

**Before the  
FEDERAL COMMUNICATIONS COMMISSION  
Washington, DC 20554**

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

**COMMENTS OF ACT | THE APP ASSOCIATION’S CONNECTED HEALTH  
INITIATIVE**

**I. Introduction and Statement of Interest**

ACT | The App Association’s Connected Health Initiative (CHI)<sup>1</sup> respectfully submits its views in response to the Federal Communications Commission (Commission’s or FCC’s) Notice of Inquiry (NOI) in the above-captioned proceeding.<sup>2</sup> Below, CHI discusses the direct benefit robust wireless connectivity has to the growth of the connected health ecosystem in the United States, enabling countless American patients to maintain health and more easily treat diseases no matter where they live. Additionally, CHI writes in support of the Commission’s Connected Care Pilot because we believe that it is a necessary step forward to ensure that Americans can connect with their doctors irrespective as to whether they live in an urban or rural community.

CHI is the leading effort by stakeholders across the connected health ecosystem to clarify outdated health regulations, encourage the use of remote patient monitoring (RPM), and support

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<sup>1</sup> <http://www.connectedhi.com/>

<sup>2</sup> *In the Matter of Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Notice of Inquiry (2018). Available at <https://docs.fcc.gov/public/attachments/FCC-18-112A1.pdf>.

an environment in which Americans can see improvement in their health. We seek partnerships and actions that realize the benefits of an information and communications technology enabled American healthcare system. Among the CHI membership and stakeholders are those who actively participate in the administration of healthcare through connected technologies and medical devices. We believe that through the use of said technologies, the FCC can create more quality-focused and patient-centered care through an effective and cost-efficient system that is accessible to all Americans.

## **II. The Commission’s Connected Care Pilot Will Help to Connect Rural Americans with their Care Providers**

CHI supports the Commission’s support of broadband connectivity generally, and in the healthcare context specifically, particularly in rural parts of the United States that are plagued with both chronic diseases (e.g., diabetes, heart disease, and COPD) and a lack of accessible healthcare facilities.<sup>3</sup> For example, in Mississippi, the American Diabetes Association approximated that 371,662 Mississippians (15.4 percent of the state’s adult population) live with diabetes and about 810,000 Mississippians (37.5 percent of the state’s adult population) have pre-diabetes blood glucose levels.<sup>4</sup> Despite alarming rates of diabetes, Mississippi has only 53 physicians per 100,000 people, painting a dire picture for the treatment of this otherwise manageable condition.<sup>5</sup>

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<sup>3</sup> Rural Health Information Hub, Chronic Disease in Rural America (Dec. 4, 2017) *found here:* <https://www.ruralhealthinfo.org/topics/chronic-disease>.

<sup>4</sup> American Diabetes Association, The Burden of Diabetes in Mississippi (last visited Jan. 22, 2018) *found here:* <http://main.diabetes.org/dorg/PDFs/Advocacy/burden-of-diabetes/mississippi.pdf>

<sup>5</sup> Roya Stephens, *Tuning into Telehealth: How TV White Spaces Can Help Mississippi Tackle the Diabetes Epidemic*, ACT | The App Association (Jul. 20, 2017) *found here:* <http://actonline.org/2017/07/20/tuning-into-telehealth-how-tv-white-spaces-can-help-mississippi-tackle-the-diabetes-epidemic/>.

The diabetes epidemic served as the impetus for the University of Mississippi Medical Center (UMMC)—a CHI steering committee member—to start its telehealth program. UMMC’s Center for Telehealth provides more than 35 telehealth specialty services to more than 200 non-affiliated sites in Mississippi to combat chronic diseases and provide affordable healthcare in those rural areas.<sup>6</sup> In 2014, UMMC launched its Diabetes Telehealth Network—the first of its kind—to use RPM to combat diabetes in rural areas.<sup>7</sup> The first 100 patients enrolled in UMMC’s diabetes telehealth program saw an average 1.7 percent reduction in their A1C (a blood test for type 2 diabetes and pre-diabetes) levels, and did not require an emergency room visit or check into a healthcare facility.<sup>8</sup> The program helped save those diabetes patients \$339,184 collectively.<sup>9</sup> UMMC’s Telehealth Center has been so successful that the Health Resources and Service Administration at the Department of Health and Human Services (HHS) recognized the program as a “National Center of Excellence.”<sup>10</sup>

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<sup>6</sup> See UMMC Health Care, Telehealth (last visited Jan. 22, 2018) *found here*: [https://www.umc.edu/Healthcare/Telehealth/Files/telehealth\\_brochure.pdf](https://www.umc.edu/Healthcare/Telehealth/Files/telehealth_brochure.pdf); *see also*, University of Arizona, Arizona Telemedicine Program (last visited Jan. 22, 2018) *found here*: <http://telemedicine.arizona.edu/servicedirectory/ummc-center-telehealth>.

<sup>7</sup> UMMC Health Care, Remote Patient Monitoring (last visited Jan. 22, 2018) *found here*: <https://www.umc.edu/Healthcare/Telehealth/Remote%20Patient%20Monitoring.html>.

<sup>8</sup> Eric Wicklund, *UMMC Earns National Telehealth Center of Excellence Designation*, mHealthIntelligence (Oct. 6, 2017) <https://mhealthintelligence.com/news/ummc-earns-national-telehealth-center-of-excellence-designation>.

<sup>9</sup> *See id.*

<sup>10</sup> *See id.*

As of January 2018, only 65 percent of Americans had internet connectivity in the United States,<sup>11</sup> with overall cost of broadband deployment to providers—either wireline or wireless—as a leading contributor to the lack of availability for consumers. Subsequent surveys demonstrated a 6 percent drop in broadband adoption in 2015.<sup>12</sup> Meanwhile, new and innovative internet of things (IoT) technologies and deployments, requiring robust mobile broadband connections, are almost ubiquitous in today’s economy.<sup>13</sup> This divergence demonstrates the vital need to improve access to wireless broadband.

More than 320 million people in the United States could require healthcare services at any time.<sup>14</sup> With nearly 280,000 primary care physicians on hand, this statistic becomes even more stark.<sup>15</sup> The wide array of connected health technology products and services in development and available today, like telehealth, remote monitoring of patient-generated health data (PGHD), and telemonitoring, offer the ability to save countless American lives while lowering costs. The connected health sector is at the brink of incredible growth. It has the potential to create thousands of high-paying jobs across the United States, and the American patient remains the primary beneficiary. The critical nature of the healthcare sector mandates that improvements be made to America’s critical infrastructure. This includes broadband infrastructure and measures to give healthcare providers the ability to use connected health

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<sup>11</sup> Pew Research Center, “Internet/Broadband Fact Sheet” (accessed Sept. 20, 2018), *available at* [www.pewinternet.org/fact-sheet/internet-broadband/](http://www.pewinternet.org/fact-sheet/internet-broadband/).

<sup>12</sup> Pew Research Center, <http://www.pewinternet.org/three-technology-revolutions/>.

<sup>13</sup> Amy Nordrum, *Popular Internet of Things Forecast of 50 Billion Devices by 2020 is Outdate*, IEEE Spectrum (Aug. 18, 2016, 1:00 PM) *founder here*: <http://spectrum.ieee.org/tech-talk/telecom/internet/popular-internet-of-things-forecast-of-50-billion-devices-by-2020-is-outdated>.

<sup>14</sup> *In the Matter of FCC Seeks Comment on Accelerating Broadband Health Tech Availability*, Public Notice. GN Docket No. 16-46 at p. 4 (rel. Apr. 24, 2017) (PN).

<sup>15</sup> *See id.* p. 5-6.

technology products and services throughout the continuum of care, both inside and outside the doctor's office.

CHI supports increased connectivity for rural healthcare, and recognizes that the Commission has identified numerous barriers to wireless infrastructure deployment and appreciate its thoughtful proposals to address these barriers.<sup>16</sup> CHI applauds the Chairman's efforts to close the digital divide by establishing his "Gigabit Opportunity Zone" program as articulated in his digital empowerment agenda, which would "bring broadband and digital opportunity to our nation's most economically challenged areas."<sup>17</sup> CHI urges the Commission to continue this trajectory to ensure that the necessary infrastructure is in place to facilitate more innovative mobile broadband solutions, setting an example that can be replicated globally and we believe that the Commission's Pilot can go a long way to bridging the digital divide. We remain committed to assisting the Commission in bringing the power and utility of the connected health revolution to every American.

While the Commission's Rural Healthcare Fund (RHCF) has been a useful means for connecting eligible healthcare facilities, support for connectivity to enable remote monitoring is lacking to the detriment of countless rural American patients in need. The Commission's Connected Care Pilot includes in its mission more broadband services to connect rural patients with healthcare facilities, which, if realized, would take significant steps towards improving access to care. CHI supports the Pilot and commits to work with the Commission and other stakeholders to create it.

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<sup>16</sup> E.g., *In the Matter of Accelerating Wireless Broadband Deployment by Removing Barriers to Infrastructure Investment*, WT Docket No. 17-79, Second Report and Order (2018). Available at <file:///Users/joelthayer/Downloads/FCC-18-30A1.pdf>.

<sup>17</sup> FCC Chairman Ajit Pai, *Digital Empowerment Agenda*, available at [https://apps.fcc.gov/edocs\\_public/attachmatch/DOC-341210A2.pdf](https://apps.fcc.gov/edocs_public/attachmatch/DOC-341210A2.pdf).

### **III. The Commission’s Connected Care Pilot Should be Inclusive of the Diverse Array of Innovative Connected Health Tools and Stakeholders**

A consistently growing body of evidence demonstrates that the wide array of connected health technologies available today—whether called “telehealth,” “mHealth,” “store and forward,” RPM, or other similar terms—improve patient care, reduce hospitalizations, help avoid complications, and improve patient engagement, particularly for the chronically ill.<sup>18</sup> These tools, which include wireless health products, mobile medical device data systems, telemonitoring converged medical devices, and cloud-based patient portals, are revolutionizing the medical care industry by allowing the incorporation of PGHD into the continuum of care. The Connected Care Pilot should provide program participants with the ability to utilize the range of connected health innovations available today through outcome-driven requirements (as opposed to technology-specific requirements).

Further, to ensure the Pilot’s effectiveness and given the impact the Commission’s Connected Care Pilot’s results will have on policymakers’ considerations regarding the efficacy of connected health programs and systems, we urge the Commission to ensure that selected pilot participants are well-positioned to demonstrate the value of remote monitoring. CHI appreciates the Commission’s recognition of the essential role apps play in the connected-care ecosystem<sup>19</sup> and we support the Pilot’s eligibility being open to entities past those eligible for funding under the existing RHCF. We look forward to providing more input as it moves through its necessary

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<sup>18</sup> See, Hindricks, et al., *The Lancet*, Volume 384, Issue 9943, Pages 583 - 590, 16 August 2014 doi:10.1016/S0140-6736(14)61176-4.

<sup>19</sup> NOI at para. 6 (writing “[m]obile health applications also have the potential to improve health outcomes, and device manufacturers and app developers are responding to the shift towards providing connected healthcare at the patient’s location.”).

regulatory process.

#### **IV. CHI Urges the Commission to Coordinate its Rural Healthcare Efforts with other Key Federal Actors**

The Commission's proposed Pilot is commendable, but as the Commission is aware, is not occurring in a vacuum. Noting its support for the Commission's expanded role in supporting connected healthcare, CHI urges the Commission to coordinate with other key agencies as it builds the Pilot, namely HHS. To provide for this coordination, CHI believes that the Commission should seek to develop a memorandum of understanding (MOU) with HHS, specifically its Centers for Medicare and Medicaid Services (CMS) and Office of the National Coordinator for Health Information Technology (ONC) to memorialize the shared goal of advancing the uptake of connected health innovations in U.S. healthcare. CMS (in overseeing the Medicare and Medicaid programs and their shift to a value-based system under the Medicare and CHIP Reauthorization Act and ONC (in advancing connected health through, among other efforts, developing its certified electronic health record technology (CEHRT) criteria and developing a PGHD framework) would have much to offer the Commission as the Pilot is shaped. Further, as it stands up the Pilot and tracks its success, the Commission's collaboration with CMS and ONC would benefit the latter. For example, CMS, ONC, and the Commission could collaborate on the Pilot's metrics and avoid "reinventing the wheel" by utilizing CMS' extensive experience with programs that support connected health.

**V. Conclusion**

CHI appreciates the Commission's request for public input in this proceeding and urges consideration of the views and data provided herein.

Respectfully submitted,



Brian Scarpelli  
Senior Global Policy Counsel



Joel Thayer  
Policy Counsel

**Connected Health Initiative**  
1401 K St NW (Ste 501)  
Washington, DC 20005  
202-331-2130

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