

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 VERIZON¹

Remote patient monitoring and other connected care services offer the promise of improving health outcomes and reducing health care costs. Verizon supports the Connected Care Pilot Program outlined in the *NOI* because it will enable the Commission to assess the extent to which the universal service fund (USF) can promote the provision of connected care services to low-income patients.² In parallel with the pilot program, the Commission should continue to use all other available policy tools to accelerate the deployment of advanced broadband networks that provide the foundation for connected care services.

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

² *Promoting Telehealth for Low-Income Consumers*, Notice of Inquiry, WC Docket No. 18-213, FCC 18-112 (rel. August 3, 2018) (“*NOI*”).

I. All Americans Should Have Access to Connected Care Services

Verizon agrees that all Americans should have access to connected care services, whether enabled by existing broadband technologies or next-generation technologies such as 5G.³ By allowing patients to receive care at home and in other locations beyond traditional health care facilities, connected care services promise to increase access to care, improve health outcomes, and reduce health care costs.⁴

Connected care services appear to hold particular promise for the management of diabetes and other chronic diseases, which are estimated to account for at least 75 percent of health care expenditures.⁵ Many persons with chronic conditions are elderly, and therefore have mobility limitations.⁶ 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.⁷ Ensuring ready access to care for patients with chronic conditions may help avert costly emergency room visits or hospital stays.⁸

Connected care services also hold promise for maternity care. Patients covered by Medicaid – part of the proposed target group for the Connected Care Pilot Program – account for

³ *NOI* ¶ 1.

⁴ *Id.* ¶¶ 5-10.

⁵ U.S. Department of Health and Human Services, *E-health and Telemedicine*, August 12, 2016, at 4 (“*HHS Report*”), <https://aspe.hhs.gov/system/files/pdf/206751/TelemedicineE-HealthReport.pdf>.

⁶ *Id.*

⁷ Medicaid and CHIP Payment and Access Commission, *Report to Congress on Medicaid and CHIP*, March 2018, at 33 (“*MACPAC Report*”), <https://www.macpac.gov/wp-content/uploads/2018/03/Report-to-Congress-on-Medicaid-and-CHIP-March-2018.pdf>.

⁸ *HHS Report* at 4.

almost half of all births in the United States.⁹ Connected care services can be used to manage pregnancies in a number of ways, including broadband-enabled videoconferencing for prenatal care visits and remote patient monitoring.¹⁰ For example, health care providers can use remote patient monitoring to track blood glucose values of pregnant women with diabetes, potentially reducing the frequency of in-person visits.¹¹

Next-generation technologies such as 5G will enable further advances in connected care. Not only will 5G networks permit a dramatic increase in the number of connected medical devices and sensors, but 5G's 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. Virtual reality developers have demonstrated, for example, that 5G networks could be used to allow physical therapists to work remotely with patients anywhere in the world.¹²

II. The Commission Should Move Forward With the Connected Care Pilot Program

The Commission should move forward with the Connected Care Pilot Program outlined in the *NOI*. Under the proposed program, the Commission would provide up to 20 connected care pilot projects with a maximum of \$5 million each over a two- or three-year term.¹³ Funded health care providers would be required to use the pilot program benefits exclusively for

⁹ *MACPAC Report* at 42.

¹⁰ *Id.*

¹¹ *Id.*

¹² See <https://www.verizon.com/about/news/5g-lab-simulating-interaction-between-physical-therapist-and-patient>

Medicaid-eligible patients and veterans who qualify for cost-free health care benefits from the Veterans Administration.¹⁴ The awarded funds would support fixed or mobile broadband connectivity for both the low-income patients and the health care provider.¹⁵

One goal of the pilot program should be to study the impact of connected care services on low-income patients. Few published studies address the effects of telehealth in Medicaid specifically.¹⁶ By funding pilot projects, the Commission would enable health care providers to gain experience with the provision of connected care services to low-income populations and assess whether connected care services can improve health outcomes or reduce costs. In order to maximize the utility of the pilots, the Commission should select pilot projects that represent a range of different geographies, technologies, and patient populations.

Another goal of the pilot program should be to assess the extent to which the Commission has the ability to address factors that are limiting the provision of connected care services to low-income Americans. According to recent studies, the provision of telehealth is often limited by factors that are outside the scope of the universal service fund, such as state licensure requirements and Medicaid and Medicare reimbursement policies.¹⁷ For example, the majority of states do not cover remote patient monitoring under Medicaid.¹⁸

To the extent that the provision of connected care services has been partly limited by factors that are within the scope of the universal service fund, such as the availability or

¹³ *NOI* ¶¶ 49, 51.

¹⁴ *Id.* ¶ 39.

¹⁵ *Id.* ¶ 42.

¹⁶ *MACPAC Report* at 45.

¹⁷ *HHS Report* at 6-9. *See also MACPAC Report* at 46-47.

¹⁸ *MACPAC Report* at 35, Table 2-1.

affordability of broadband, the Commission should evaluate whether existing universal service programs are already addressing them. The Commission may find that many of the broadband availability gaps that currently limit the provision of connected care services in some rural areas will be addressed when carriers complete their Connect America Fund-supported buildouts or the Mobility Fund is fully implemented. Similarly, the Commission may find that affordability concerns are now being addressed by the Lifeline program (for patients) and the Rural Health Care program (for health care providers). The Lifeline program has supported broadband services for less than two years,¹⁹ and the Commission only recently increased the budget for the Rural Health Care program.²⁰

If existing USF programs do not fully address broadband availability and affordability concerns, the Commission should use the pilot projects to help identify changes to the USF rules that would advance the provision of connected care services. For example, the Commission could select pilot projects that test the delivery of connected care services in Tribal areas or in areas that are medically underserved according to certain indicators.²¹ Depending on the results of those pilot projects, the Commission could then consider whether future USF programs such as the Remote Areas Fund should prioritize or increase broadband deployment subsidies for medically underserved areas or Tribal areas.

The Commission could also use the pilot program to test whether it can promote access to connected care services by changing the way that existing USF programs are administered. For

¹⁹ *Lifeline and Link Up Reform and Modernization et al.*, Third Report and Order, Further Report and Order, and Order on Reconsideration, 31 FCC Rcd 3962 (2016).

²⁰ *Promoting Telehealth in Rural America*, Report and Order, WC Docket No. 17-310, FCC 18-82 (rel. June 25, 2018)

²¹ See <https://www.fcc.gov/health/maps>.

example, the pilot program could study whether the Commission could promote connected care services by encouraging greater coordination between Medicaid enrollment and Lifeline enrollment. Similarly, the Commission could study whether it could promote connected care services by simplifying the Rural Health Care program's application procedures. In 2016, a Department of Health and Human Services report on telemedicine found that the complexity of Rural Health Care program application procedures made it difficult for health care providers to take advantage of funding from the Rural Health Care program.²²

III. The Commission Should Promote the Deployment of Broadband Networks Required for Telehealth

In addition to moving forward with the pilot program outlined in the *NOI*, the Commission should continue to use all available policy tools to accelerate the deployment of broadband networks, including 5G networks. Advanced fixed and mobile broadband networks provide the foundation for the delivery of connected care services to all Americans.

First, the Commission should continue implementing USF initiatives that will support the deployment of broadband networks in areas that remain unserved. In particular, the Commission should advance the deployment of 4G LTE services in unserved areas by holding the Mobility Fund auction as soon as possible. The Commission should also finish developing the rules for the Remote Areas Fund, which will support the deployment of broadband in areas that remain unserved after the CAF Phase II auction.²³

²² *HHS Report* at 8.

²³ See *Connect America Fund, et al.*, Report and Order and Further Notice of Proposed Rulemaking, 31 FCC Rcd 5949, ¶¶ 196, 204 (2016).

Second, the Commission should continue its efforts to expedite small cell and fiber deployment for 4G and 5G networks by removing roadblocks to the installation of necessary equipment and facilities. In particular, the Commission should continue to address state and local barriers to small cell deployment by: (1) using its authority under Sections 253 and 332(c)(7) of the Communications Act to bar state or local actions that erect substantial barriers to wireless facilities deployment (such as denial of access to state and local rights-of-way and municipal poles); (2) declaring that fees for access to rights-of-way and municipal poles that exceed cost violate Sections 253(a) and (c); and (3) adopting shorter shot clocks for acting on small cell applications and to deem applications granted when the applicable Section 332(c)(7) shot clock expires without action.²⁴

Finally, the Commission should continue to make available spectrum for 5G, especially mid-band spectrum. As Verizon has previously explained, the United States “is facing a mid-band spectrum deficit that could ultimately slow 5G deployment, particularly beyond dense urban areas.”²⁵ The Commission should move quickly to permit commercial wireless use of the 3.7-4.2 GHz band.

²⁴ See, e.g., Letter from Tamara Preiss, Verizon, to Marlene H. Dortch, FCC, WT Docket No. 17-79 & WC Docket No. 17-84, Attach. at 2 (Aug. 10, 2018); Verizon Wireless Comments, *Accelerating Wireless Broadband Deployment by Removing Barriers to Infrastructure Investment*, WT Docket No. 17-79, at 13-15 (June 15, 2017); Verizon Wireless Reply Comments, *id.* at 16-21 (July 17, 2017); Letter from Andre J. Lachance, Verizon, to Marlene H. Dortch, FCC, WT Docket No. 17-79 & WC Docket No. 17-84 (June 22, 2018); Verizon Comments, *The State of Mobile Wireless Competition*, WT Docket No. 18-203, at 35 (July 26, 2018).

²⁵ Verizon Comments, *Report on the Feasibility of Allowing Commercial Wireless Services, Licensed or Unlicensed, To Use or Share Use of the Frequencies Between 3.7-4.2 GHz*, GN Docket No. 18-122 (May 31, 2018).

IV. Conclusion

Verizon supports the Commission's efforts to improve access to telehealth 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,

By: /s/ Tamara L. Preiss

William H. Johnson
Of Counsel

Tamara L. Preiss
1300 I Street NW
Suite 500-East
Washington, DC 20005
(202) 515-2540

September 10, 2018