



September 18, 2018

Commissioner Brendan Carr
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: Accelerating Wireless Broadband Deployment by Removing Barriers to Infrastructure Investment, WT Docket No. 17-79; Streamlining Deployment of Small Cell Infrastructure by Improving Wireless Siting Policies, WT Docket No. 16-421

Dear Commissioner Carr:

Telemedicine and remote patient monitoring are dramatically changing the way Americans receive healthcare and are leading to improved patient treatments, more positive outcomes, and lower healthcare costs. These exciting technologies are, however, dependent on fast, reliable broadband networks. We thus strongly support the FCC's actions to speed the construction of those networks by lowering regulatory barriers that are impeding them.

New wireless applications are changing the way health providers combat diseases, degenerative disorders, cancers, and drug addictions. As you saw during your visit earlier this summer to the University of Virginia Children's Hospital, doctors can remotely monitor the daily weight, heart rate, and oxygen levels of pediatric patients, allowing patients to travel less frequently to the hospital and decreasing the need for long stays in intensive care units. Connected insulin pumps and home blood sugar monitors are also being used to improve average blood sugars for remote patients. The University of Virginia's telestroke team is using a broadband-enabled connection to rural facilities, where they are able to start stroke treatment immediately, significantly reducing the amount of neurons and brain fiber damaged in the immediate aftermath of a stroke.

In Scottsville, Kentucky, which is almost 30 miles from the nearest pediatrician, a school now allows sick students to be treated by nurses and doctors at Vanderbilt University's Children's Hospital in Nashville. In Beatty, Nevada, there is only one medical clinic, which was financially struggling and near closure. If it were to close, residents would have to drive almost 70 miles to the nearest hospital. However, a recently installed high-speed broadband connection allowed the clinic to stay open. Today, residents can visit the clinic, meet with a nurse that takes patient vitals, and then connect via an online video connection with a doctor based in a larger town.

Doctors across the country are also bringing specialist care to rural communities via broadband connections to decrease the dependency on opioids and other drugs and to help

address a number of critical mental health issues. And there is evidence that telemedicine consults with high-risk mothers result in an almost 40 percent reduction in the amount of infant days in the neonatal intensive care unit.

These applications are not only saving lives and improving patient outcomes, but are also significantly lowering the costs of care and chronic disease management, which makes up 80 percent of direct healthcare spending. Indeed, it is estimated that the United States could lower its healthcare costs by almost \$200 billion over the next 25 years through the use of remote monitoring of patients with chronic diseases. In one pilot project with 100 diabetes patients, remote patient monitoring saved \$339,000 in Medicaid spending in the first year alone.

For all of these reasons, the Commission is right to make telemedicine a priority and to adopt common sense reform of the complex web of wireless siting regulatory processes. Regulatory red tape should not be the bottleneck that prevents innovative healthcare solutions from reaching the individuals that need them the most.

Lowering regulatory barriers, including high siting fees, delays, and restrictions, will directly reduce deployment costs in rural areas, making it feasible to expand to previously unserved or underserved communities. Lowering regulatory costs in urban areas will also spur more rural deployment because providers will have additional capital available to spend.

Telehealth and other new technologies promise groundbreaking ways to provide quality healthcare to individuals who would not have otherwise received it – particularly in rural areas. We encourage the Commission to take additional actions to speed construction of the expanded broadband networks that are needed to support these exciting new technologies.

Sincerely,

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