

# Overcoming Legal and Regulatory Barriers to Health IT



Rick Cimerman

Vice President, External & State Affairs

August 8, 2011

# Cable Industry Perspective

- Greater adoption of Health IT, Telemedicine, TeleHealth, e-care will lead to
  - Greater provisioning of business services, broadband and wide-area networks and connectivity
  - Greater adoption of residential broadband
  - Reduced healthcare costs for employers

# ACLP RECOMMENDATION #1

- Insurance laws, particularly reimbursement mechanisms [including Medicare and Medicaid], should be updated to promote greater adoption and use of telemedicine services.

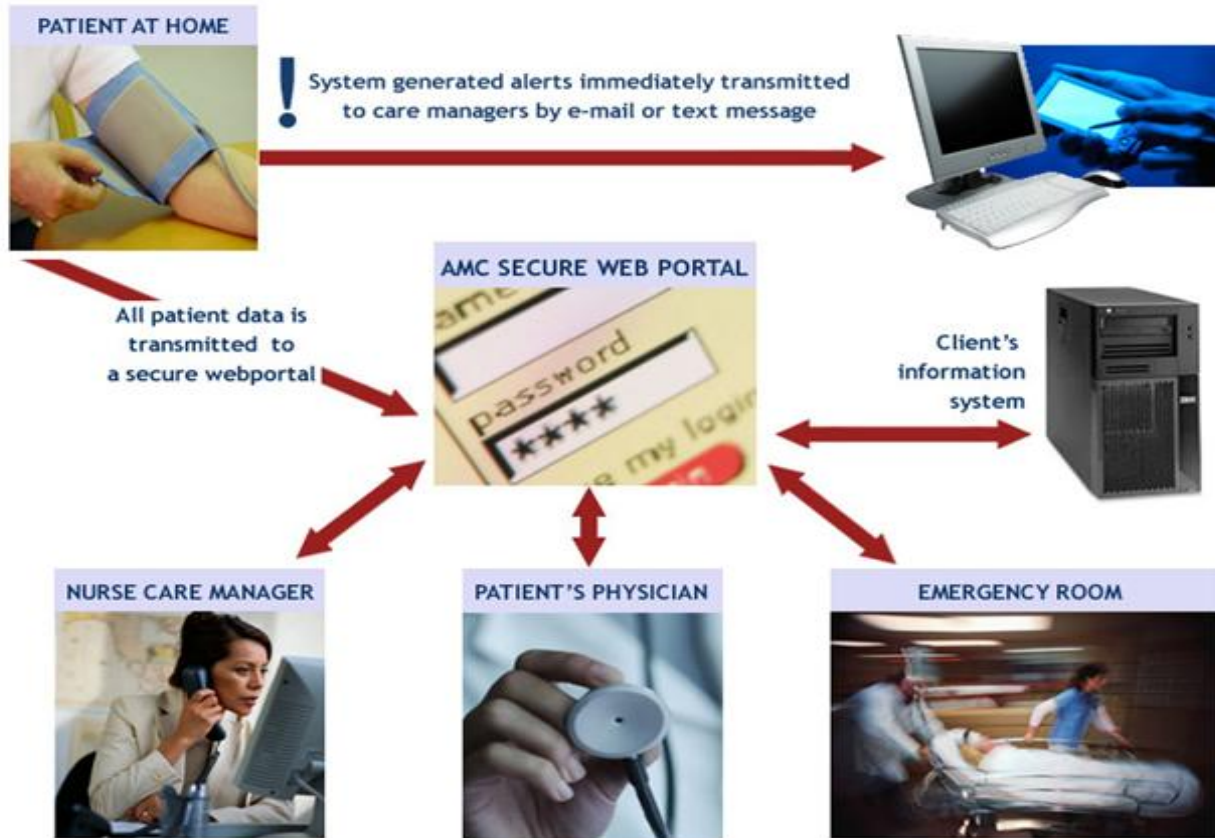


## ACLP RECOMMENDATION #2



Modernize and harmonize privacy laws to ensure more robust adoption and use of telemedicine services by healthcare providers and patients.

# ACLP RECOMMENDATION #3



Craft and implement security standards to ensure that telemedicine services are secure and confidential.



# ACLP RECOMMENDATION #4




Create an efficient and uniform physician licensure system that allows and encourages doctors to use broadband-enabled telemedicine services in the treatment of patients regardless of geographic location.



# ACLP RECOMMENDATION #5

Tort reform is needed to protect telemedicine practitioners from frivolous lawsuits and to encourage the continued adoption of broadband-enabled telemedicine devices and services.\* **\*caveat – we have no position on this recommendation**



**CAUSE OF DEATH:  
MEDICAL ERROR**

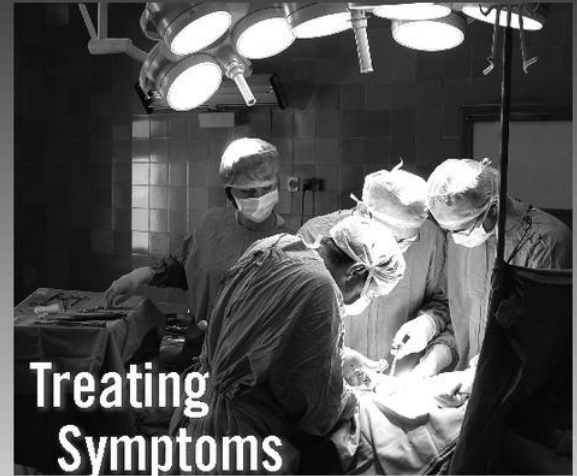
As many as 98,000 people die every year from medical errors, and the problem is only getting worse. Tort reform protects negligent healthcare providers, **NOT PATIENTS**, and won't make medicine any safer.

Tell Congress to vote **NO** on H.R. 5. Put patient safety first.  
**There are 98,000 reasons why you should.**

Learn more at [98000reasons.org](http://98000reasons.org)

AMERICAN ASSOCIATION OF JUSTICE  
Protecting the Association of the United States of America (AAJ)

## Medical Malpractice Tort Reform in Texas



**Treating  
Symptoms  
Rather than  
Seeking a Cure**

By Roger Sherman and  
CeraKline Szott Mooltr\*

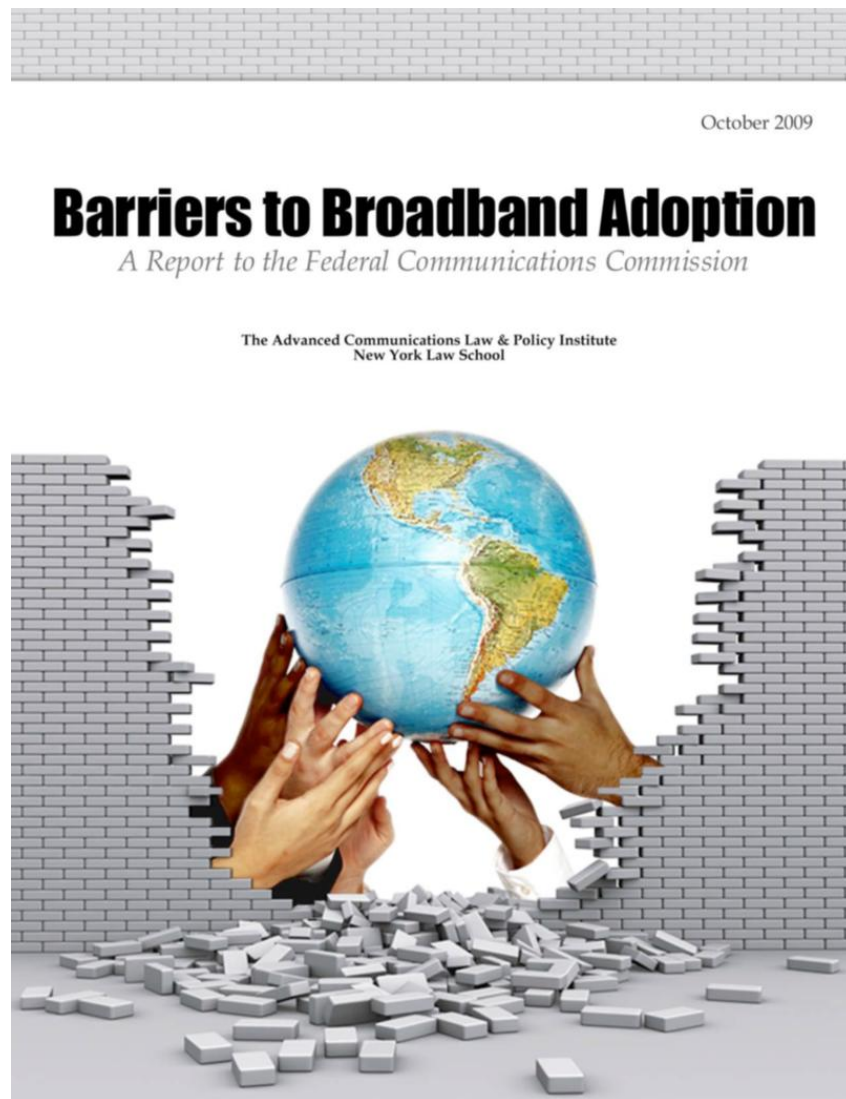
## **SICK OF LAWSUITS**

STOP LAWSUIT ABUSE **NOW!**

[WWW.SICKOFLAWSUITS.ORG](http://WWW.SICKOFLAWSUITS.ORG)

# ACLP RECOMMENDATION #6

A combination of targeted policymaking and public-private partnerships should be used to facilitate the deployment of broadband to unserved areas of the country and to educate consumers about the benefits of telemedicine.





# Licensing/Certification of Devices

Harmonize regulations regarding “medical” and “communications” devices between the FDA, the FCC, and other regulatory agencies.



# FCC's Rural Health Care Program

- The business/mission of Rural Health Provider's is health care and not telecommunications.
  - Significant non-participation because of current program's onerous application, reporting and ownership requirements, and restrictions on rural health providers' ability to use network and service providers as expert resources.
  - RHPs should not be forced to own network facilities; operating leases that ensure RHP rights to network capacity for a minimum period (e.g., 10 years) should be permitted.
  - Successful "anchor tenant" model in FCC Pilot Program and in the Commerce Dept.'s Recovery Act "BTOP" program, designed "to fund the cost of long-term leases of facilities required to provide broadband service."

# The FCC Should Prevent “Overbuilding” In the New Rural Health Care Program

- The FCC’s should focus on bringing advanced broadband infrastructure to Rural Healthcare Providers and patients where it does not exist or is inadequate—not where it already exists or can be upgraded at lower cost than constructing new network.
- The FCC should give existing network providers a meaningful opportunity to demonstrate that existing network can be utilized or adapted to serve the RHP’s advanced broadband needs during the application process.
- Scarce federal funds should not be wasted on new infrastructure that will duplicate fully adequate, privately funded existing networks.

# Tax Implications

Increased uncertainty regarding taxation of new services

Example – Cloud computing (hosted exchange) for healthcare services

- Difficult to determine how new healthcare services fit within existing taxing regimes
- Are services considered internet access or enhanced services, informational services or telecommunication services?
- Are such businesses subject to local property tax or the unfavorable central/unit level assessment (which taxes intangibles and is largely based on income) similar to telecommunications companies?



# POWERING THE AMERICAN DREAM



