June 25, 2020

The Honorable Ajit Pai
Chairman
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Dear Chairman Pai:

On behalf of the Healthcare Information and Management Systems Society (HIMSS) and the Personal Connected Health Alliance (PCHAlliance), we are pleased to provide written comments in response to the Federal Communication Commission's (FCC's) Notice of Proposed Rulemaking (NPRM) Establishing a 5G Fund for Rural America. The NPRM retargets universal service funding for mobile broadband and voice to support the deployment of 5G services by establishing the 5G Fund for Rural America (5G Fund). HIMSS and PCHAlliance appreciate the opportunity to leverage our members' expertise in offering feedback regarding the best approach to identify the most advantageous areas for the initial phase of 5G Fund deployment.

HIMSS is a global advisor and thought leader supporting the transformation of the health ecosystem through information and technology. As a mission-driven non-profit, HIMSS offers a unique depth and breadth of expertise in health innovation, public policy, workforce development, research and analytics to advise global leaders, stakeholders and influencers on best practices in health information and technology. Through our innovation engine, HIMSS delivers key insights, education and engaging events to healthcare providers, governments and market suppliers, ensuring they have the right information at the point of decision. Headquartered in Chicago, Illinois, HIMSS serves the global health information and technology communities with focused operations across North America, Europe, the United Kingdom, the Middle East and Asia Pacific. Our members include more than 80,000 individuals, 480 provider organizations, 470 non-profit partners, and 650 health services organizations.

PCHAlliance, a membership-based HIMSS Innovation Company, accelerates technical, business and social strategies necessary to advance personal connected health and is committed to improving health behaviors and chronic disease management via connected health technologies. PCHAlliance is working to advance patient/consumer-centered health, wellness and disease prevention. The Alliance mobilizes a coalition of stakeholders to realize the full potential of personal connected health. PCHAlliance members are a vibrant ecosystem of technology and life sciences industry icons and innovative, early stage companies along with governments, academic institutions, and associations from around the world.

HIMSS and PCHAlliance believe FCC is in a position to help health care professionals, educators, students, and patients use information and communications technology to

overcome the challenges faced by Americans residing in areas where there is little to no broadband connectivity.

In April 2020, we expressed written support for the critical measures FCC has taken in response to the Coronavirus (COVID-19) Public Health Emergency. Many of the actions have been to support the use and expanded availability and accessibility of telehealth resources, an advocacy issue aligned with our mission statements. In this letter, we emphasized that at this time of heightened emergency, health care settings are being pushed to their maximum capacities in terms of health care professional staffing resources. We discussed how it was apparent that the benefits of expanded telehealth are being realized by COVID-19 and non-COVID-19 patients. As COVID-19 unfolds, we believe the advancements in achieving greater widespread telehealth adoption will provide the requisite evidence needed for policymakers to enact permanent telehealth eligibility expansion to a wider array of providers, and ultimately, the patient populations that they serve.

Building on our April comment letter, we offer the following comments and recommendations on the 5G Fund:

Support for the 5G Fund for Rural America

HIMSS and PCHAlliance support the overall establishment and deployment of the 5G Fund, which would use multi-round reverse actions to distribute up to $9 billion over the next decade and beyond to bring voice and 5G broadband services to rural areas of the country. It is another forward-thinking step by FCC to encourage actionable initiatives that bring enhanced mobile wireless technology to rural areas that are otherwise unlikely to benefit from the speed and capabilities of enhanced network solutions.

Expanded 5G coverage in rural areas will help our health system realize the benefits of telehealth and connected care that have come about from the COVID-19 Public Health Emergency. Telehealth and remote monitoring, even when used solely for screening and triaging patients, allows health care providers to better serve patients and the public. We anticipate further validation that these services will prove to be timely and effective additive approaches that safely engage patients, providers, and caregivers in delivering the care patients need when they need it most.

Require Further Research for Deployment of 5G Funds

While we believe it is essential that a public funding source such as the 5G Fund reaches rural areas identified as eligible for funding as quickly as possible, the identification of the appropriate areas for this investment must be informed by high quality data prior to distributing the funds available through this vehicle. This is critical to ensuring that historical inaccuracies in data collection and analysis are not repeated and that the 5G Fund is distributed to areas where it will make the greatest impact. We recognize and appreciate the fact that quality data collection takes time and encourage FCC to consider applying the objectives behind the alternative approach

proposed in this NPRM to delay distribution of funds until improved mobile broadband coverage data through FCC's new Digital Opportunity Data Collection is obtained.

As acknowledged in the NPRM, flawed data should not be used as a standard for decision making with regard to the 5G Fund. We support the FCC's sentiment for a pressing need to reform mobile data coverage data collection in order to better understand where mobile coverage is lacking. The risk of data inaccuracies would warrant that this process not be rushed.

However, in light of that recommendation, we urge FCC to lean more on the requirements put forth in the recently-enacted Broadband Deployment Accuracy and Technological Availability (DATA) Act.[1] Within this directive, FCC must also put forth specified requirements for service availability data collected from broadband providers, and it must create a challenge process to enable the submission of independent data challenging the accuracy of FCC broadband maps.

HIMSS and PCHAlliance support the actions taken in step with following this directive will facilitate better data collection to be used in identifying the areas in most need of the 5G Fund. While we recognize the current lack of congressional appropriations impedes FCC from moving forward at a desirable pace, we encourage the agency to find a middle ground between the two proposed options. By doing so, FCC may be better positioned to strategically collect more reliable quality data as directed in the Broadband DATA Act, with the goal of accelerating the distribution of funds faster than the proposed 2023 timeline set forth in this proposed NPRM.

Focus 5G Rural Fund Spending on Building 5G Connectivity in Areas Where Connectivity is Currently Non-Existent

HIMSS and PCHAlliance strongly encourage FCC to use the 5G Fund spending to prioritize and build 5G connectivity in areas that do not have broadband capabilities. The need for strong broadband connectivity has been made clearer with the COVID-19 Public Health Emergency. Shelter-in-place and phased re-opening policies have required access to reliable, efficient, uninterrupted quality telehealth and educational solutions—providers and educators cannot deliver appropriate care in rural and remote areas without any connectivity. Furthermore, COVID-19 has raised concerns about whether an equitable distribution of broadband capabilities is available so that all populations can take advantage of telehealth and education solutions made more widely available through the regulatory flexibilities introduced as a result of the Public Health Emergency.

[1] *See* S.1822, stating FCC must collect and disseminate granular broadband service availability data (broadband maps) from wired, fixed-wireless, satellite, and mobile broadband providers. To do this, the FCC is required to establish the Broadband Serviceable Location Fabric (a dataset of geocoded information for all broadband service locations, atop which broadband maps are overlaid) as the vehicle for reporting broadband service availability data. https://www.congress.gov/bill/116th-congress/senate-bill/1822/text

Overall, we believe the COVID-19 Public Health Emergency forces us to evaluate our broadband preparedness and demonstrates the importance of availability and accessibility of quality broadband as well as the critical prerequisite of funding for those resources needed to address the training and health care access demands in a crisis of this scale. With COVID-19, both consumers and businesses rely on broadband services now more than ever, and without ubiquitous broadband, those who live or operate businesses in rural areas are vulnerable to health, economic, and other disadvantages. Accelerating 5G connectivity, with a focused lens on identifying the areas in most need, must be prioritized.

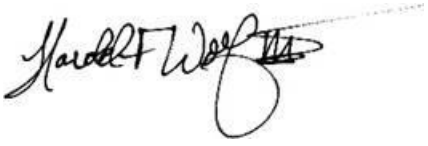
Federal support of the critical role of telehealth in treating patients and helping health care providers maximize impact on their communities is crucial to safe, effective, and accessible health care delivery. Going forward, HIMSS and PCHAlliance recommend that FCC be vigilant in tracking and publicly posting all levels of broadband connectivity statistics. This will be critical as healthcare delivery and training incorporate digital health to better serve the public in a resilient and accessible manner.

In previous comments, we encouraged FCC to track and evaluate cost savings to the healthcare system at large and the populations it serves through these programs, specifically on the remote monitoring pilot. This includes documenting and evaluating programmatic successes in a consistent manner to provide an important basis for future continued use of these virtual delivery modes.

In most instances, we anticipate that reverting back to how care was delivered prior to all of these advancements would be counterintuitive. Individuals need to have the ability to monitor their own care with the help of technology—virtual connectivity to a network and internet access will essentially become a social determinant of health. Overall, the key to realizing these advances is 5G broadband connectivity. FCC's 5G Fund presents a real opportunity to ensure that rural and historically underserved areas have access to this level of connectivity and prioritizes communities that most need these services.

Thank you again for your leadership in developing these actionable steps and prompting this critical dialogue. We look forward to continuing to support the important steps being taken to ensure broadband capabilities that will enable patients to receive better care and promotes better overall health outcomes. Please feel free to contact Ashley Delosh, HIMSS Senior Manager of Government Relations, at adelosh@himss.org, or Robert Havasy, Managing Director of PCHAlliance, at rhavasy@pchalliance.org, with questions or for more information.

Sincerely,



Harold F. Wolf III, FHIMSS
President & CEO

cc: The Honorable Brendan Carr, Commissioner
The Honorable Mike O'Reilly, Commissioner
The Honorable Jessica Rosenworcel, Commissioner
The Honorable Geoffrey Starks, Commissioner