

**BEFORE THE
FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, D.C. 20554**

In the Matter of

Promoting Telehealth in Rural America

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) WC Docket No. 17-310
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REPLY COMMENTS OF CHARTER COMMUNICATIONS, INC.

Charter Communications, Inc. submits these reply comments in response to the Notice of Proposed Rulemaking regarding Promoting Telehealth in Rural America.¹ Charter lauds the Commission's efforts to close the digital divide and to promote the expansion of telemedicine to rural areas. As the Commission knows, many rural Americans are unable to enjoy the recreational, economic, and other benefits of broadband connectivity, including access to telemedicine. Tackling this divide will require public-private partnerships and coordinated action from the federal government. Charter thus supports ongoing efforts both at the FCC and in Congress to improve access to high-quality health care through the expansion of telemedicine for rural Americans, veterans, and other underserved and unserved communities.²

¹ *In re Promoting Telehealth in Rural America*, Notice of Proposed Rulemaking, 32 FCC Rcd 10,631 (2017) ("Telehealth NPRM").

² See, e.g., Energy and Commerce Committee, *Walden, Blackburn on Rural Broadband Executive Orders* (Jan. 8, 2018), <https://energycommerce.house.gov/news/press-release/walden-blackburn-rural-broadband-executive-orders>; Nikki Wentling, *House Passes Bill Taking VA Telehealth Across State Lines*, STARS & STRIPES (Nov. 7, 2017), <https://www.stripes.com/news/house-passes-bill-taking-va-telehealth-across-state-lines-1.496727>; Expanding Capacity for Health Outcomes (ECHO) Act, https://www.king.senate.gov/imo/media/doc/ECHO%20Act%20One%20Pager_11-21-16.pdf (last visited Mar. 5, 2018); Press Release, Sen. Roger Wicker, *Wicker, Cochran Telehealth Ideas Included in Senate-Passed Bill* (Sept. 29, 2017), <https://www.wicker.senate.gov/public/index.cfm/press-releases?ID=E13A85FD-E93C-481F-A92A-A042104A45C5>; Press Release, Sen. Roger Wicker, *Senators Highlight Need for Quality Health Care in Rural America* (Feb. 15, 2017), <https://www.wicker.senate.gov/public/index.cfm/2017/2/senators-highlight->

Charter is committed to do its part to close the digital divide in rural areas and has dedicated \$25 billion to invest in broadband infrastructure and technology over the next four years. In the past year alone, Charter extended the reach of its high-speed broadband network into rural areas in Colorado, Oregon, and Nevada, as well as to underserved and unserved communities across New York State, while also increasing its base broadband offering speed to 100 Mbps across virtually its entire footprint. As part of its commitment to close the digital divide in rural areas, Charter is proud to participate as a service provider in the Commission's Rural Health Care Program ("RHC Program"). Advanced information and telecommunications services deliver numerous public interest benefits to rural and high cost areas generally, and especially in terms of improving the delivery of health care and medicine in traditionally underserved towns and communities.

As an RHC Program service provider, Charter has seen firsthand how the RHC Program has been a vital tool in supporting rural healthcare providers' access to modern communications services and enabling telemedicine. The benefits that telemedicine can bring to communities are significant, extending the reach of care and introducing cutting-edge treatments to traditionally unserved or underserved communities within Charter's service footprint.³ Not so long ago, a doctor had to spend a good part of his or her day traveling to visit rural and small-town patients (or vice versa).⁴ Now, however, mobile apps and broadband connectivity allow doctors to connect with their patients remotely, in order to provide necessary diagnoses and prescriptions

need-for-quality-health-care-in-rural-america; Reaching Underserved Rural Areas to Lead on Telehealth Act, S.1377, 115th Cong. (2017), <https://www.congress.gov/bill/115th-congress/senate-bill/1377>.

³ See Ajit Pai & Mignon Clyburn, *Cancer Project Also a Bet on Rural Broadband's Future*, LEXINGTON HERALD LEADER (Feb. 8, 2018, 6:56 pm), <http://www.kentucky.com/opinion/op-ed/article199202009.html>.

⁴ See *Telehealth NPRM*, 32 FCC Rcd at 10,709 (statement of Chairman Pai).

and to oversee treatment.⁵ As the Commission knows, telehealth has a range of applications that will benefit rural Americans, whether they are dealing with routine afflictions or confronting life-threatening conditions.⁶ To take just one example, telemedicine allows doctors to remotely review images effectively in real time to determine whether a patient is having a stroke—resulting in dramatically faster care, when necessary, which in turn results in dramatically improved medical outcomes.⁷

To ensure the continued success of the RHC Program, Charter believes that certain reforms are necessary. Charter agrees with NCTA – The Internet & Television Association that there are steps that the Commission should adopt to ensure that the RHC Program is administered as efficiently as possible and that funding is used responsibly, appropriately, and effectively.⁸ The Commission should not, however, adopt any reforms that would impose new burdens on service providers, especially where there is no indication that doing so would improve RHC Program efficiency or effectiveness. The Commission also should adopt targeted reforms to streamline participation in the RHC Program, thereby increasing Program efficiency and reducing administrative costs. Eliminating burdens that deter healthcare providers and service providers from participating in the Program will ensure that scarce universal service dollars are used to increase telemedicine availability for consumers, and that a wider variety of

⁵ See Olivera Perkins, *FCC Chairman Ajit Pai Visits Cleveland Clinic to See Telemedicine*, CLEVELAND PLAIN DEALER (Mar. 17, 2017), http://www.cleveland.com/business/index.ssf/2017/03/fcc_chairman_ajit_pai_visits_c.html.

⁶ See FCC, Connect2HealthFCC (Aug. 2, 2016), <https://www.fcc.gov/about-fcc/fcc-initiatives/connect2healthfcc>; *In re Rural Health Care Support Mechanism*, Report and Order, 27 FCC Rcd 16,678, 16,680 ¶ 1 (2012); *Wireline Competition Bureau Evaluation of Rural Health Care Pilot Program*, Staff Report, 27 FCC Rcd 9387, 9426–30 ¶¶ 64–67 (2012).

⁷ See Perkins, *supra* note 5 (“To be able to save 38 minutes is potentially life-saving in many ways.”); see also *Telehealth NPRM*, 32 FCC Rcd at 10,710 (statement of Comm’r Clyburn) (“When a patient is presenting symptoms of a stroke, physicians have a saying: ‘time is brain.’ Minutes can make the difference between full recovery and severe, permanent damage.”).

⁸ See *In re Promoting Telehealth in Rural America*, WC Docket No. 17-310, Comments of NCTA – The Internet & Television Association at 1–6, 8–10 (Feb. 2, 2018).

service offerings is available at more cost-effective prices. These changes will build on the tremendous success of the RHC Program.

Adopting these modest reforms to reduce the costs of the RHC Program and encourage broader provider participation will amplify the Program's public interest benefits. Charter looks forward to working with the Commission to improve the RHC Program and to make sure that remote communities have the connectivity necessary to provide advanced telemedicine and healthcare services to consumers in rural areas.

Respectfully submitted,

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March 5, 2018