to overcome the impact of COVID-19. We urge FCC to focus on two overarching objectives: 1) promoting effective policy and regulatory solutions that encourage broadband and health information and technology adoption; and, 2) strengthening the nation's telehealth infrastructure through the RHC Program and other initiatives under its authority.

We offer the following comments and recommendations to further these efforts in enabling the increased adoption and accessibility of broadband-enabled health care solutions:

I. Relax Other Non-COVID-19 Related Administrative Requirements On The Part Of RHC Program Applicants For The Remainder Of The Pandemic.
Healthcare systems are being confronted with several upcoming regulatory compliance deadlines in the near future while also addressing an exponentially increasing need for health care services due to COVID-19. For example, two significant interoperability regulations recently finalized by the Department of Health and Human Services (HHS) Office of the National Coordinator for Health IT and the Centers for Medicare & Medicaid Services contain a complex set of new standards and guidelines

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[1] https://www.congress.gov/bill/116th-congress/house-bill/748

that the healthcare community must understand and comply with in the next several months while implementing vital, and often new, telehealth and remote monitoring tools for delivery of care.

We applaud FCC's consistent recognition of the disruptions caused by COVID-19 in its explicit decision to extend the filing window for both the E-Rate and RHC Programs. Our members, in overwhelming numbers, have communicated that "doing it all" (i.e. interoperability regulations, and keeping up with the workflow, in general) is an unrealistic and unattainable feat. FCC should consider that in many HCPs, the same individuals are often responsible for completing RHC Program applications, standing up and supporting telehealth and remote monitoring technology that is vital to safer care delivery during this public health crisis, and implementing the new interoperability rules. We ask FCC to relax tangential administrative filing requirements that may function parallel to the RHC application process, if certain regulatory flexibilities have not already been implemented.

II. Ensure Effective Overall Accessibility And Increased Broadband Capacity Through Greater Support To The RHC Program.
The benefits of telehealth and connected care have never been clearer than they are at this moment in time. Hospitals and clinics are struggling to meet the health care needs of both COVID-19 patients as well as patients with other conditions. Telehealth and remote monitoring, even when used solely for screening and triaging patients, allows HCPs to better serve patients and the public. HIMSS and PCHAlliance have been consistent advocates for telehealth and connected care that allow patients to be served in their home and we encourage FCC to allocate more funding to meet these increased digital health needs. With increasing demand for telehealth and connected care services, we want to work with FCC to sustain RHC Program funding, especially following the pandemic. We anticipate further validation that these services will prove to be timely and effective additive approaches that safely engage patients, providers, and caregivers in delivering the care patients need when they need it most.

To address the overarching need for bandwidth and services, FCC must consider expanding the RHC Program budget and eligibility terms, broadening the scope of supported services, and reducing the barriers to participation.

Overall, we urge FCC to raise the annual RHC Program funding cap. The demand for RHC Program funding has already grown substantially over the past four years, and this demand is likely to further increase during the COVID-19 crisis. HIMSS and PCHAlliance support the request by the Schools, Health & Libraries Broadband (SHLB) Coalition to triple the funding cap – raising it from approximately $600 Million per year to $1.8 Billion per year. Over the past few years, some HCPs have dropped out of the RHC Program or chosen not to upgrade the bandwidth because they were not certain whether funding would be available. Raising the cap would alleviate some of this uncertainty. As a result, health care providers would increase their broadband capacity to meet the needs of their patients because they know there will be sufficient funding available.

III. Ensure Availability and Network Quality Reliability to HCPs Implementing Telehealth Solutions and Encourage Network Providers To Increase Supplemental Efforts To Support More Vulnerable Populations During The COVID-19 Pandemic.
At this time, everyone around the country is using all forms of broadband to stay connected. HIMSS and PCHAlliance reemphasize that FCC should consider taking the necessary actions to ensure that HCPs have uninterrupted, reliable network connections to administer health care services via telehealth pathways. While we support allowing network carriers to have the ability to shape their traffic, some carriers have agreed to prioritize traffic and "medical grade" networks, while others have not made such

a pledge. For those carriers who support smaller rural networks, we would urge FCC to release a statement encouraging all carriers to prioritize healthcare services during this critical time.

IV. The COVID-19 Telehealth Program and Connected Care Pilot Program
HIMSS and PCHAlliance applaud FCC's decision to accelerate and finalize the Order of $200 million in funds towards the COVID-19 Telehealth Program, as well as the separate $100 million, allocated towards the Connected Care Pilot Program. We find the establishment of the COVID-19 Telehealth Program to be significant in that it eliminates numerous barriers by utilizing a streamlined process to pay for the patient's broadband connection. We would emphasize the importance of establishing appropriate guardrails while this program is in its infancy, to protect the integrity of the program as more participants become involved.

We praise FCC for the scale of the program by acknowledging the role of telehealth in improving outcomes and lowering costs. However, while we support the intent of these allocated funds that would begin to enable eligible providers to better deliver telehealth services during this pandemic, we believe both the COVID-19 Telehealth Program and Connected Care Pilot Program must go further in terms of identifying potential long-standing impact through clinical and translational research efforts.

The investment and positive outcomes from the use of telehealth formats utilized during this pandemic (including remote patient monitoring) will be crucial in proving that we must continue to be forward-thinking when discussing the future of virtual care delivery. To ensure program effectiveness, we recommend FCC work with digital health experts and researchers to focus on reasonable, measurable outcomes, such as identifying 3 to 4 data collection priorities. Examples could include the rate of emergency department visits post telehealth visit; patient reported resolution of presented problem; and, volume of telehealth visits conducted versus a defined comparator. The SPROUT-CTSA Network (NIH/NCATS-funded) has an established telehealth metrics library and measurement framework, designed to be applied in this sort of context. We believe this model may be a useful guide from a federally-funded project standpoint.

In addition, FCC should take steps during this pandemic to ensure that the data it collects from the COVID-19 Telehealth Program and the Pilot Program provide evidence of how patients' lives improve while, at the same time, leveraging emerging technologies such as artificial intelligence in remote care to improve outcomes. As always, FCC should track and evaluate cost savings to the healthcare system at large and the populations it is serving through these programs. This includes documenting and evaluating programmatic successes in order to provide an important basis for future continued use of these virtual delivery modes. In most instances, we anticipate that reverting back to how care was delivered prior to all of these advancements would be counterintuitive. Individuals need to have the ability to monitor their own care with the help of technology—virtual connectivity to a network and internet access will essentially become a social determinant of health.

In sum, federal support of the critical role of telehealth in treating patients and helping HCPs maximize their impact on their communities is crucial to safe, effective, and accessible health care delivery. HIMSS and PCHAlliance believe the COVID-19 pandemic forces us to evaluate our broadband preparedness and demonstrates: 1) the importance of availability and accessibility of quality broadband; and, 2) the critical prerequisite of funding for those resources needed to address the training and health care access demands in a crisis of this scale. Going forward, HIMSS and PCHAlliance recommend that FCC be vigilant in publicly tracking as well as the transparency of broadband connectivity statistics in an effort to know when we are approaching usage points of significance. This will be critical as healthcare delivery,

training, and supply incorporate digital health to better serve the public in a resilient and accessible manner.

Thank you again for your leadership in responding to the COVID-19 pandemic. We look forward to continuing to support the important steps being taken to ensure telehealth availability and accessibility that enables patients to receive better care and, in turn, promotes better overall health outcomes. Please feel free to contact Ashley Delosh, HIMSS Senior Manager of Government Relations, at adelosh@himss.org, or Robert Havasy, Managing Director of PCHAlliance, at rhavasy@pchalliance.org, with questions or for more information.

Sincerely,

Harold F. Wolf III, FHIMSS
President & CEO
HIMSS

cc: The Honorable Brendan Carr, Commissioner
        The Honorable Mike O'Reilly, Commissioner
        The Honorable Jessica Rosenworcel, Commissioner
        The Honorable Geoffrey Starks, Commissioner