

**STATEMENT OF
COMMISSIONER BRENDAN CARR**

Re: *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213.

James served in the Navy for 24 years. He worked in aviation, including on C130s transporting troops and cargo all over the world. While on an operation in 2013, James suffered a spinal cord injury. As a service-disabled veteran, James is now under the active care of the VA. This used to mean a two-hour drive from his home in California to the nearest VA facility multiple times a month. With his injury, those long drives were never easy. And weather conditions often made the trip impossible. But James is now one of the many veterans who are part of the VA's innovative connected care program. The program allows him to stay home and visit virtually with a range of VA specialists over a secure video connection, which he can set up on his tablet or smartphone.

We had the chance to talk earlier this week over that video connection. In addition to video visits and other remote care, James gets a text message every morning reminding him to check his blood pressure, which is then recorded in an app. The first few times he measured his blood pressure, the nurse from his VA care team used the video connection to ensure he had the cuff on right and took the measurement accurately. Now, his doctors at the VA can remotely track his blood pressure numbers and intervene if they are out of range. This has cut in half his need to make the long trip to the VA. He now enjoys the chance to travel the country in his RV while using his tablet to stay in touch with his primary care physician and the specialists at the VA. He said "This is huge. I can only imagine the potential of this."

James' story is part of a new trend in telehealth—a trend towards connected care everywhere. The delivery of high-tech, high-quality health care is no longer limited to the confines of connected, brick-and-mortar facilities. Remote technologies—whether enabled by a smartphone, tablet, or other device—are bringing high-quality, affordable care to communities across the country.

Take the Mississippi Delta, which is ground zero for the country's diabetes epidemic. It sees diabetes at rates that are about twice the national average. Ruleville, Mississippi (pop. 3,234) is no exception to this trend. It's where I met Ms. Annie, a patient at the North Sunflower Medical Center. Ms. Annie noticed the first signs of her diabetes when she woke up one morning with blurred vision. After seeing little progress managing her diabetes with traditional care options, Ms. Annie signed up for a remote patient monitoring pilot program. She walked me through the iPad & Bluetooth-enabled blood glucose monitors that patients use in their homes to track and control their own care on a daily basis. The tablet chimes every morning as a reminder. Ms. Annie then pricks her finger and her A1C level is displayed on screen.

The app suggests appropriate actions—from a particular food or exercise, to watching a relevant video. If she forgets to enter her numbers that day, she'll get a phone call from a nurse. With this technology, Ms. Annie's A1C levels have gone down and she says she's never felt better.

Remote patient monitoring technologies can take many forms. They can monitor blood pressure, pulse, temperature, fetal heartbeats, oxygen levels, weight, and blood glucose levels not to mention the psychology, dermatology, and other clinical services that can be provided to remote locations over a video connection. In fact, these technologies are now being used to treat up to 60 different conditions, including opioid dependency. And they can help bridge the growing doctor divide that plagues many rural communities today.

But challenges remain. For instance, the VA often has funding to purchase the tablets necessary for remote patient monitoring, but there are limits on its ability to fund the broadband connection. So that might be one area where the FCC's Connected Care Pilot Program could help get more projects up and running.

Limited broadband deployments in rural areas present another challenge. James, the Navy vet, said that he installed a consumer signal booster in his home so that he could get an LTE signal strong enough for his virtual visits. So promoting new deployments might be another benefit of our Pilot Program.

There are also many Americans for whom the cost of a high-speed connection is out of reach. By targeting this Pilot to low-income patients, we can ensure that every community benefits from remote patient monitoring technologies.

To be sure, the Pilot Program won't solve every challenge—there are licensing and reimbursement issues that are beyond our expertise. But we are coordinating with the VA, the Center for Medicare and Medicaid Services, and private providers. The FCC has long played a role in supporting broadband deployments to brick-and-mortar healthcare facilities. So I think we should explore whether we can support this new trend in telehealth as well.

The relatively limited trials to date are showing significant cost savings:

- A remote patient monitoring program run by the Veterans Health Administration cost \$1,600 per patient compared to about \$13,000 for more traditional forms of care.
- Another telehealth project found that every \$1 spent on remote monitoring resulted in a \$3.30 return in savings.
- The Mississippi Delta trial showed that if just 20% of the state's diabetes program enrolled, Medicaid savings in the state would be \$189 million per year.

And these connected care technologies are improving health outcomes.

- A study of 20 remote patient monitoring trials found a 20% reduction in mortality and a 15% reduction in hospitalizations related to heart failure.
- The Veterans Health Administration's remote patient monitoring program resulted in a 25% reduction in days of inpatient care and a 19% reduction in hospital admission.
- Another remote patient monitoring initiative showed a 46% reduction in ER visits, a 53% reduction in hospital admissions, and a 25% shorter length of in-patient stay.

Given the significant cost savings and improved patient outcomes associated with connected care, we should align public policy in support of this movement in telehealth. So I am glad that Chairman Pai asked me to lead this new telehealth initiative. He has been a strong supporter of this effort from the get-go. And I want to thank my colleagues, Commissioner O'Rielly and Commissioner Rosenworcel, as well as the members of Congress who have all offered ideas and support for the FCC's new initiative. I look forward to continuing the discussion with all stakeholders as we work to stand up this program.

Finally, I want to thank the Wireline Competition Bureau for their work, especially Rashann Duvall, Kate Dumouchel, Trent Harkrader, and Arielle Roth, as well as the Office of General Counsel for its significant contributions. I also want to recognize Jamie Susskind in my office who put a lot of thought and effort into developing this program and Nirali Patel in the Chairman's Office who played a lead role in preparing the Notice that we're voting on today. It has my support.