



National Broadband Plan
Healthcare Summary
March 19, 2010

Background

As part of the American Recovery and Reinvestment Act of 2009, Congress directed the Federal Communications Commission (FCC), the Department of Commerce, and the Department of Agriculture (DoAg) to develop a National Broadband Plan to ensure every American has “access to broadband capability”. Congress also required that the Plan include a detailed strategy for achieving affordability and maximizing use of broadband .

The FCC released the [National Broadband Plan](#) on Tuesday, March 16, 2010. In the plan, the FCC highlights four key objectives:

1. Establishing competition policies
2. Ensuring efficient allocation and use of government-owned and government-influenced assets.
3. Creating incentives for universal availability and adoption of broadband.
4. Updating policies, setting standards and aligning incentives to maximize use for national priorities.

As part of Objective #4, FCC highlights healthcare as one of the key national priorities related to expanding broadband availability. The FCC has proposed a series of recommendations impacting numerous facets of the healthcare and health IT spectrum, including recommendations for statutory and regulatory intervention and increased funding for healthcare facilities to become hubs for broadband.

Healthcare Recommendations

Create appropriate incentives for e-care utilization.

- e-care is defined as the electronic exchange of information (data, images, and video) to aid in the practice of medicine and advanced analytics
- Congress and the Secretary of Health and Human Services (HHS) should consider developing a strategy that documents the proven value of e-care technologies, proposes reimbursement reforms that incent their meaningful use, and charts a path for their widespread adoption.
 - Recommended Action Item: HHS should identify e-care applications whose use could be immediately incented through outcomes-based reimbursement.
 - Recommended Action Item: When testing new payment models, HHS should explicitly include e-care applications and evaluate their impact on the models. Where proven and scalable, these alternative payment models would provide an additional solution for incenting e-care.
 - Recommended Action Item: For nascent e-care applications, HHS should support further pilots and testing that review their suitability for reimbursement.
 - Recommended Action Item: As outcomes-based payment reform is developed, CMS should seek to proactively reimburse for e-care technologies under current payment models.

Modernize regulation to enable health IT adoption.

- Congress, States, and the Centers for Medicare & Medicaid Services (CMS) should consider reducing regulatory barriers that inhibit adoption of health IT solutions.

- Recommended Action Item: States should revise licensing requirements to enable e-care. If States fail to develop reasonable e-care licensing policies over the next 18 months, Congress should consider intervening to ensure that Medicare and Medicaid beneficiaries are not denied the benefits of e-care.
- Recommended Action Item: CMS should revise standards that make credentialing and privileging overly burdensome for e-care. CMS should engage the e-care community and other experts to explore national standards or processes that facilitate e-care while protecting patient safety and ensuring accountability for care
- Recommended Action Item: Congress and States should consider lifting restrictions that limit broader acceptance of electronic prescribing, a technology that could eliminate more than two million adverse drug events and 190,000 hospitalizations, as well as save the U.S. health care system \$44 billion per year.⁶⁶ One set of rules that needs to be addressed relates to the ban on e-prescribing of controlled substances such as certain pain medications and antidepressants. Drug Enforcement Administration rules require doctors to maintain two systems: a paper-and-fax-based system for auditing controlled substances and an electronic system for other drugs. The complexity of dual systems is at best an inconvenience and at worst an impediment to adoption.⁶⁷ Although a pilot to test e-prescribing of controlled substances is pending, stricter security requirements may prove too burdensome and inhibit adoption. Furthermore, the solution for e-prescribing controlled substances must be compatible with EHRs certified to meet meaningful use criteria
- The FCC and the Food and Drug Administration (FDA) should clarify regulatory requirements and the approval process for converged communications and health care devices.
 - Recommended Action Item: The FCC and the FDA should seek formal public input within the next 120 days and hold a workshop with representatives from industry and other relevant stakeholders to examine real case studies. After public input is received, agencies should offer joint guidance to these questions:
 - Which components of a health solution present risk that must be regulated?
 - How can the process for introducing products to the market be improved?
 - What are the characteristics needed for ‘medical-grade’ wireless?

Unlock the value of data.

- The Office of the National Coordinator for Health Information Technology (ONC) should establish common standards and protocols for sharing administrative, research and clinical data, and provide incentives for their use. (allowing researchers access and incentivizing providers)
- Congress should consider providing consumers access to—and control over—all their digital health care data in machine-readable formats in a timely manner and at a reasonable cost.
 - Recommended Action Item: Congress should consider updating HIPAA, with suitable exceptions, to include consumers as “authorized persons” of their digital lab data. In a similar vein, barriers relevant to all other forms of health data should be examined and removed.

Ensure sufficient connectivity for health care delivery locations.

- The FCC should replace the existing Internet Access Fund with a Health Care Broadband Access Fund.
 - The Health Care Broadband Access Fund should support bundles of services, including bundled telecommunications, broadband and broadband Internet access services for eligible health care providers. This program would replace the existing underutilized Internet Access Fund. Health care providers eligible to participate in the new program should include both rural and urban health care providers, based on need. The FCC should develop new discount levels based on criteria that address such factors as:
 - Price discrepancies for similar broadband services between health care providers
 - Ability to pay for broadband services (i.e., affordability)
 - Lack of broadband access, or affordable broadband, in the higher HPSAs of the country
 - Public or safety net institution status
 - To allow health care providers to afford higher bandwidth broadband services, the subsidy support amount under the Health Care Broadband Access Fund should be greater than the 25% subsidy support currently available as part of the Internet Access Fund. In addition, support should better match the costs of services for disadvantaged health care providers. To better encourage participation, the FCC should also simplify the application process and provide clarity on the level of support that providers can reasonably expect, while protecting against potential waste, fraud and abuse.
 - After approximately three years of data collection for the new Health Care Broadband Access Fund, the FCC should examine, based on the success of that program, whether the Telecommunications Fund program needs to be adjusted.
- The FCC should establish a Health Care Broadband Infrastructure Fund to subsidize network deployment to health care delivery locations where existing networks are insufficient.
 - Recommended Action Item: The FCC should establish demonstrated-need criteria to ensure that deployment funding is focused in those areas of the country where the existing broadband infrastructure is insufficient.
 - Recommended Action Item: The FCC should require that program participants pay no less than a minimum percentage of all eligible project costs, such as the 15% match requirement used in the Pilot Program.
 - Recommended Action Item: The FCC should facilitate efficient use of USF-funded infrastructure. The FCC should also explore ways to encourage joint applications between eligible health care providers and other USF-qualifying institutions, such as schools and libraries
 - Recommended Action Item: The FCC should simplify the community buildout fair share rules so non-USF eligible institutions can accurately and efficiently estimate their proper share of network deployment costs and join the infrastructure projects

- Recommended Action Item: The FCC should maintain existing criteria utilized in the Pilot Program, including requirements that projects are sustainable, create statewide or regional networks and leverage existing network technology. Moreover, the FCC should continue to allow (but not require) the connection of networks to proprietary nationwide backbones that link government research institutions and academic, public and private health care providers that house significant medical expertise.
- Recommended Action Item: The FCC should simplify program application and administration
- Recommended Action Item: The FCC should set a target for how much yearly support should go to infrastructure versus ongoing support. Based on the benefits these programs can deliver to American health care, the FCC should plan to spend up to the current annual cap and then consider additional funding if the need exists and funds can be made available
- The FCC should authorize participation in the Health Care Broadband Funds by long-term care facilities, off-site administrative offices, data centers and other similar locations. Congress should consider providing support for for-profit institutions that serve particularly vulnerable populations.
- To protect against waste, fraud and abuse in the Rural Health Care Program, the FCC should require participating institutions to meet outcomes-based performance measures to qualify for Universal Service Fund (USF) subsidies, such as HHS's meaningful use criteria.
- Congress should consider authorizing an incremental sum (up to \$29 million per year) for the Indian Health Service (IHS) for the purpose of upgrading its broadband service to meet connectivity requirements.
- The FCC should periodically publish a Health Care Broadband Status Report.