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Title: Research into the Effects of Net Neutrality on Public Health  
Introduced by: Charles J. Barone, II, MD, for the Wayne County Delegation  
Original Author: Akhil Vedere  
Referred to: Reference Committee E  
House Action: **APPROVED AS AMENDED**

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Whereas, "net neutrality" is the principle that, "all traffic on the Internet should be treated the same," by preventing interference of the flow of content, services, and applications by internet service providers (ISPs)<sup>1</sup>, and

Whereas, ISPs are business entities who provide internet services and host websites<sup>2</sup>, and

Whereas, Federal Communications Commission (FCC) Order 15-24 (2015) classified ISPs as Title II information providers per the Telecommunications Act of 1996, thereby subsuming ISPs to "common carrier" categorization<sup>3</sup>, and

Whereas, a "common carrier" is a private entity that facilitates the free flow of commerce by transportation, communications, and other services, with the legal obligation of doing so in a non-discriminatory and censorship free manner<sup>4</sup>, and

Whereas, recent repeal of comprehensive net neutrality rules now removes Title II regulations on ISPs, and by extension, their "common carrier" classification<sup>5</sup>, and

Whereas, ISPs are now able to block content from websites or apps, throttle--slow---bandwidth, and prioritize hosting sites, i.e. "fast lane" programs, for entities willing to pay premiums<sup>4</sup>, and

Whereas, throttling and regulating quality of service (QoS) would alter end user choice of service, thereby increasing discrimination and segmentation of internet access for consumers<sup>6</sup>, and

Whereas, "health" loosely describes a compendium of disparate themes (e.g., myriad health, commerce, and technology such as internet services)<sup>6</sup>, and

Whereas, individuals with greater internet access are more likely to use eHealth and eHealth users are more likely to visit a doctor, use preventative health measures, have shorter hospital stays, and have overall better health outcome<sup>7</sup>, and

Whereas, net neutrality, in facilitating "health," potentially improves patient services, reduces health care costs, and improves population health<sup>8</sup>, and

Whereas, individual pricing of internet access could lead to the favorability of certain services and contents, including but not limited to, health insurance options, telehealth services, and electronic health record services<sup>2</sup>, and

Whereas, telehealth has been shown to improve health care for those with limited access to health care through services such as remote rehabilitation and maternal and child health<sup>9,10</sup>, and

53           Whereas, ISPs such as Verizon and Comcast are heavily invested in health care companies such as  
54 Oncare and Onpatient respectively<sup>11</sup>, and

55  
56           Whereas, net neutrality repeal may decrease consumer access to health care and insurance  
57 providers, and further contribute to the increasing prices of pharmaceutical products via the prioritization of  
58 certain drug providers<sup>12</sup>, and

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60           Whereas, net neutrality repeal may lead to deficits in medical training, insofar as net neutrality  
61 promotes open access resources to which physicians-in-training turn<sup>13</sup>; therefore be it

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63           RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our AMA  
64 to continue to lobby and advocate for net neutrality.

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67           WAYS AND MEANS COMMITTEE FISCAL NOTE: \$1,000 or more for costs related to the adoption of new or  
68 revised MSMS or AMA policy.

### **Relevant MSMS Policy:**

#### Barriers to Connectivity

MSMS supports governmental authorities and purchasers of care to compel health systems to cooperate by developing electronic interfaces with physician offices and supports the Centers for Medicare and Medicaid Services to compel and/or incentivize health systems to work with physician practices to achieve interconnectivity through interfaces. (Res18-13)

#### e-Visit Reimbursements

MSMS supports and advocates reimbursement of e-visits that involve encounters relating to a patient's care as a part of ongoing management and maintains appropriate elements of quality, physician accountability, and confidentiality. (Board-April06)

#### Mandating e-Prescribing

MSMS encourages the AMA to work with representatives of pharmacies, pharmacy benefits managers, and software vendors to expand the ability to electronically prescribe all medications. (Board Action Report #1, 2013 HOD, re Res8-12)

### **Relevant AMA Policy:**

#### Increasing Access to Broadband Internet to Reduce Health Disparities H-478.980

Our AMA will advocate for the expansion of broadband and wireless connectivity to all rural and underserved areas of the United States while at all times taking care to protecting existing federally licensed radio services from harmful interference that can be caused by broadband and wireless services.

#### Promoting Internet-Based Electronic Health Records and Personal Health Records D-478.979

Our American Medical Association will advocate for the Centers for Medicare & Medicaid Services (CMS) to evaluate the barriers and best practices for those physicians who elect to use a patient portal or interface to a personal health record (PHR) and will work with CMS to educate physicians about the barriers to PHR implementation, how to best minimize risks associated with PHR use and implementation, and best practices for physician use of a patient portal or interface to a PHR.

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<sup>1</sup> Susanto, C. Net Neutrality and a Fast Lane for Health. *Journal of Legal Medicine*. 2017; 37(1-2), 105-131.

<sup>2</sup> Firmin, Maloba Mbuya. Net Neutrality and Scenarios of Internet Pricing. *International Journal of Computer Science Issues*. 2017; 14.1: 108-14

<sup>3</sup> Report and Order on Remand, Declaratory Ruling, and Order, 30 FCC Rcd 5601 (7). 2015

<sup>4</sup> Nunziato, D. By Any Means Necessary? the Fcc's Implementation of Net Neutrality. 8 *First Amendment Law Review* 138-175; GWU Law School Public Law Research Paper No. 2017-39; GWU Legal Studies Research Paper No. 2017-39. 2009

<sup>5</sup> Declaratory Ruling, Report and Order, and Order, 33 FCC Rcd. 311. 2018

<sup>6</sup> Marsden, C. T. Net Neutrality and Consumer Access to Content. *SCRIPTed: A Journal of Law, Technology and Society*, 2007; 4, 407-435

<sup>7</sup> Macher, J. T., Mayo, J. W., & Ukhaneva, O. Does the Internet Improve Health Behaviors and Health Outcomes? Evidence From the National Health Interview Survey. *The 44th Research Conference on Communication, Information, and Internet policy* 2016

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<sup>8</sup> Gaynor, M. et al. It's Hard To Be Neutral About Network Neutrality For Health. Health Affairs Blog. August 18, 2014.

<sup>9</sup> Demirci J, Kotzias V, Bogen D, Ray K, Uscher-Pines L. Virtual Breastfeeding Support via Mobile App: Perspectives of Rural Mothers, Their Care Providers, and Lactation Consultants. *Telemedicine and eHealth*. 2018; doi:10.2196/preprints.10103.

<sup>10</sup> Ihrig C. Travel Cost Savings and Practicality for Low-Vision Telerehabilitation. *Telemedicine and e-Health*. 2018. doi:10.1089/tmj.2018.0092.

<sup>11</sup> Sommer C, Zuccolin D, Arnera V, et al. Building clinical trials around patients: Evaluation and comparison of decentralized and conventional site models in patients with low back pain. *Contemporary Clinical Trials Communications*. 2018;11:120-126. doi:10.1016/j.conctc.2018.06.008.

<sup>12</sup> Kang, C. FCC Repeals Net Neutrality Rules. *New York Times*. December 14, 2017.

<sup>13</sup> Cuk, N., Robinson, CL., Net Neutrality Repeal and the Potential Harm to Medical Education. *JAMA*. 2018; 319(16):1655-1656.

Doi:10.1001/jama.2018.1683