

**Before the
Federal Communications Commission
Washington, D.C. 20554**

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

**REPLY COMMENTS OF THE NATIONAL ASSOCIATION OF
TELECOMMUNICATIONS OFFICERS AND ADVISORS AND NATIONAL
ASSOCIATION OF REGIONAL COUNCILS**

I. INTRODUCTION

The National Association of Telecommunications Officers and Advisors (“NATOA”)¹ and National Association of Regional Councils (“NARC”)² appreciate the opportunity to submit these comments in response to the Notice of Inquiry, released August 3, 2018, in the above-entitled proceedings.³

We support the Federal Communications Commission’s (“Commission”) effort to establish a “Connected Care Pilot Program” (“Pilot Program”) to support the delivery of telehealth services to low-income Americans. NATOA, NARC and our members continuously work to ensure our respective communities have access to advanced communications services their meet their needs, and no need is more essential than healthcare. We have collectively seen many barriers for low-income Americans to access quality healthcare, including affordability concerns, lack of insurance

¹ NATOA’s membership includes local government officials and staff members from across the nation whose responsibility is to develop and administer communications policy and the provision of such services for the nation’s local governments.

² The National Association of Regional Councils represents more than 500 councils of government, metropolitan planning organizations, and other regional planning organizations throughout the nation.

³ See *In the Matter of Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Notice of Inquiry (Aug. 3, 2018) (“NOI”).

coverage, loss of income from taking off time to go see a doctor, and lack of transportation to get to a medical provider. We therefore applaud the Commission's effort to craft a new program aimed at exploring how advanced communications services can improve the healthcare options for those Americans who are most in need of better access to healthcare services.

NATOA and NARC's primary interest is to ensure that the Pilot Program is open to a range of potential healthcare providers, communications service providers and patients. Low-income Americans have a variety of healthcare needs, and varying access to communications services providers within their communities. The Pilot Program should be flexible enough to match patients with the providers that will best put them on a path to prevention and/or recovery. Diversity in Pilot Program participants on all sides of the equation will best allow the Commission to determine which programs may be the most beneficial should the Pilot Program become a longer-term program.

For this reason, we are concerned with the proposal to incorporate into this docket the Commission's contemplated changes to the Lifeline program.⁴ Commenters in the Lifeline Proceeding, including NATOA, overwhelmingly rejected the proposal to eliminate non-facilities-based providers from the Lifeline program because it would result in millions of Lifeline consumers losing access to their selected service provider and perhaps their only means of accessing the Internet without spurring further facility deployments.⁵ The Commission should not limit the Pilot Program to facilities-based eligible telecommunications carriers for similar reasons.⁶ The limited funding and timeline for the Pilot Program makes it unlikely that it would spur construction of

⁴ See *Bridging the Digital Divide for Low-Income Consumers et al.*, WC Docket No. 17-287 et al., Fourth Report and Order, Order on Reconsideration, Memorandum Opinion and Order, Notice of Proposed Rulemaking, and Notice of Inquiry (Dec. 1, 2017) ("Lifeline Proceeding").

⁵ INSERT CITATION TO NATOA/NLC COMMENTS

⁶ See NOI at ¶ 37.

facilities in underserved areas by for-profit providers.⁷ The result would unnecessarily restrict eligibility in the Pilot Program—compounding issues of access for those most in need—without increasing broadband deployment.

The goals of improving health outcomes and increasing broadband deployment are better served by permitting a wide range of eligible partners and service providers (within the scope of the Commission’s authority), including municipalities and other nonprofit institutions.⁸ The Pilot Program may assist these not-for-profit entities in deploying facilities in unprofitable areas that would remain unserved by entities that need assurances of longer term profits before they can deploy. We urge the Commission to not only allow, but to encourage, municipalities and nonprofits to work with healthcare providers and for-profit communications service providers to propose innovative partnerships that can best meet the goals of the Pilot Program.

Finally, we urge the Commission to design the Pilot Program with a focus on using broadband to improve healthcare, not on advancing other policy objectives. Verizon, for example, has suggested that the Commission use this docket as a vehicle for 4G and 5G deployment by further preempting local governments’ rights of way authority and advocating for more spectrum for 5G services.⁹ NATOA and NARC reject the premise that preempting local governments will spur deployment in unserved and underserved areas, and we reject Verizon’s suggestion that these proposals support the objectives of the Pilot Program.

The Pilot Program presents an opportunity for providers, nonprofits and municipalities to work together to design partnerships that will improve the health outcomes of those most in need.

⁷ See, e.g., Comments of USTelecom — The Broadband Association at pp. 4-5.

⁸ See e.g., Comments of The Schools, Health & Libraries Broadband Coalition at p. 7.

⁹ GET CITATION.

We urge the Commission to craft a Pilot Program that provides the flexibility for these types of partnerships to emerge and puts patients' outcomes ahead of profit-based deployment.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read 'N. Werner', with a long horizontal flourish extending to the right.

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