



American Telemedicine Association

Recommendations for Implementation of Funds Provided within the American Recovery and Reinvestment Act of 2009

Funding for telemedicine allocated through various components of the proposed stimulus bill can be spent quickly and the resulting benefits including: increased investments; expanded access to healthcare; improved quality and reduced cost of overall health expenditures will start to be realized within one year. The following are recommendations from the American Telemedicine Association for implementation of stimulus funds identified in the proposed American Recovery and Reinvestment Act of 2009 as passed by the House Committees.

Improving Telemedicine Infrastructure

BACKGROUND: An immediate and long-lasting impact on the economy and health reform will be accomplished through expanding the technology and related services used in the provision of telemedicine. There are two primary federal programs providing infrastructure grants for telemedicine

- Department of Health and Human Services Office for the Advancement of Telehealth
- Department of Agriculture Distance Learning, Telemedicine and Broadband Program

WHAT IS NEEDED – Grant funds should be targeted to the expansion of telemedicine and remote monitoring networks to allow consumers access to healthcare regardless of location including rural areas, inner cities, workplaces and home.

Division A, Title IX and Division B, Title IV of HR 1 allocates \$2 billion in funds in support of health information technology with five priorities including “(4) Infrastructure and tools for the promotion of telemedicine.” Twenty percent or \$400 million of the total allocation in this section should be targeted to support the development of integrated telemedicine and telehealth programs using appropriate telecommunication networks and equipment. Rather than creating a new grant program, such funds could be most expeditiously managed through existing programs, such as the Federal Office for the Advancement of Telehealth.

Title II of HR 1 allocates \$2.8 billion in new funds to expansion of the Distance Learning, Telemedicine and Broadband Program within the Department of Agriculture. A minimum of \$400 million of these new funds should specifically be targeted for telemedicine grants rather than pure loan amounts as loan agreements will create significant delays in implementation and significantly reduce the number of eligible entities.

Expanding Telecommunications and Broadband Infrastructure

BACKGROUND: Adequate telecommunications infrastructure is an important component in providing telemedicine and making electronic health records usable.

WHAT IS NEEDED: Title III of HR 1 allocates \$2.85 billion for the Wireless and Broadband Deployment Grant Programs managed by the National Telecommunications and Information Administration within the Department of Commerce. A high priority for use of these funds should be placed on the development of networks linking healthcare institutions as well as other sites where health can be delivered including workplaces and the home. Further, health-related expenditures under this program should be coordinated with the FCC rural health program and similar telemedicine and health information technology programs of the federal government in order to insure efficiency and avoid redundancy.

Coordination of Telemedicine and Telecommunications Spending

BACKGROUND: The language in the bill related to telemedicine within health information technology funding includes “coordination among Federal agencies in the promotion of telemedicine.”

WHAT IS NEEDED: An aggressive approach is needed to eliminate redundancies and gaps in services for existing health technology and telecommunications programs. A high-level, interagency entity should be empowered to comprehensively track, evaluate and coordinate the federal government’s investments in telemedicine. This includes participation by granting agencies, programs that provide direct health services, appropriate regulatory agencies and other agencies that reimbursement for health services.

Expanding U.S. Exports of Health Services

BACKGROUND: Numerous U.S. health institutions provide direct medical services to residents in other nations through the use of telemedicine technology. Such innovative export of health services serves to both promote U.S. interests as well as further health services as an exportable product from the United States to the world.

WHAT IS NEEDED: Title III of HR1 allocates \$250 million to the Economic Development Administration with the Department of Commerce. Of this amount no less than \$10 million should be made available to accelerate the use of telemedicine and telehealth by U.S. health institutions to export U.S. health services abroad. Such expenditures can build on existing initiatives and provide guidelines and best practices to facilitate rapid and efficient use of funds.

Using Telemedicine for Disaster Response

BACKGROUND: The Pandemic and All-Hazards Preparedness Act (PAHPA) included in that law a requirement for telehealth enhancements for emergency response. HHS has never acted on these required provisions. Implementation of this provision will accelerate the deployment of health networks and provide additional support for state and local health officials during emergencies.

WHAT IS NEEDED: Of the \$900 million in funds targeted to the various uses under the Public Health and Social Services Emergency Fund within Title IX of HR 1, \$10 million in funding should be allocated for implementation of the telehealth related provisions contained in PAHPA. Numerous telemedicine networks are already in a state of readiness to be involved in this effort.

Development of Guidelines and Standards

BACKGROUND: A recent U.S. Department of Commerce report on telemedicine concluded that the development of industry-wide standards will significantly help to resolve interoperability issues, support evidence-based practices, lower purchasing costs, assure compliance and promote the rapid development of telemedicine. Such efforts will improve the delivery of healthcare in the U.S. and expand national and international markets. It will also support the development of the National Health Information Infrastructure.

WHAT IS NEEDED: Division A, Title IX and Division B, Title IV of HR 1 states that \$20 million allocated through the National Coordinator for Health Information Technology must be passed through to the National Institutes of Standards and Technology. Twenty percent or \$5 million of these funds should be targeted to the development of telemedicine and telehealth practice guidelines providing a uniform roadmap for efficient, safe and effective use of telemedicine across the country.

Integrating Telemedicine in Federally Managed Health Programs

BACKGROUND: Telemedicine is increasingly used by a variety of federal programs to improve efficiencies and effectiveness of health programs.

WHAT IS NEEDED: Federal programs targeted in the stimulus package that provide direct health services should use a portion of the funds to implement new technologies for remote health services.

Title IX of HR 1 allocates an additional \$900 million for the Social Security Administration (SSA) including \$40 million for applications related to health information technology. SSA should use an appropriate portion of these funds to immediately implement the use of telemedicine for disability assessments using centralized clinical and processing facilities. Such services will better standardize and improve the efficiencies of such operations while allowing greater consumer access.

Title VII of HR 1 allocates \$550 million to the Indian Health Service (IHS) for a variety of uses including health information technology. IHS should use an appropriate portion of these funds to expand its existing programs providing remote health services for Native Americans and establish a formal office for the coordination of its telemedicine programs.

ATA

The American Telemedicine Association is the leading resource and advocate promoting access to medical care for consumers and health professionals via telecommunications technology. ATA brings together diverse groups from traditional medicine, academic medical centers, technology and telecommunications companies, e-health, medical societies, government and others to overcome barriers to the advancement of telemedicine through the professional, ethical and equitable improvement in health care delivery. ATA was established in 1993 as a non-profit organization and is headquartered in Washington, DC.