

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

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

**COMMENTS OF VERIZON<sup>1</sup>**

Verizon supports the Commission’s proposal to create the Connected Care Pilot program.<sup>2</sup> As Verizon explained in its comments on the *NOI*,<sup>3</sup> connected care services promise to increase access to care, improve health outcomes, and reduce health care costs.<sup>4</sup> The proposed pilot program will allow the Commission to test how it can best accelerate the deployment of connected care services to all Americans, including low-income households and rural residents. Together with the Commission’s other efforts to promote fixed and mobile broadband deployment, the Connected Care Pilot program can help close the digital divide.

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<sup>1</sup> The Verizon companies participating in this filing are the regulated, wholly owned subsidiaries of Verizon Communications Inc.

<sup>2</sup> *Promoting Telehealth for Low-Income Consumers*, Notice of Proposed Rulemaking, WC Docket No. 18-213, FCC 19-64 (rel. July 11, 2019) (“*NPRM*”).

<sup>3</sup> *Promoting Telehealth for Low-Income Consumers*, Notice of Inquiry, 33 FCC Rcd 7825 (2018) (“*NOI*”).

<sup>4</sup> Verizon NOI Comments at 2-3.

Connected care services hold particular promise for maternal care and for the management of diabetes and other chronic diseases.<sup>5</sup> Remote patient monitoring allows health care providers to track key patient data such as blood glucose levels, weight, and blood pressure, transmitted automatically from devices in the home to the health care provider over wireline or wireless broadband networks.<sup>6</sup> By allowing patients to receive care at home and in other locations outside traditional health care facilities, connected care services provide medical care to patients that have mobility limitations or live in rural areas far from medical facilities, and may also help avert costly emergency room visits or hospital stays.<sup>7</sup>

Verizon recently announced that it is partnering with the Department of Veterans Affairs (VA) to provide veterans with unlimited access to the VA's Video Connect telehealth app.<sup>8</sup> The app allows veterans who live far from a VA facility, or have medical conditions that make it difficult to travel, to interact with their VA health care providers over a live, encrypted video stream. Through the partnership with Verizon, veterans will be able to talk with their VA care team anywhere across Verizon's nationwide 4G LTE network without incurring data charges.

Because of the clear evidence that connected care services can provide compelling benefits for patients, Verizon believes that all Americans should have access to these services. However, the record in this proceeding shows that the deployment of connected care services has

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<sup>5</sup> *Id.*; see also *NPRM*, ¶¶ 9-10, 61.

<sup>6</sup> Medicaid and CHIP Payment and Access Commission, *Report to Congress on Medicaid and CHIP* at 33, <https://www.macpac.gov/wp-content/uploads/2018/03/Report-to-Congress-on-Medicaid-and-CHIP-March-2018.pdf> (March 2018).

<sup>7</sup> U.S. Department of Health and Human Services, *E-health and Telemedicine* at 4, <https://aspe.hhs.gov/system/files/pdf/206751/TelemedicineE-HealthReport.pdf> (August 12, 2016) (“*HHS Report*”).

been constrained by several factors.<sup>9</sup> Many important factors are outside the Commission’s jurisdiction, such as state licensure requirements and Medicaid and Medicare reimbursement policies.<sup>10</sup> But the deployment of connected care services may also be constrained by gaps in the availability of broadband or, for low-income Americans, by concerns about affordability.<sup>11</sup>

The Commission should use all available policy tools to ensure that the broadband services required for connected care are both available and affordable. Verizon supports the proposed pilot program because it will help Commission to evaluate whether it can use the universal service fund to accelerate the deployment of connected care services. The pilot program could, for example, allow the Commission to assess whether the deployment of connected care services is primarily constrained by factors related to the availability or affordability of broadband, rather than by factors outside the Commission’s jurisdiction. The pilot program could also help the Commission assess whether it can best accelerate the deployment of connected care services by creating a new universal service program, rather than by using existing universal service programs or other policy tools. Pilot program results may show that the Commission could support access to connected care services by prioritizing Rural Digital Opportunity Fund support for medically underserved areas or by enhancing the coordination between the Lifeline program and the Medicaid program.

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<sup>8</sup> Department of Veterans Affairs Press Release, “VA-Verizon partnership offers unlimited access to department’s video telehealth service,” <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5278> (June 27, 2019).

<sup>9</sup> *NPRM* ¶¶ 12-13.

<sup>10</sup> *HHS Report* at 6-9; *NPRM* ¶ 12.

<sup>11</sup> *Id.* ¶ 13.

To ensure that the pilot program produces meaningful data that can drive future policy decisions, the program rules should “promote the selection of a diverse range of projects”<sup>12</sup> and should focus on the patient populations that are most likely to benefit from universal service support for connected care services. Verizon agrees that the Commission’s project selection rules should prioritize projects that (1) primarily serve veterans or low-income patients; (2) are focused on rural or Tribal areas that are medically underserved; and (3) are focused on treating chronic health conditions or providing maternal care.<sup>13</sup> To maximize the number of projects that can be funded within the \$100 million budget, the Commission should consider adopting a lower discount than the 85 percent factor proposed in the *NPRM*, such as the 65 percent discount used in the Healthcare Connect program.

The Commission should require program participants to provide sufficient information in their reports for the Commission to assess the specific impact of universal service support.<sup>14</sup> In particular, the Commission should adopt its proposal to require program participants to identify non-USF sources of funding or support. Program participants should discuss, for example, the extent to which their connected care service would be reimbursable from private sources or other government programs.<sup>15</sup> Program participants should also collect information about whether the patients in their study were already subscribing to mobile or fixed broadband or were Lifeline-eligible.

In order to obtain pilot results as quickly and efficiently as possible, the Commission should limit administrative burdens on participating service providers and health care providers.

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<sup>12</sup> *Id.* ¶ 56.

<sup>13</sup> *Id.* ¶¶ 56-61.

<sup>14</sup> *Id.* ¶ 93.

For example, the Commission should disburse support directly to the health care provider, rather than disburse support to the service provider and expect the service provider to pass the support through to the health care provider as a bill discount.<sup>16</sup> The *NPRM*'s proposal is unduly burdensome because it would require service providers to develop a new billing process for a temporary program with a handful of customers. Moreover, the bill discount approach fails to recognize that the service provider's customer is often an intermediate connected care provider,<sup>17</sup> not the health care provider that is the intended beneficiary of the program.

Similarly, the Commission should require the health care provider, rather than the service provider, to perform any required cost allocation.<sup>18</sup> Only the health care provider will have enough information about the mix of eligible and ineligible uses to allocate the cost of the broadband service.

In addition to moving forward with the Connected Care Pilot program, the Commission should continue to foster the deployment of broadband services that will provide the foundation for further advances in connected care services. In particular, the Commission should continue its efforts to expedite small cell and fiber deployment for 4G and 5G networks and make available spectrum for 5G, especially mid-band spectrum. As Verizon explained in its comments on the *NOI*, 5G networks' low latency and high bandwidth will enable new connected care services that are based on immersive virtual reality, high-quality video streaming, and the near-instantaneous transmission of medical images.<sup>19</sup> Virtual reality developers have demonstrated,

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<sup>15</sup> *Id.* ¶ 27.

<sup>16</sup> *Id.* ¶ 74.

<sup>17</sup> *Id.* ¶ 20.

<sup>18</sup> *Id.* ¶ 34.

<sup>19</sup> Verizon *NOI* Comments at 3.

for example, that 5G networks could enable physical therapists to work remotely with patients anywhere in the world.<sup>20</sup>

Verizon supports the Commission's efforts to improve access to connected care services for low-income and rural Americans. The Commission should move forward with the Connected Care Pilot Program and should continue to use all other available policy tools to accelerate the deployment of broadband networks, including 5G networks.

Respectfully submitted,

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August 29, 2019

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<sup>20</sup> See <https://www.verizon.com/about/news/5g-lab-simulating-interaction-between-physical-therapist-and-patient> (July 26, 2018).