

FCC's Ajit Pai Says Net Neutrality Reform Will Help Telehealth, but Experts Worry a Tiered System Complicates Connectivity

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With the Federal Communications Commission poised to roll back Obama-era net neutrality regulation, FCC Chairman Ajit Pai has argued that the government's light touch approach to high-speed internet will be a net benefit for telemedicine.

But industry experts worry that the agency's reforms will be problematic for healthcare providers, telemedicine vendors, and patients, all of whom require robust connectivity to meet the demands of video consultations that could come at a higher cost.

In a speech last week at a conference about aging and technology, Pai defended the proposed changes, highlighting the potential benefits for telemedicine and remote monitoring, two technologies that are used with growing frequency to care for older Americans.

"One aspect of this proposal I think is worth highlighting here is the flexibility it would give for prioritizing services that could make meaningful differences in the delivery of healthcare," he said. "By ending the outright ban on paid prioritization, we hope to make it easier for consumers to benefit from services that need prioritization—such as latency-sensitive telemedicine."

"Now, we can't predict exactly which innovations entrepreneurs will come up with," he added. "But by replacing an outright ban with a robust transparency requirement and FTC-led consumer protection, we will enable these services to come into being and help seniors."

But opponents have concerns about affordability. Mei Wa Kwong, interim executive director and policy advisor at the Center for Connected Health Policy, says a tiered system in which service providers charge more for higher speed connectivity could be detrimental to rural and community providers that lack the financial means to make that investment. She added that those service charges could even deter some providers from launching or expanding a telemedicine program.

"[Technology companies] might want to innovate but if providers can't afford the connectivity they won't use the technology," Kwong told FierceHealthcare.

Pai's counterpoint, as outlined in a Wall Street Journal editorial, is that less oversight from the FCC will lead to a greater investment in digital infrastructure, increased competition and, ultimately, "better, faster, and cheaper internet access."

Robert Annas, senior managing director at SOLIC Capital, who also serves as the chief operating officer of Eagle Telemedicine, LLC says the FCC's changes "could definitely have a profound impact on telemedicine in rural communities," adding that telemedicine consumes considerable bandwidth, and a tiered system could hurt outpatient providers and smaller physician practices the most.

"Just the mere thought of rural hospitals—which consume large amounts of bandwidth just to run their day-to-day operations—being restricted because of budgetary considerations is troubling at best," he said in an email to FierceHealthcare, adding that he strongly supports a carveout for telehealth and healthcare.

Even if the FCC were to create exemptions for healthcare providers or telehealth vendors, it would be difficult, if not impossible, to apply those same exemptions to patients on the other end. For homebound patients benefiting from advancements in remote monitoring, slower connectivity may not meet the demands of new technology that continuously transmits data to a primary care physician or relies on a video feed.

In fact, patient connectivity has become so important, the American Medical Informatics Association has said internet access should be considered a social determinant of health. Kwong also pointed out that a tiered system could disrupt broad efforts by the Department of Veteran's Affairs to expand telehealth services nationally through its Anywhere to Anywhere initiative that would allow patients and providers to connect via a mobile app, along with proposed licensing changes to allow physicians to practice telehealth across state lines.

"Telehealth doesn't work if you don't have that connectivity," Kwong says. "It's an essential element of telehealth. If you price people out, they aren't going to be able to use it."

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