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August 29, 2019

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
236 Massachusetts Ave., NE
Washington, DC 20002

Re: Promoting Telehealth for Low-Income Consumers (WC Docket No. 18-213; FCC 19-64)

Dear Secretary Dortch,

The American Urological Association (AUA) appreciates the opportunity to provide comments on the Federal Communications Commission's (FCC) proposed rule on Promoting Telehealth for Low-Income Consumers. The AUA is a globally-engaged organization with more than 22,000 physician, physician assistant, and advanced practice nursing members practicing in more than 100 countries. Our members represent the world's largest collection of expertise and insight into the treatment of urologic disease. Of the total AUA membership, more than 15,000 are based in the United States and provide invaluable support to the urologic community by fostering the highest standards of urologic care through education, research and the formulation of health policy.

The AUA supports the Pilot's goal to expand the ability of health care providers to use telehealth services to expand patient access and improve patient outcomes. We believe this Pilot will provide an opportunity to expand the work our members are doing in areas and allow new members to deliver care to patients via telehealth. As such, we will provide comments on the following topics on which comment was requested in the proposed rule. Please note that the numbering of the comments that follow correspond to those in the proposed rule.

11. To what extent are health care providers already funding patient broadband connections for connected care services and what are the costs associated with funding those connections?

    - A letter published in Annals of Internal Medicine in May 2019 highlights that broadband access is low in rural areas and even lower in counties with inadequate access to primary care providers.[1] Additionally, specialty care is typically overlooked when it comes to telemedicine strategizing and funding, with the exceptions of psychiatry and dermatology. The AUA believes this Pilot provides a critical opportunity to remove existing barriers to more wide-spread adoption and use of telemedicine as a way to expand patient access to both primary and specialty care.

    To what degree would providing pilot funding to offset broadband connection costs enable health care providers to extend service to additional patients or treat additional health conditions?

    - A recent AUA survey of urology providers supports the notion that urology will experience a physician shortage. The survey reported that 52% of practicing urologists are over the age of 55, suggesting that half of the urology workforce will retire from active practice within the next decade. Additionally, there is a maldistribution of urologists whereby the same survey reports 60% of counties in the United States have zero urologists servicing that county.[2] By providing broadband connections to urology within rural and high-need communities, this will increase patient access to urology specialty care.

      Both acute and chronic urological diseases represent at least 10 percent of all patient encounters and hospitalizations in the United States and access to urology services are severely limited in the majority of rural communities and low-income urban communities. Universal service funding directed towards providing access to specialty care, such as urology, is essential

[1] Drake, C., Zhang, Y., Chaiyachati, K. H., & Polsky, D. (2019). The Limitations of Poor Broadband Internet Access for Telemedicine Use in Rural America: An Observational Study. Annals of Internal Medicine. https://doi.org/10.7326/M19-0283

[2] American Urological Association, The State of Urology Workforce and Practice in the United States 2018 Linthicum, Maryland, U.S.A., April 5, 2019.

because primary care physicians who are able to provide telehealth services are not able to provide the same complex care.

The United States Census Bureau's 2017 National Population Projections estimate that by 2030 all baby boomers will be greater than 65 years of age.[3] Given that common urologic conditions such as benign prostatic hyperplasia (BPH), urinary incontinence, and prostate and bladder cancer affect this older population, the burden of this disease will continue to rise and will be difficult to address without the broader use of telemedicine given expected physician shortages and distribution of urologists explained above.

13. Are there any barriers to receiving connected care services for low-income patients and veterans, and, if so, what are those barriers? Would this Pilot enable additional connectivity not currently available to low-income patients and veterans?
    - Current barriers to connected care for low-income patients include lack of access to a smartphone, lack of broadband access in a geographic area or because of its cost, cultural barriers to using digital technology, and patients and providers' lack of awareness of connected care.

      The Pew Research Center recently published an Internet/Broadband Fact Sheet which highlights that racial minorities, older adults, rural residents, and those with lower levels of education and income are less likely to have broadband service at home.[4] These are the same populations that may greatly benefit from improving access to medical care without having to travel or take time off work.

      AUA is confident this Pilot will break down some of these barriers, most notably the lack of access to telehealth services for those with limited income or because of their location. These patients are likely to live in locations that

[3] U.S. Census Bureau (2017). 2017 National Population Projections Tables. Retrieved from https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html

[4] Pew Research Center (2019). Internet/Broadband Fact Sheet. Retrieved from https://www.pewinternet.org/fact-sheet/internet-broadband/

lack the full spectrum of specialty care, including urology. Improved access to broadband and technology could facilitate access to urology care for those who currently go without it.

There are very few barriers for veterans given how well the Veterans Administration (VA) has implemented telehealth over the last 20 years. However, this Pilot could fill any gaps in VA telehealth access. Veterans who may be without broadband or mobile devices, would then have immediate access to the VA home telehealth program, which is functioning well. The AUA recommends the VA program as a model for expanded access for low-income patients.

The AUA is confident this pilot could provide the urologic connectivity to low-income patients and veterans, specifically those without mobile devices or broadband and live far away from one of the VA's satellite clinics.

14. The Commission also seeks comment on whether there are packages or suites of services that health care providers use to provide connected care services that are not currently funded under the existing rural health care support programs that could be funded through the Pilot program as information services.
    - One of the most common emergency conditions our members treat is a urinary retention, which requires a catheter to be placed into the bladder on an urgent basis. There are telehealth services that can be provided (providers and equipment) that remotely address this common issue. Additionally, existing telesurgical services could be very valuable for hospitals in areas currently with insufficient broadband access whereby the Pilot could help fund the infrastructure of such hospital's connectivity as well as the suite of services.

18. Are there medical licensing or reimbursement laws and regulations that would impact how the FCC structures the Pilot? How should the Pilot be structured to ensure coordination with other federal agencies, including Centers for Medicare and Medicaid Services (CMS)? Are there issues under the Anti-Kickback Statute that should be considered?

- Licensing requirements may present barriers to providing care across state lines. The FCC should avoid implementing policies that increase these barriers in anyway and should instead structure policies to support policies that allow connected care to be delivered across state lines. The Pilot should serve as an example of how to reduce or address licensing and reimbursement barriers.

  One approach would be to focus on states that have parity laws that will serve as incentives for providers to participate and/or states that have special licenses which allow for the use of telemedicine across state lines. Alternatively, partnering with providers in states that do not have telemedicine-friendly policies may push for additional health policy changes once broadband access is no longer a barrier.

  The AUA is currently working with CMS since the agency is currently interested in developing various applications for urology regarding telemedicine encounters. The FCC should work with CMS and any other agencies that are working in this space to avoid duplicating effort and expand access to connected care more quickly including care delivered across state lines.

  Another concern is reimbursement which is currently so limited most physicians, including those in private practice, cannot afford to invest in the infrastructure needed to deliver telemedical services. The FCC should make every effort to ensure policies do not further limit reimbursement but rather encourage enhanced reimbursement. For example, the FCC should consider eliminating geographic/distance restraints and allow for all means of electronic communication from phone to text to video. The AUA also believes that the Pilot will help defray the cost of the initial investment in telemedicine for providers.

  In reference to veterans, there are currently no licensing, reimbursement or regulatory issues that would prevent investment in broadband utilized by veterans seeking care in the VA.

28. The Commission proposes to limit health care provider participation in the Pilot program to non-profit or public health care providers within section 254(h)(7)(B): (i) Post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools; (ii) community health centers or health centers providing health care to migrants; (iii) local health departments or agencies; (iv) community mental health centers; (v) not-for-profit hospitals; (vi) rural health clinics; (vii) skilled nursing facilities; (viii) and consortia of health care providers consisting of one or more entities described in clauses (i) through (vii). Does section 254 require provider participation be limited to these categories?
    - It is not advisable to limit eligible participants in any way at this early stage in the expansion of telehealth services. Telemedical participation, especially by specialists such as urologists, is very limited at this time and it would be best to encourage participation of any specialists with telehealth experience in order to provide the fullest spectrum of care with a reasonable expectation of participation.

34. Should Pilot participation be limited to health care providers that are located in or serve areas designated by Health Resources and Services Administration (HRSA) to be Health Professional Shortage Areas or Medically Underserved Areas? Should the Pilot be limited to eligible health care providers who treat a certain percentage of uninsured and underinsured patients or to a certain percentage of Medicaid patients?
    - The shortages of urologic care mandate that providers be able to deliver care despite their own locations and practice profiles. As previously alluded to, Pilot participation should be as inclusive as possible without limitation given the precious few specialists that are experienced with telemedicine at this early stage in its evolution. In order to provide a sufficient panel of specialty providers, there should be no limitations on participants. Furthermore, there should not be such limits on patients as there are many patients whose financial means deprive them of adequate access to specialists even in metropolitan centers where specialty care is otherwise accessible.

36. Should the FCC require participating health care providers to have experience integrating remote monitoring and telehealth services into their practice? Should participation be limited to those federally designated as Telehealth Resource Centers or as Telehealth Centers of Excellence (COE)? Should providers without connected care experience be excluded?
    - This should not be limited to those who are in Telehealth Resource Centers or Telehealth COEs as this is an innovative health care delivery model that is much different than mental health or primary care. Remote care is well within the scope of practice of any physician to determine appropriate and safe follow-up and referral in face-to-face providers as needed.

      There should be an early ramp up to include those without prior experience who wish to participate. This should be coupled with a strong infrastructure for provider training in how to launch a telemedicine program. Such training may even be able to be provided by experienced telehealth providers in the Pilot for compensation that would allow them to do so.

      While participation should not be limited, it may be helpful to identify an early partner who has experience with telemedicine and experiences support at the leadership level, thus will have access to the personnel and resources needed for such a Pilot to succeed. This can be used to identify metrics for defining success of the program and further promote expansion of the pilot. Additionally, specialty societies, such as the AUA, could provide instruction to its member participants that lack experience if the Pilot provided adequate funding for it to do so.

51. What criteria should be used to determine whether a project would primarily serve patients in rural areas? What criteria should be used to determine if a project would primarily serve veterans?
    - Criteria to be considered should include whether there is access to broadband or cell coverage in an area. Additionally, the FCC should also consider whether patients currently have access to urologic care by a specialist in the area.

The VA provides substantial telehealth services to veterans in some markets, and as an example, the Los Angeles VA Department of Urology has been very successful in implementing a telehealth program that services veterans in Los Angeles whose access is limited by prohibitive traffic patterns despite being in the boundaries of a metropolitan area. This program and others like it warrant reinforcement and expansion by this pilot.

52. Should extra points be awarded in the application process for projects that are primarily focused on treating certain chronic health conditions or conditions considered health crises?
    - No, points should not be awarded for disease states but rather for percentage of disease burden addressed compared to prior to the Pilot's implementation. Projects should be awarded that address lowering the cost curve dramatically, regardless of a chronic condition. It is not advisable to limit participation by disease condition. In fact, it places artificial constraints on innovation while providing minimal protection against the unlikely scenario of fraudulent use.

The AUA appreciates the opportunity to provide comments. If you have any questions or wish to discuss our comments further, please contact Stephanie Storck, Director of Reimbursement and Regulation, at (410) 689-3786 or sstorck@auanet.org.

Sincerely,

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