

**Before the
Federal Communications Commission
Washington, DC 20554**

In the Matter of)	
)	WC Docket No. 18-213
Promoting Telehealth for)	FCC 18-112
Low-Income Consumers)	

**REPLY COMMENTS OF
NTCA–THE RURAL BROADBAND ASSOCIATION**

I. INTRODUCTION

NTCA–The Rural Broadband Association (“NTCA”)¹ hereby submits these reply comments in response to comments filed in the Notice of Inquiry in the above-captioned proceeding.² Consistent with its prior-filed comments in this proceeding, NTCA encourages the Commission to direct its proposed Connected Care Pilot Program (“Pilot Program”) toward rural areas where residents are most in need of the services telehealth can offer.³ Additionally, given the vast array of chronic health problems prevalent in rural areas, directing pilot projects to such areas will provide the Commission and those interested in expanding telehealth a wealth of information on the myriad of uses telehealth has to offer residents who would otherwise

¹ NTCA represents nearly 850 independent, community-based telecommunications companies and cooperatives and more than 400 other firms that support or are themselves engaged in the provision of communications services in the most rural portions of America. All of NTCA’s service provider members are full service rural local exchange carriers (“RLECs”) and broadband providers. Approximately 75 percent serve as multichannel video programming distributors (“MVPDs”) using a variety of technologies in sparsely populated, high-cost rural markets.

² *Promoting Telehealth for Low-Income Consumers*, Notice of Inquiry, WC Docket No. 18-213, FCC 18-112 (rel. Aug. 3, 2018) (NOI).

³ *See* Comments of NTCA, WC Docket No. 18-213, filed Sep. 10, 2018 (“NTCA Comments”).

postpone or forego medical treatment. Utilizing the Pilot Program for rural health initiatives would also provide an opportunity to identify the many innovative uses for telehealth. Directing the Pilot Program toward rural communities also makes the best use of universal service funds the Commission has already allocated to bring broadband services to rural areas. Specifically, telehealth services may encourage more individuals, and businesses, to subscribe to broadband services offered by providers who utilized universal service funds to deploy their services, as well as enable schools who purchased broadband service through the E-rate fund, to connect remotely to physicians' offices.

II. RURAL COMMUNITIES HAVE MANY OPPORTUNITIES AND NEEDS THAT CAN BE FULFILLED THROUGH THE PILOT PROGRAM

NTCA and others demonstrated in their Comments in this proceeding that rural residents often must travel tens of miles, and lose wages from missed work as a result, for each visit to the doctor. The University of Arkansas, for example, noted that based on a survey of patients in Arkansas, "over 50% of respondents reported they would have incurred over \$150 in costs had they not been able to seek care through telemedicine."⁴ By comparison, a typical monthly fee for residential high speed Internet service is \$59.95.⁵ Consequently, once residents discover they can "visit" a doctor remotely from their home, and thereby not lose wages from lost work or pay for the cost of traveling to a medical facility tens of miles away, not only are they likely to obtain

⁴ Comments of Univ. of Arkansas for Medical Sciences, WC Docket No. 18-213, at 2 (Sep. 10, 2018).

⁵ Prices based on a random sample NTCA members' service availability as posted on each member's website.

more regular medical care, but also are more likely to see the value in, and thus subscribe to, high speed Internet service.⁶

NTCA and others also described in their Comments the higher rates of illness and substance abuse found in rural communities.⁷ This, combined with the closing of rural hospitals and a lack of specialists nearby, exacerbates the problem.⁸ However, commenters also demonstrated how telehealth services have been used successfully in some rural areas to reduce the lack of available health care and/or the ability to afford such care. Consequently, while NTCA encourages the Commission to use the Pilot Program to address rural health care concerns, NTCA also encourages the Commission to allow for many different types of telehealth services rather than only those offered by hospitals and clinics.

Expanding the reach of hospitals and clinics into rural areas through telehealth is a valuable component of any telehealth program. As NTCA noted in its Comments, for instance, rural residents would benefit from having remote access to specialists available only in urban

⁶ A 2015 Pew Research Study found that 33% of all non-broadband users cited the monthly cost of home broadband subscription as the most important barriers to adopting broadband. “Cost is the most important barrier to adopting broadband,” Pew Research Center, Dec. 18, 2015, available at http://www.pewinternet.org/2015/12/21/home-broadband-2015/pi-2015-10-21_broadband2015-12/ (last visited Oct. 10, 2018). *See also*, Comments of New America’s Open Technology Institute *et al.*, NITA Docket No. 180427421-8421-01, at 5 (July 16, 2018) (“Research has long established cost as a primary barrier to broadband adoption....”), available at https://www.ntia.doc.gov/files/ntia/publications/oti_et_al_ntia_comments_july_2018.pdf (last visited Oct. 10, 2018).

⁷ *See* NTCA Comments at pp. 4-5. *See also*, Comments of Centerstone, WC Docket No. 18-213, at 5 (Sep. 10, 2018) (“[I]ndividuals in some of Tennessee’s rural service counties are twice as likely to overdose on prescription drugs as their urban counterparts.”).

⁸ *See* Comments of National Health Law Program, WC Docket No. 18-213, at 2 (Sep. 10, 2018) (“Approximately 20 percent of U.S. residents live in rural areas, and do not have easy access to primary care or specialist services.”).

areas and often located many miles away. Therefore, NTCA encourages hospitals and specialists located throughout the country to partner with rural clinics or hospitals to bring their expertise to more individuals and especially to those individuals who otherwise would not have access to such expertise.⁹ NTCA also encourages the Commission to accept Pilot Program applications that offer less obvious, but still equally important, uses of telehealth. For instance, using the Pilot Program to establish telehealth services in rural K-12 schools would bring much needed health services to children who otherwise are not likely to receive it as well as on site medical care to schools that cannot afford to have a nurse or health care professional in the school.¹⁰ This use of Pilot Program funds would also provide a natural extension of the Commission's E-rate program – once again using the Pilot Program to expand upon efforts to expand broadband capabilities through the Commission's Universal Service Fund and Connect America initiatives.

⁹ This partnership would not need to be a “formal” partnership formed through a partnership agreement, but rather, the parties involved would all need to be listed on the Pilot Program application along with a description of how they will work together to provide the telehealth services described in their Pilot Program application. *See also*, Comments of CHRISTUS Health, WC Docket No. 18-213, at 4 (Sep. 10, 2018) (“[T]he goals of the program would be best served if the eligible health care providers have partnerships with smaller rural facilities and/or critical access hospitals that allow the provider to access and support the individuals in the rural communities being served.”).

¹⁰ By way of example, ComSouth in Hawkinsville, Georgia partnered with a local healthcare organization and the county schools to receive a multiyear grant through the Georgia Partnership for Telehealth to remotely connect students with health care providers. This grant funded the cost of placing a nurse at community schools who could connect remotely to health care providers, allowing physicians to listen to a child's breathing or conduct other “real time” medical evaluations. In communities where many cannot afford health care, this type of partnership can have a significant impact on a child receiving much needed health care. *See also*, Comments of the Schools, Health & Libraries Broadband Coalition, WC Docket No. 18-213, at 7 (Sep. 10, 2018) (“[S]chool-based clinics should be able to apply for funding from the Connected Care program.”).

III. CONCLUSION

Comments in this proceeding universally support the Commission's proposal to establish a Connected Care Pilot Program in order to bring much-needed telehealth services to more individuals. NTCA encourages the Commission to use the Pilot Program to fund initiatives that connect rural communities to a variety of health care professionals, whether by partnering with hospitals and specialists in urban areas, offering home monitoring services for chronic conditions, or connecting school children with physicians for proper diagnosis and treatment of illnesses.

Respectfully submitted,



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