CTIA
The Wireless Association®

Expanding the Wireless Frontier

March 18, 2013

The Honorable Greg Walden
Chairman
House Subcommittee on Communications & Technology
2182 Rayburn House Office Building
Washington, D.C. 20515

Re: March 19 Hearing on Health Information Technologies: Harnessing Wireless Innovation

Dear Chairman Walden:

On behalf of CTIA-The Wireless Association® ("CTIA"), I commend you for conducting tomorrow's subcommittee hearing. Innovative mobile health ("mHealth") technologies and applications have enormous potential to improve the delivery of health care in the United States and around the world by strengthening personalized care for patients, lowering health care costs, and removing geographic and economic disparities in health care delivery. However, licensing restrictions limit the potential of mHealth technologies and applications, and additional actions by the Food and Drug Administration ("FDA") and Congress could further hinder their availability and effectiveness.

The migration of U.S. wireless networks from second-generation to third-generation and now fourth-generation capabilities has created a powerful platform on which mHealth technologies and applications can thrive. These advanced mobile networks provide faster and more-intelligent delivery of a multitude of voice, video, and data applications. While many such applications are focused on entertainment and productivity, an increasing number facilitate real-time interaction between patients and health care professionals.

For example, there are applications that turn any web-enabled phone into an interactive diabetes monitoring and management device. There are systems that link a patient's home with his or her pharmacy and prescribing physician, and even include a medication dispensing unit that can be installed in a patient's home and connect with the prescribing physician using a secure two-way connection. In addition, there are services that connect cardiac telemetry capabilities to remotely monitor thousands of patients with chronic heart conditions; and other services that dispatch home health care and hospice personnel to patients in the greatest need in real time.

mHealth applications can allow the millions of Americans living in rural or insular areas to "visit" the best doctors' offices in the nation, eliminating health care disparities based on geographic location and economic differences. These applications could radically change decisions about where and from whom to seek medical advice, especially for patients who are not physically capable of travelling long distances to obtain medical care.

One study estimated that remote monitoring of patients with chronic diseases could save $197 billion in direct costs over 25 years by reducing emergency room visits, hospital admissions, and the length of stay in hospitals. (See Robert E. Litan, "Vital Signs via Broadband: Remote Health Monitoring Transmits Savings, Enhances Lives.") The societal and economic impact of mHealth applications is thus substantial.

To ensure that mHealth technologies and applications flourish, policymakers must be mindful of the impact of government actions. U.S. wireless carriers must have access to enough licensed spectrum to enable real-time delivery of bandwidth-intensive mHealth applications. Access to a sufficient amount of licensed spectrum has become more important as the use of applications on smartphones and tablets has led to an exponential growth in consumer demand for spectrum. This is why it remains critically important for the subcommittee to pursue policies aimed at bringing additional spectrum for licensed, commercial mobile use to market as expeditiously as possible.

In addition, wireless carriers must be able to manage traffic on their networks so that patients can establish secure connections with their doctors and other health care providers. If carriers cannot manage their networks, connections could be hacked, exposing sensitive health information, which would discourage patients from utilizing potentially life-saving applications. Patients would also lose confidence in diagnostic applications that were slow or repeatedly subject to interruptions.

Further, restrictions on the delivery of health care across state lines inhibit the effectiveness of mHealth solutions. As mentioned above, mHealth applications can obliterate the disparity of health care options between urban and rural areas. However, if health care delivery has to stop at state lines, patients in certain states will not have access to the same level of care as patients in other states, even though technology enables them to do so.

Finally, several actions by the FDA and Congress could have a significantly negative impact on the success of mHealth applications and the use of mobile technology to improve health care delivery. If the FDA classifies mHealth applications, as well as the smartphones and tablets on which they operate, as medical devices, the FDA could subject such applications and devices to a time-consuming approval process, which would provide an enormous disincentive to innovation in this sector and compromise the availability of life-saving technologies.

And the excise tax on medical devices (a category in which the FDA may seek to include mHealth applications and mobile devices) enacted as part of the Affordable Care Act threatens to raise the cost of wireless health products and services, and to discourage research and innovation intended to enable more effective, lower cost treatments. It should be repealed.

Thank you again for exploring how wireless can help to improve health care in America. CTIA's members are truly excited about the potential for mHealth solutions to revolutionize health care delivery and we look forward to working with you to ensure that government actions facilitate the development and deployment of life-saving technologies and applications.

Sincerely,

Steve Largent
President and CEO