

August 22, 2019

Marlene H. Dortch
Secretary
Federal Communications Commission
Room TW-A325
Attn: WC Docket No. 18-213
445 12th St SW
Washington, DC 20554

Submitted electronically

RE: Notice of Proposed Rulemaking – WC Docket No. 18-213, Promoting Telehealth for Low-Income Consumers

Dear Secretary Dortch:

On behalf of our more than 100,000 member physical therapists, physical therapist assistants, and students of physical therapy, the American Physical Therapy Association (APTA) is pleased to submit comments to the Federal Communications Commission (FCC) in response to its Notice of Proposed Rulemaking, WC Docket No. 18-213, Promoting Telehealth for Low-Income Consumers. The mission of APTA is to build a community to advance the physical therapy profession to improve the health of society. Physical therapists play a unique role in society in prevention, wellness, fitness, health promotion, and management of disease and disability by serving as a dynamic bridge between health and health services delivery for individuals across the age span. While physical therapists are experts in rehabilitation and habilitation, they also have the expertise and the opportunity to help individuals improve overall health and prevent the need for otherwise avoidable health care services. Physical therapists' roles may include education, direct intervention, research, advocacy, and collaborative consultation. These roles are essential to the profession's vision of transforming society by optimizing movement to improve the human experience.

Proposing a Connected Care Pilot Program

FCC proposes implementing a flexible pilot program that would provide funding to selected health care providers to help defray the costs of broadband internet services for furnishing connected care services to qualifying patients. The program would give the providers some latitude to determine the specific health conditions and geographic areas that will be the focus of the proposed projects.

APTA supports this proposal. Providers are in the best position to determine which of their patients would benefit the most from access to telehealth services. Furthermore, the very nature of telehealth lends itself to increasing provider impact; a provider can treat a patient from hundreds of miles away. Accordingly, it would be counterproductive to limit which patients providers can treat via telehealth. APTA appreciates that FCC is actively working to enhance the connection between patients and their health care providers, regardless of their respective geographic locations. By exploring how to promote the use of broadband-enabled telehealth, FCC is helping to ensure that patients have immediate and seamless access to person-centered health care.

FCC also proposes limiting the pilot program to projects that primarily focus on health conditions that typically require at least several months or more to treat—such as behavioral health, opioid dependency, chronic health conditions, and high-risk pregnancies. FCC states it will collect more meaningful, statistically significant data to track health outcomes and cost savings by limiting the pilot to such conditions. **APTA fully supports this proposal and encourages FCC to also prioritize health conditions that require frequent visits with health care professionals.** Many conditions, such as stroke, Parkinson disease, multiple sclerosis, arthritis, and sarcopenia require patients to seek treatment multiple times a week or month. For many patients who live in rural areas, have mobility issues, or are entirely homebound, seeing their provider as often as they need to can be a significant burden. Utilizing telehealth for some of these appointments can mean the difference between continuing and abandoning care, and, ultimately, positive or negative health outcomes. Accordingly, we encourage FCC to incentivize use of telehealth in the treatment of these conditions.

APTA supports FCC’s proposal to fund provider expenses only through the pilot, excluding end-user devices for patients. We also support the proposal to provide a set discount of 85% so participants are required to contribute a portion of the costs. These provisions would encourage providers to seek the most cost-effective services and equipment and to refrain from purchasing a higher level of service or equipment than needed. Requiring participants to self-fund a portion of the services ensures that only providers who are committed to the project will apply.

FCC requests comments on whether participating patients should be eligible to contribute to the non-discounted share of the cost of the broadband internet services funded under the pilot, and, if so, if it should limit the portion that health care providers can require patients to pay. **APTA recommends that FCC not institute any program that increases consumer costs.** FCC states in the Notice of Proposed Rule Making that the consumer cost of connected care services, including broadband connectivity costs, is a major barrier to telehealth adoption. **Further, because FCC is not making end-user devices eligible for the pilot, APTA believes patients should not be asked to pay for anything more than their own residential broadband connection.** While we understand the difficulties associated with administering a program that subsidizes patient access, we would oppose any program that increased the burden associated with patients gaining access to telehealth.

Finally FCC proposes to limit health care provider participation in the pilot program to nonprofit or public health care providers within section 254(h)(7)(B): (i) postsecondary 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).

APTA encourages FCC to reconsider this narrow eligibility criteria and allow provider types that may not always be associated with telehealth to participate. For instance, physical therapists are often overlooked in telehealth, when the services they provide actually are well-suited to the medium. Physical therapists play vital roles in optimizing movement through patient education and empowerment. They observe how a person moves, coach techniques, assess patient risks, and instruct patients to be safer and move better. Physical therapists also utilize telehealth to assess patients' environments and identify risks to their treatment and safety. Rather than simulating a patient's home, work, or school environment based on the patient's oral account, physical therapists are able to observe those environments in real time, and witness the way a patient navigates them. The vast majority of physical therapy treatments include a home exercise component. Using telehealth to observe patients in their own home, to ensure exercises are being properly performed, allows physical therapists to help patients avoid complications and further injury by identifying risks in the home setting as well as how patients operate in such settings. This is particularly beneficial to persons with chronic conditions, a population at risk for falls and other injury.

Moreover, in an effort to improve licensure portability for physical therapists and physical therapist assistants, the Federation of State Boards of Physical Therapy, with support from APTA, developed an interstate licensure compact for physical therapy. The purpose of the Physical Therapy Compact (PTC) is to increase consumer access to physical therapy services by reducing regulatory barriers to interstate mobility and cross-state practice. Under the compact, physical therapists and physical therapist assistants will be able to select additional participating states in which they wish to practice and apply for privileges, while maintaining licensure in their home state. Compact legislation is currently enacted in 26 states and will allow physical therapists located in states that have signed onto the PTC to use telehealth to expand their practices and enhance patient access.

Physical therapy delivered through an electronic or digital medium has the potential to prevent falls, functional decline, costly emergency room visits, and hospital admissions and readmissions. Further, the very nature of physical therapy treatment, in that it generally requires multiple sessions per week, makes it well-suited to telehealth. For homebound patients or those who need to travel long distances, the ability to replace or supplement some of the in-clinic sessions with those furnished via telehealth greatly reduces the burden on the patient when accessing care. Telehealth also may incentivize clinicians to expand their availability outside of the typical 9:00-5:00 window, as they would not have the limitations of the facility in which they practice. This, in turn, would allow more patients to seek care without having to miss work or school.

Incentivizing the delivery of telehealth by physical therapists will lead to reduced health care expenditures, increased patient access to care, and improved management of chronic disease and

quality of life, particularly in rural and underserved areas. Patient geography no longer would be a barrier to receiving timely, appropriate medical care. Telehealth furnished by physical therapists has the potential to greatly enhance patient health and well-being. Proper application of telehealth rehabilitation therapy services potentially can have a dramatic impact on improving care, and reducing negative consequences and costs of care, by ensuring access to specialized care in geographic areas that face difficulties in maintaining and staffing full-service hospitals.¹ While we do not believe rehabilitative services furnished via telehealth would replace traditional clinical care, it would give physical therapists and physical therapist assistants the flexibility to provide care in a greater capacity.

Application Process, Proposal Evaluation, and Selection of Projects

FCC seeks comment on the factors that should be used to review and evaluate the applications and select pilot program projects. FCC proposes to consider whether each project would serve the pilot program goals; whether the applicant is able to successfully implement, operate, and evaluate the outcomes of the project; and the cost of the proposed project relative to the total pilot program budget. FCC also asks commenters to identify other factors that should be used to evaluate the proposals and suggest their relative importance of each objective evaluation factor.

APTA recommends that FCC, in evaluation applications, not look merely to the cost of a project and the conditions it treats, but also whether the project will use telehealth in innovative, new ways. Rather than merely funding the same types of telehealth that account for the majority of telehealth services already available to consumers, this project also should seek to expand telehealth opportunities to different types of services and treatments from what has previously been available. Pilot programs are intended to take risks to determine if innovative methods are worth pursuing on a larger scale, and it would be unfortunate if the pilot supported only forms of telehealth already being widely used. While we do not encourage the awarding of funds to projects unlikely to succeed, we encourage FCC to reward projects that push the boundaries of what telehealth has to offer.

To promote the selection of a diverse range of projects, FCC proposes awarding additional points to proposed projects that would serve geographic areas or populations that have well-documented health care disparities, such as tribal lands, rural areas, or veteran populations, or that treat certain health crises or chronic conditions that significantly impact many Americans and are documented to benefit from connected care, such as opioid dependency, diabetes, heart disease, and high-risk pregnancy. FCC also proposes awarding extra points during the evaluation process to proposals that satisfy certain factors, including location of the providers and patients.

APTA supports the awarding of additional points to applications that meet the factors outlined in the proposal. Providers who reside in, or primarily serve, rural areas are well suited to benefit from using telehealth services due to the very nature of their geographic location. While this should be only 1 factor to consider, we agree that lending additional weight to applications from rural providers increases the odds of the program's success.

¹ Medicare Payment Advisory Commission June 2016 Report to Congress, Chapter 8. <http://www.medpac.gov/docs/default-source/reports/chapter-8-telehealth-services-and-the-medicare-program-june-2016-report-.pdf?sfvrsn=0>. Accessed September 4, 2018.

However, while APTA supports awarding additional points to projects that would serve patients located in 5 or more Health Professional Shortage Areas or Medically Underserved Areas as designated by HRSA by geography, we strongly oppose limiting this factor to primary care or mental health care. Primary and mental health care providers are frequently, but inaccurately, seen as the only disciplines that can effectively use telehealth. As discussed above, other provider types, such as physical therapists, are well suited to the medium yet are often excluded from opportunities to participate in projects like this one. **We strongly encourage FCC to consider applications from all types of providers, and score them based on their ability to positively impact patients' lives, not on the specific discipline of medicine they practice.**

Program Administration and Requirements

For all of the costs that could potentially be supported through the pilot program, FCC proposes requiring the participating health care providers to conduct a competitive bidding process and select the most cost-effective service. FCC also requests comments on whether it should allow exemptions from competitive bidding rules, as it does in other Universal Service Fund (USF) programs. **APTA strongly encourages FCC to exempt providers from the competitive bidding process so it does not inadvertently discourage small businesses from applying.** The competitive bidding process is complex, and for many health care providers it is completely unnecessary, especially when their needs can be met by commercially available services purchased at publicly available rates. Accordingly, we support FCC's suggested threshold, which would exempt providers from the competitive bidding process if their costs are below a certain amount.

FCC also proposes adopting document retention and production requirements for health care providers participating in the pilot program, as well as making individual projects subject to random compliance audits. Specifically, FCC proposes applying to the pilot program (1) section 54.648(a) of the Healthcare Connect Fund program rules, which makes participating health care providers subject to random compliance audits; and (2) section 54.648(b)(1)-(3) of the Healthcare Connect Fund program rules, which require participating health care providers to retain documentation sufficient to establish compliance with the rules and requirements for the pilot program for at least 5 years, and to produce such documents to the commission, any auditor appointed by the administrator or the commission, or any other state or federal agency with jurisdiction. **APTA supports these safeguards to protect the pilot against fraud or waste. We encourage FCC to ensure that funds are appropriately used but to not impose an administrative burden that will outweigh the benefit of the funds.** For smaller health care providers, compliance with overly detailed documentation requirements may be a deterrent to participation.

Pilot Program Goals and Metrics

FCC proposes to focus on 4 primary program goals: (1) improving health outcomes through connected care; (2) reducing health care costs for patients, facilities, and the health care system; (3) supporting the trend toward connected care everywhere; and (4) determining how USF funding can positively impact existing telehealth initiatives. **APTA supports all 4 of these goals.** The most important factor in any health program should be patient outcomes and public health. **We encourage FCC, in its effort to support the trend toward connected care, to**

subsidize a diverse portfolio of projects, from various health care provider types, to ensure that this trend is not confined to certain practices.

FCC proposes several metrics for measuring progress toward these goals, including: reductions in emergency room or urgent care visits in a particular geographic area or among a certain class of patients; decreases in hospital admissions or readmissions for a certain patient group; condition-specific outcomes such as reductions in premature births or acute incidents among sufferers of a chronic illness; and patient satisfaction as to health status.

We encourage FCC to use as many existing metrics as possible, rather than develop new metrics. Various options are available, including the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS includes more than 90 measures across 6 domains including effectiveness, access/availability, experience of care, and risk-adjusted utilization. FCC should also look to the Centers for Medicare and Medicaid Services (CMS), which has been developing quality measures through its Quality Reporting Program, including the Merit-based Incentive Payment System (MIPS), and other reporting programs. Because these metrics are already being used, providers will be familiar with them, and the pilot can be accurately measured against other health care programs. **APTA also recommends that FCC work with CMS and states to collect data on the program, as the only way to incentivize private payers to cover and reimburse telehealth services is to provide evidence of savings and improved patient outcomes.**

Additional Comments

Unless providers are willing to participate, funding broadband in facilities and patients' homes will be of no use. Accordingly, FCC must ensure that providers are sufficiently incentivized to participate by ensuring that they receive adequate reimbursement rates. Providers in rural settings often are operating with razor-thin margins, and a lack of capital hinders their ability to invest in the necessary technology and equipment to furnish telehealth services. If FCC truly wants to spark innovation for the betterment of the patients, it must also do something to alleviate the risk that providers face in undertaking a new business model.

We also encourage FCC to work with their state and federal partners to address existing nonmonetary barriers to telehealth, in addition to adequate funding. For example, providers may be willing to treat patients across state lines via telehealth but may face uncertainties on licensure or insurance requirements. The federal government can encourage states to implement compacts, like the PTC, to ensure that the maximum number of providers are available to their residents. **Similarly, FCC should support direct access initiatives, which allow patients to see certain providers, such as physical therapists, without a referral.** This would allow more patients to access telehealth in a timelier manner, without the risk of confusion on the part of a primary care provider, the need for more paperwork, or the additional cost of seeing another provider to receive care.

Conclusion

We thank FCC for the opportunity to comment on the Notice of Proposed Rulemaking, Promoting Telehealth for Low-Income Consumers. APTA is eager to engage in meaningful dialogue and work with FCC to advance and support the movement in telehealth toward

connected care and to improve access to life-saving broadband-enabled telehealth services. If you have any questions regarding our comments, please contact Kate Gilliard, senior specialist, regulatory affairs, at kategilliard@apta.org or 703/706-8549. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Sharon L. Dunn". The signature is written in a cursive, flowing style.

Sharon L. Dunn, PT, PhD
Board-Certified Clinical Specialist in Orthopaedic Physical Therapy
President

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