From:	Gary Capistrant
To:	BOCrfc2015
Subject:	Broadband Opportunity Council comments from American Telemedicine Association attached
Date:	Tuesday, June 09, 2015 2:40:58 PM
Attachments:	ATA 2 Broadband Council.docx

Thanks,

Gary Capistrant
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June 9, 2015

Mr. Lawrence E. Strickling
National Telecommunications and Information Administration
U.S. Department of Commerce
1401 Constitution Avenue, NW
Attn: Broadband Opportunity Council
Washington, DC 20230

Dear Honorable Strickling:

The focus of the Council's questions seems to be about broadband deployment and bandwidth as public policy purposes themselves. We suggest that it is even more productive to address broadband as an instrumental means to a broad range of improved or new services. It is even more important to focus on broadband needs and opportunities of major specific uses.

We suggest that a useful format for the Council to consider is the National Broadband Plan released in 2010 by the Federal Communications Commission. We suggest that the broader-based Council update and expand it for 2016.

Broadband advances enable telemedicine supply, and telemedicine demand enables broadband advances. In the health sector, to expand broadband connectivity is important for many millions of health care patients and their providers. To improve key aspects of broadband service, such as cost, speeds, and capacity, is important for all.

At this time, we highlight for you three priority areas for federal broadband policy for healthcare service delivery:

- Coordinate federal funding for sustainable local broadband applications
- Foster broadband-based health service networks
- Enable broadband investment by reimbursing for broadband-delivered services

Coordinate federal funding for sustainable local health applications

With increasingly scarce availability of federal funding for broadband deployment and capacity, we urge more concerned efforts to match realistic local demand projections with local supply. A speculative "build it, they will come" approach or single purpose projects are seldom prudent for federal investment.

Instead, we urge a bottoms-up initiative. We urge the Council to identify specific communities with priority needs and attractive opportunities for broadband. For health purposes, it is very important to start with coordination of the Veterans Health Administration, Health Resources and Services Administration, Federal Communications Commission, and Rural Utility Service to identify sufficient, eager local patient and provider users.

Foster broadband-based health service networks

Telemedicine networks are important for team care and giving people more access to a provider they want and need.

The Council should foster networks and nationwide networks of networks for agency services, such as federal health facilities and federally-funded sites, and interagency services. Every DoD, VA, HRSA, SAMSHA, IHS and BoP health facility should be interconnected for patient services. The Council should foster grantees to network for patient services, such as rare and low prevalence diseases, not just research or administrative functions.

We urge the Federal Communications Commission to request that Congress update the list of eligible rural health care providers for discounted broadband services, such as for all Medicare and Medicaid telehealth patient sites.

Enable broadband investment by reimbursing for broadband-delivered services

The federal government's lack of coverage for health services provided by interactive video and other broadband is a major barrier to sustaining broadband.

Federal telemedicine coverage varies from excellent to poor. The Departments of Veterans Affairs and Defense are the best examples of federal agencies using and advancing telemedicine to serve their health care missions.

A baseline measure of coverage and reimbursement adequacy is parity – to what extent they are comparable for telemedicine services as in-person services. Unfortunately, Medicare and TRICARE are lagging further behind many state Medicaid plans and the Federal Employees Health Benefit Program behind state employee benefit plans.

Specifically, we urge the Council to recommend federal parity in federal health programs for coverage and reimbursement of broadband-based telemedicine. Common artificial distinctions in reimbursement policies are between rural or urban, between patients at a health facility or anywhere anytime, and between synchronous or asynchronous communications. We urge the Council to recommend removal of artificial federal barriers to telemedicine.

We look forward to working with you on improving broadband services to improve health care delivery and patient satisfaction.

Sincerely,

Jonathan D. Linkous
Chief Executive Officer