

**Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554**

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

COMMENTS OF NCTA – THE INTERNET & TELEVISION ASSOCIATION

NCTA – The Internet & Television Association (NCTA) submits these comments in support of the Commission’s proposal to initiate a pilot program designed to provide connected health care to low-income consumers and veterans.¹ We agree with the Commission that this pilot program should fund the costs of broadband connectivity and related network equipment necessary to provide connected care services. We also agree that the pilot program should be open and available to all interested broadband providers, rather than limited only to Eligible Telecommunications Carriers (ETCs) designated under section 214 of the Communications Act, as amended.²

As the Commission notes, advances in telemedicine have greatly increased patients’ ability to access health services without requiring them to travel to a doctor’s office or hospital.³ And the increased availability of high-speed broadband has facilitated the ability of Americans to use these remote health care services. Adoption of the proposed Connected Care Pilot Program will allow the Commission to examine whether universal service support can help to provide

¹ *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Notice of Proposed Rulemaking, FCC 19-64 (July 11, 2019) (*Connected Care Pilot NPRM*).

² *Id.* ¶ 47; 47 U.S.C. § 214(e).

³ *Connected Care Pilot NPRM* ¶ 1.

these remote health care services to eligible low-income consumers and veterans who otherwise would be unable to access this care.

The Commission proposes that the Connected Care Pilot Program would “provide funding to selected Pilot project health care providers to defray the costs of purchasing broadband Internet access service necessary for providing connected care services directly to qualifying patients.”⁴ We agree with this proposed use of Pilot Program funding, and that the funding should cover broadband connectivity that eligible patients would use to receive connected care services from participating health care facilities, as well as broadband connectivity that those facilities would use to provide the connected care services.⁵ This use of the funding is consistent with the Commission’s interpretation of section 254 as focusing on “the availability of and access to services.”⁶ As is the case in the existing Healthcare Connect Fund universal service program,⁷ the network equipment necessary to provide the broadband service should also be eligible for support through the Connected Care Pilot Program. To ensure that this limited funding is used judiciously, the Commission should also adopt its proposal to prohibit duplicative funding for network equipment that is funded through the Healthcare Connect Fund.⁸

To ensure that these limited universal service dollars can provide the greatest benefit possible to the greatest number of eligible patients, the Commission should decline to provide funding for health care provider administrative and program outreach expenses.⁹ These

⁴ *Id.* ¶ 17.

⁵ *Id.* ¶ 19.

⁶ *Id.* ¶ 26; 47 U.S.C. § 254(b).

⁷ 47 C.F.R. § 54.635.

⁸ *Connected Care Pilot NPRM* ¶ 24.

⁹ *Id.* ¶ 25.

expenses are ineligible for funding in the existing rural health care support programs and also in the prior Rural Health Care Pilot Program. In refusing to fund these expenses previously, the Commission correctly has explained that it would be inappropriate to fund project administration rather than the provision of services.¹⁰ The Commission should continue that policy in the Connected Care Pilot Program.

Finally, we agree with the Commission's proposal to allow non-ETC providers to participate in the Connected Care Pilot Program.¹¹ As the Commission states, section 254 allows non-ETC providers to receive rural health care support.¹² Allowing eligible health care providers to purchase broadband services from a broad range of providers that can satisfy the necessary bandwidth and latency requirements for services supported by the pilot will encourage wider participation in the pilot program. As we noted in earlier comments in this proceeding, cable operators are playing an increasingly important role in providing broadband-enabled health care services, both by providing high-speed broadband services to hospitals and health care facilities, and also by enabling patients to access health care technologies within their homes.¹³ The Connected Care Pilot Program will benefit from including the highly relevant experiences and services of cable operators and other non-ETC broadband providers.

CONCLUSION

As discussed above, the Commission should adopt its proposals to focus Connected Care Pilot Program funding on broadband connectivity and related network equipment for health care

¹⁰ *Rural Health Care Support Mechanism*, WC Docket No. 02-60, Report and Order, 27 FCC Rcd at 16757, ¶ 172 (2012). The Commission has also found that funding administrative expenses is not necessary because health care providers participate in the rural health care programs without receiving support for these costs. *Id.* at 16758, ¶ 175.

¹¹ *Connected Care Pilot NPRM* ¶ 47.

¹² *Id.* ¶ 46 (citing 47 U.S.C. § 254(c)(3) and (h)(2)(A)).

¹³ Comments of NCTA – The Internet & Television Association, WC Docket No. 18-213 at 1-3 (Sept. 10, 2018).

facilities to provide connected care services to eligible low-income and veteran patients. To ensure the success of the pilot program and improve broadband telehealth availability for consumers, the Commission should encourage participation by the broadest array of broadband providers possible rather than limiting participation only to ETCs.

Respectfully submitted,

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