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 CTIA

CTIA[1] respectfully submits these comments in response to the Federal Communications Commission's ("Commission's") *Notice of Proposed Rulemaking* ("*NPRM*")[2] proposing the creation of a pilot telehealth program ("Pilot Program") within the Universal Service Fund ("USF") to support connected care for low-income Americans and veterans.

I.   INTRODUCTION AND SUMMARY

As the trade association for the wireless industry, CTIA has been a strong advocate for the integration of advanced wireless technologies in the American healthcare system. The Commission is right to recognize the trend towards "connected care everywhere" through mobile wireless services and applications and to study how the federal USF can help to improve health outcomes and lower healthcare costs.

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[1] CTIA® (www.ctia.org) represents the U.S. wireless communications industry and the companies throughout the mobile ecosystem that enable Americans to lead a 21st- century connected life. The association's members include wireless carriers, device manufacturers, suppliers as well as apps and content companies. CTIA vigorously advocates at all levels of government for policies that foster continued wireless innovation and investment. The association also coordinates the industry's voluntary best practices, hosts educational events that promote the wireless industry, and co-produces the industry's leading wireless tradeshow. CTIA was founded in 1984, and is based in Washington, DC.

[2] *Promoting Telehealth for Low-Income Consumers*, Notice of Proposed Rulemaking, WC Docket No. 18-213, FCC 19-64 (rel. July 11, 2019) ("*NPRM*").

CTIA therefore supports the Commission's efforts to adopt the *NPRM*'s contemplated Pilot Program. Mobile wireless broadband services will be a necessary component to achieve the Pilot Program's goal of using telehealth to improve health outcomes for chronic and long-term conditions. Ensuring the Pilot Program's success in fulfilling that goal will also necessitate focusing on efficient, non-duplicative uses of scarce federal USF resources—including avoiding overlap with other programs that support telehealth, whether administered by the Commission or other federal agencies. To ensure the efficient use of federal USF resources, the Pilot Program should also provide support to remote patient monitoring providers and place cost allocation responsibilities on these providers as well.

II. MOBILE WIRELESS TECHNOLOGY ADDRESSES THE PILOT PROGRAM'S GOALS OF IMPROVING HEALTH OUTCOMES FOR CHRONIC AND LONG-TERM CONDITIONS

CTIA and its members support the Commission's initiative to determine how telehealth provided outside the heath care provider setting (*i.e.*, "connected care everywhere"[3]) can improve American lives and promote efficient care. From clinical trials to telehealth and chronic disease management, mobile health solutions can have a dramatic effect on patient care and health care costs—and mobile broadband networks are foundational and instrumental prerequisites for realizing connected care everywhere.

The ways in which mobile broadband serves as a cornerstone for connected care everywhere vision are wide-ranging. The speed, capacity and reliability of 5G will further enable significant advancements in remote patient monitoring, virtual visits, and other mobile health applications.[4] Similarly, wireless connectivity allows medical providers to care more

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[3] *See, e.g.*, *NPRM* at ¶ 78.

[4] *See, e.g.*, Comments of CTIA, WC Docket No. 18-213, filed Sept. 10, 2018, at 5 ("CTIA *NOI* Comments," responding to *Promoting Telehealth for Low-Income Consumers*, Notice of Inquiry

efficiently and effectively for their patients—especially those who are homebound. It is wireless connectivity that supports technologies like remote patient monitoring and diagnostics, which can facilitate clinical trials. This reduces the need for costly, in-person appointments, treatments, and surgeries, and wireless connectivity also guides patients towards embracing preventative care and managing chronic conditions by providing anytime, anywhere access to actionable health data. These benefits hold particular promise for patients lacking access to traditional health care resources, patients of advanced age, or patients with disabilities.

CTIA's member companies have been leaders in developing and supporting new and innovative mobile telehealth solutions that collect and deliver more accurate and granular patient data to healthcare providers more quickly and easily than ever before.[5] These solutions have enabled health care providers to better monitor and assess treatment; make informed diagnoses and prognoses; communicate with their patients, including those with disabilities; and even perform crucial interventions, such as remote surgeries. For example, 5G-based virtual reality and augmented reality technology is creating a digital alternative to in-person mobile and physical therapy for remote patients and clinicians.[6] Also, the addition of wireless technology in

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33 FCC Rcd 7825 (2018) ("*Connected Care NOI*") (detailing Ericsson's use of 5G connectivity to refine surgeons' sense of touch in remote surgeries); *id.* at 9-10 (explaining how "5G wireless networks will unleash even greater wireless technological advancement in broadband-enabled telehealth technologies, supporting a growing Internet of Things that will enhance connectivity and data insights for better clinical research and improved patient outcomes at lower costs").

[5] *See, e.g.*, *id.* at 5-6 (detailing six different solutions).

[6] *Collaborative VR and 5G Could Change the Ways We Access Healthcare*, VERIZON (June 7, 2018), https://www.verizon.com/about/news/collaborative-vr-and-5g-could-change-ways-we-access-healthcare.

one hospital is enabling health care providers and their patients to navigate the health care delivery process and monitor chronic conditions.[7]

Ultimately, the Pilot Program represents a significant opportunity to help the Commission study how the federal Universal Service program can enable adoption of mobile wireless health services among low income and rural consumers, in order to improve health outcomes and lower health care costs. For this reason, CTIA supports the Commission's Pilot Program as proposed in the *NPRM* with a few suggestions described below.

III.   THE PILOT PROGRAM SHOULD FOCUS ON EFFICIENT, NON-DUPLICATIVE USES OF FUNDS

The *NPRM* seeks comment on four goals for the Pilot Program: (1) improving health outcomes through connected care; (2) reducing health care costs for patients, facilities, and the health care system; (3) supporting the trend towards connected care everywhere; and (4) determining how USF funding can positively impact existing telehealth initiatives.[8] Mobile wireless services are uniquely capable of helping the Commission achieve these goals in the Pilot Program.

For example, the near-ubiquitous availability of mobile broadband services enables connected care everywhere and facilitates the evaluation of whether universal service funding can increase deployment and adoption of broadband-based telehealth initiatives. Further, as noted above, mobile wireless services can lower health care costs and improve health outcomes

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[7] Mike Dano, *This Hospital Is Installing 5G for One Big Reason: Getting Rid of Wires*, LIGHT READING (Jan. 29, 2019), https://www.lightreading.com/mobile/5g/this-hospital-is-installing-5g-for-one-big-reason-getting-rid-of-wires/d/d-id/749125.

[8] *NPRM* at 37 ¶ 78.

among low-income rural consumers.[9] Accordingly, CTIA applauds the Commission's decision

not to limit Pilot Program support to facilities-based providers.[10] As CTIA noted in response to

the *Connected Care NOI*, allowing participation by non-facilities-based providers will enhance

Pilot Program participation and effectiveness.[11]

In setting and pursuing goals for the Pilot Program, the Commission should also continue

to pursue its "section 254 goal of ensuring that universal service funding is used in the most

efficient and effective manner."[12] In structuring the Pilot Program to achieve this goal, CTIA

recommends (consistent with its comments in response to the *NOI*) that the Commission

consider the goals of existing telehealth initiatives, as well as broadband deployment and

adoption programs, to identify a unique role for the Pilot Program. This consideration will ensure

that the Pilot Program will address its goals while avoiding duplications with existing telehealth

support mechanisms at the Commission or other agencies.

For example, the Commission should consider that federal grant and subsidy programs

from the Department of Health and Human Services ("HHS"), the Department of Agriculture,

and other federal agencies already exist for telehealth services. HHS's Health Resources &

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[9] *See e.g.,* Evidation Health, *Study on SafeLink Health Initiative—Retrospective Claims Analysis Final Report,* 14, 25, 33, 35, and 44 (Aug. 13, 2018) (describing how TracFone's SafeLink project, providing mobile health technology to Medicaid-eligible consumers, led to increased medication and physician visit adherence, and in greater participation in preventative screenings).

[10] *Id.* at 21-22 ¶ 47.

[11] *See, e.g.*, CTIA *NOI* Comments at 12-13.

[12] *See, e.g.*, *Connect America Fund et al.*, Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, 31 FCC Rcd 3087, 3135 ¶ 125 (2016); *see also e.g.*, *Connect America Fund et al.*, Second Order on Reconsideration, 33 FCC Rcd 2540, 2549 ¶ 16 (2018).

Services Administration, Office for the Advancement of Telehealth, supports connected care via a range of programs including the Telehealth Network Grant Program, Telehealth Resource Center Grant Program, Rural Child Poverty Telehealth Network Grant Program, and Rural Veterans Health Access Program.[13] The Department of Agriculture's Distance Learning and Telemedicine program "helps rural communities use the unique capabilities of telecommunications"[14] to link medical service providers and patients. These all provide federal monies to support technologies and target populations similar to those contemplated in the *NPRM*. In addition, existing Commission universal service programs (including the Rural Health Care, Lifeline, and High-Cost programs) are designed to expand the availability and adoption of broadband services, including for telehealth providers, low-income consumers, and rural residents—again, all communities that the Pilot Program is intended to serve.

Thus, the Commission should take care to structure its Pilot Program so that the scarce federal USF dollars are used effectively and efficiently, recognizing the specific goals of other preexisting programs and avoiding duplication to determine how best to achieve the Pilot Program's goals. For example, the Commission correctly notes that the Pilot Program should not fund Internet connections between health care providers, as the Rural Health Care program already supports such connections.[15] Similarly, given the Commission's and other agencies'

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[13] *See Telehealth Programs*, HEALTH RES. & SERVS. ADMIN. (Aug. 2019), https://www.hrsa.gov/rural-health/telehealth/index.html.

[14]*Distance Learning and Telemedicine Grants*, U.S. DEP'T OF AGRIC.—RURAL DEV., https://www.rd.usda.gov/programs-services/distance-learning-telemedicine-grants (last visited Aug. 25, 2019).

[15] *NPRM* at 8-9 ¶ 20.

considerable ongoing efforts to help ensure ubiquitous availability of broadband,[16] CTIA

suggests that broadband deployment is a goal that should be left to existing federal USF

programs, such as High-Cost and Rural Health Care.

IV. THE COMMISSION SHOULD EXTEND PILOT PROGRAM SUPPORT—AND DOCUMENTATION RESPONSIBILITIES—TO REMOTE PATIENT MONITORING PROVIDERS

Remote patient monitoring providers are critical to achieving the Commission's goals of

empowering patients via connected care anywhere.[17] Using mobile technology, remote patient

monitoring allows patients and their caregivers to monitor symptoms, track the progression of

chronic conditions, and analyze the impact of treatment plans. In the marketplace for connected

care services, connectivity providers generally contract with and are paid by a remote patient

monitoring provider. Generally, the connectivity provider has no direct relationship with the

health care provider or the patient.[18] The Pilot Program should include support for underlying

technologies like remote patient monitoring, including end-user devices, as well as for health

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[16] *See, e.g., Wireline Competition Bureau Authorizes 171 Rate-of-Return Companies to Receive $491 Million Annually in Alternative Connect America Cost Model II Support to Expand Rural Broadband,* Public Notice, DA 19-808 (rel. Aug. 22, 2019); *Connect America Fund Phase II Auction Support Authorized for 593 Winning Bids,* Public Notice, DA 19-769 (rel. Aug. 12, 2019); *Rural Digital Opportunity Fund,* Notice of Proposed Rulemaking, FCC 19-77 (rel. Aug. 2, 2019).

[17] *See .e.g., IDEAL LIFE is Simplifying Remote Health Monitoring for Patients and Providers*, Samsung Insights (March 14, 2019), https://insights.samsung.com/2019/03/14/ideal-life-is-simplifying-remote-health-monitoring-for-patients-and-providers/ (describing how a remote patient monitoring using Samsung mobile software allows providers to track symptoms of chronic diseases); *A New mHealth Patch Could Help Clinicians with Remote Patient Monitoring*, mHealth Intelligence (Aug. 20, 2019), https://mhealthintelligence.com/news/a-new-mhealth-patch-could-help-clinicians-with-remote-monitoring (detailing a National Institutes of Health-funded project developing a wearable to monitor patients at risk of developing cancer, heart disease, diabetes and other health concerns).

[18] *NPRM* at ¶ 18.

care providers as the *NPRM* proposes. Likewise, entities providing connected care services (including remote patient monitoring providers) should be responsible for Pilot Program documentation responsibilities associated with their share of support. The entity receiving support is in the best position to assume this responsibility.[19] Inclusion of remote patient monitoring providers in the Pilot Program would ensure that a critical linchpin of connected care technology receives benefits and assumes obligations appropriate under this support mechanism.

V.   CONCLUSION

CTIA and its member companies look forward to helping the Commission recognize how mobile wireless services can enhance the efficiency and effectiveness of the Pilot Program, and urge the Commission to shape its initial efforts at enabling connected care everywhere through mobile wireless technologies.

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[19] *Id*. at 34.

Respectfully submitted,

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