

**Before the
Federal Communications Commission
Washington, D.C. 20554**

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

**COMMENTS OF
USTELECOM – THE BROADBAND ASSOCIATION**

I. INTRODUCTION AND SUMMARY

USTelecom — The Broadband Association (USTelecom)¹ submits these comments in response to the Federal Communications Commission’s (Commission) Notice of Inquiry (*Notice*) into “how the Commission can help advance and support the movement in telehealth towards connected care everywhere and improve access to the life-saving broadband-enabled telehealth services it makes possible.”² USTelecom supports the Commission’s effort through this *Notice* to establish the “Connected Care Pilot Program” (Pilot) and offers these comments on how to make the Pilot most effective and efficient.

USTelecom members are in the business of connecting people, and telehealth programs are one of the most impactful connections we can provide. These connections are particularly important in rural America, where instant access to healthcare via broadband can replace hours on the road to the nearest medical facility. As some of the internet service providers most invested in deploying rural broadband—and some of the most active in the Commission’s

¹ USTelecom is the premier trade association representing service providers and suppliers for the telecom industry. Its diverse member base ranges from large publicly traded communications corporations to small companies and cooperatives – all providing advanced communications service to both urban and rural markets.

² *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Notice of Inquiry, FCC 18-112 at para. 2 (Aug. 3, 2018).

existing Rural Health Care universal service program—USTelecom members know there are rural residents awaiting the ability to connect to the digital world for services exactly like those offered by telehealth programs.

Our significant experience with the Universal Service Fund program³ and previous Commission pilot programs has shown that pilot programs work best when they identify a particular set of perceived obstacles to achieving the Commission’s policy goal and narrowly target how to attack those obstacles; issue focus is key in order to achieve meaningful results. USTelecom supports both the proposed budget size and duration of the Pilot; however given those limitations, the program would be best focused on the barriers beyond rural service availability, which is a known barrier for connecting to *all* of the benefits of broadband and is addressed via numerous other programs. Instead, the Commission should explore what other specific factors within the Commission’s purview are impeding “the delivery of these telehealth to low income Americans . . . beyond the doors of brick-and-mortar health care facilities,” and what it can do to encourage greater telehealth adoption.⁴

II. TO BEST PROMOTE ADOPTION OF TELEHEALTH, THE COMMISSION SHOULD IDENTIFY ITS TOP PERCEIVED BARRIERS SPECIFICALLY AFFECTING TELEHEALTH ADOPTION AND FOCUS ITS EFFORTS THERE

The Commission’s proposal to use a Pilot to spur telehealth usage is a laudable exploration of how modern communications can have life-altering—and indeed life-saving—effects across America. The University of Texas Medical Branch agrees, stating in a recent report that “[t]he use of technology to deliver health care from a distance, or telemedicine, has

³ USTelecom members are amongst the largest participants in the Connect America Fund, *see* FCC, Connect America Fund Phase II Funding by Carrier, State and County, <https://www.fcc.gov/document/connect-america-fund-phase-ii-funding-carrier-state-and-county> (last visited Sept. 10, 2018).

⁴ *Notice* at para. 2.

been demonstrated as an effective way of overcoming certain barriers to care, particularly for communities located in rural and remote areas.”⁵ In addition to the many benefits of telehealth programs that the Commission describes,⁶ there are still other benefits too. For example, telemedicine programs have been shown to significantly reduce “no shows” among patients, which improves care for the patient and productivity for the healthcare provider.⁷ Yet though telehealth and telemedicine is growing exponentially,⁸ there are still reports that barriers exist to full adoption, particularly among veterans in rural areas,⁹ even though “a large proportion of veterans of all ages would be willing to use the Internet to receive mental health services in the future.”¹⁰

The *Notice* identifies six distinct overarching goals and objectives that it seeks to explore or achieve through the Pilot program;¹¹ though certainly ambitious, it is overly-broad for a Pilot. The goals provide appropriate foundational background but the Commission cannot expect to reasonably accomplish all of these through a program that will fund up to 20 experiments, many of which will need to be centered on achieving the same specific goal in order to test how influencing select variables produces different results. The Commission should narrow its goals to make Pilot project selection and, more importantly, evaluation, more feasible.

⁵ UTMB Health, Benefits of Telemedicine in Remote Communities & Use of Mobile and Wireless Platforms in Healthcare at 2 https://telehealth.utmb.edu/presentations/Benefits_Of_Telemedicine.pdf (last visited Sept. 10, 2018) (UTMB Telemedicine Study).

⁶ *Notice* at paras. 3-10.

⁷ UTMB Telemedicine Study at 4.

⁸ See Melinda Beck, Wall Street Journal, How Telemedicine is Transforming Health Care (June 26, 2016) <https://www.wsj.com/articles/how-telemedicine-is-transforming-health-care-1466993402> (citing, among other statistics, a 20% increase in US virtual doctor visits over just one year from 2015-2016).

⁹ Nat’l Acad. of Sci., Eng. and Med., *Evaluation of the Department of Veterans Affairs Mental Health Services* at 305 (2018) <https://www.nap.edu/read/24915/chapter/16#305> (describing barriers to telehealth such as lack of equipment and constant internet access).

¹⁰ *Id.* at 306.

¹¹ *Notice* at paras. 16-27.

USTelecom agrees it is appropriate for the Commission to focus its efforts on low-income consumers, including veterans, and the services delivered beyond the healthcare facility.¹² The Commission should not, however, make expanding broadband deployment in high-cost areas a goal for this Pilot. The Commission is already spending billions of dollars annually through various iterations of the Connect America Fund (CAF) to fill this exact need. The CAF II program will bring broadband to over 3.6 million rural locations by 2020¹³ while the recently completed CAF II auction will bring service to an additional 700,000 unserved rural locations over a six-year period¹⁴—and this does not even include the Mobility Fund, which will increase LTE coverage nationwide¹⁵ or the Department of Agriculture’s Rural Utility Service pilot program to spur rural broadband deployment.¹⁶ USTelecom members are all vested participants in the CAF program, accepting the difficult challenge of deploying broadband in otherwise uneconomic areas because we recognize that broadband availability underlies *all* of the benefits of broadband, including, but certainly not limited to, telehealth capabilities.

Using the Pilot to expand network deployments in unserved areas is problematic. The fixed broadband CAF programs recognize the difficulties in network planning and deployment and therefore incorporate significant time to build (six years), which stretches far beyond the proposed two or three year duration of the entire Pilot. Also, broadband networks are not

¹² *Id.* at para 28.

¹³ See FCC, Connect America Fund Phase II Funding by Carrier, State and County, <https://www.fcc.gov/document/connect-america-fund-phase-ii-funding-carrier-state-and-county> (last visited Sept. 10, 2018).

¹⁴ *Connect America Fund Phase II Auction (Auction 903) Closes, Winning Bidders Announced, FCC Form 683 Due October 15, 2018*, AU Docket No. 17-182, WC Docket No. 10-90, Public Notice, DA 18-887 (WCB, WTB Aug. 28, 2018).

¹⁵ See, e.g., FCC, Mobility Fund Phase II, <https://www.fcc.gov/mobility-fund-phase-ii-mf-ii> (last visited Sept. 10, 2018).

¹⁶ See Rural Util. Serv., U.S. Dep’t Agric., Notice of Inquiry and Request for Comments, 83 Fed. Reg. 35609 (July 27, 2018).

designed to target specific individuals who may be part of a Pilot; they are built to cover large geographic areas. Accordingly, the funding for such deployments would support builds outside the scope of the Pilot, which is not the most efficient use of scarce resources as there are already other federal programs designed to bring broadband to unserved areas. Finally, given all of the CAF-based and other private deployment projects ongoing, using the funding for network deployments presents a significant risk of overbuilding. Each round of CAF has been accompanied by a challenge process to ensure that another provider was not serving that area. The short duration of the Pilot may preclude such a process or significantly delay implementing the Pilot, and thus the Commission's goal of promoting telehealth.

III. THE PILOT'S PROPOSED STRUCTURE IS APPROPRIATE TO GENERATE SOUND TESTS FOR EXPANDING TELEHEALTH

USTelecom supports the general structure that the *Notice* proposes as a sound basis for achieving its goal of expanding telehealth in low-income and veteran populations. The proposed budget of \$100 million, broken into 20 different projects with a maximum cost of \$5 million,¹⁷ will allow for meaningful tests in a variety of manners. The *Notice*'s proposal to allow for a two or three year duration is also appropriate. Given that the Pilots would also include a ramp up, wind-down and evaluation period, any longer duration risks having the findings become obsolete by the time they could be effectuated, either by technological or other societal shifts that may influence telehealth adoption. The proposed budget and length of project, however, counsel against using the funding for broadband deployment. The funded amount would likely be either insufficient for meaningful deployment to high-cost areas and/or would not allow the Commission to test telehealth-specific variables because it would consume such a significant portion of the funding—and all of this would need to be accomplished in a

¹⁷ *Notice* at para. 28.

compressed timeframe from the normal rhythm of broadband deployment schedules.

IV. CONCLUSION

USTelecom members believe in the value of broadband and therefore support the Commission's effort to expand the promise of telehealth programs. With a tight focus on achieving narrow and well defined goals, the Commission can take strides to improve the health prospects of many Americans into the future.

Respectfully submitted,

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