June 9, 2020

Submitted via email

Dear Members of the Senate Finance Committee

Telehealth has been an essential component of the COVID-19 response in health care, and will continue to be an essential component of serving all Vermonters during recovery from this public health disaster. Overnight our practices went from having very little telehealth deployed to 80-90% of visits conducted remotely. Even as we reopen, telehealth remains the majority of visits for those practices who are able to continue connections remotely, and due to both risk and patient preference it will likely remain a significant part of care.

Broadband limitations clearly impact patients' ability to access care. While Vermont moved quickly to make audio-only telemedicine available to help us bridge this gap, there are many instances where the visual component is required and so we cannot say a resident is truly served by telehealth until they have access to broadband capacity for an audio-video consultation. We also support the state's quick action to establish Wi-Fi hotspots, which some patients have utilized, but we have privacy concerns regarding longer term use of these hotspots - particularly when the provider needs to perform a visual examination of a patient.

The FCC lists 4/1 as the minimum necessary speed for accessing telehealth. We believe this is an outdated assessment. We have found that in practice this speed does not support stable audio-visual feeds, particularly during COVID-19 when there are elevated demands on the broadband capacity at any given address. **We advocate for 25/3 minimum access for all residential addresses for the purposes of utilizing telehealth during the COVID-19 crisis**. Some larger health care facilities, including long term care facilities, in underserved areas may require higher capacity to deliver telehealth, we support subsidizing those connections as needed.

We believe this request is justifiable under the CRF allocation guidance of building the public's capacity to comply with COVID-19 mitigation measures and allowing delivery of telemedicine in response to COVID-19. Although 25/3 speeds are above FCC guidelines for telemedicine, in practice we have found them to be necessary and they would additionally support the CRF allowable goals of permitting telework and remote education. We do not, therefore, feel this falls under the prohibited category of capital improvement projects that broadly support community economic development.

We support the state waiving current restrictions on broadband development at capacity less than 100-symmetrical. We need this flexibility to facilitate the most rapid possible deployment of broadband for telehealth and to avoid the risk of the investment being later deemed ineligible for CRF support. Rapidly deploying 25/3 is clearly an emergency measure and not a pre-existing statewide goal.

Another important element to note is that effective telehealth requires more than broadband infrastructure, it requires households to be able to afford broadband access, equipment for utilizing the broadband, digital literacy support, and a considerable investment in training and systems change for providers. We need to turn the corner to a more sustainable system of telehealth delivery, especially as we look at another year, or more, before a COVID-19 vaccine becomes available. As we work to reach the 25/3 broadband speed threshold at all addresses, we need to also invest in overcoming other barriers to access, which are just as real for many Vermont households. **We support directing broadband deployment funds to building infrastructure capacity and also addressing the other elements (cost, equipment, workforce training) necessary to truly access telehealth.**

Sincerely

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