

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

**Promoting Telehealth  
for Low-Income Consumers**

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**Docket No. 18-213**

**Reply Comments of**

**NTCA-THE RURAL BROADBAND ASSOCIATION**

To the Commission:

**I. INTRODUCTION**

NTCA-The Rural Broadband Association (NTCA) hereby submits reply comments in the above-captioned proceeding. Responding to comments, NTCA submits:

1. A telehealth Pilot could offer great promise in serving low-income and veteran populations.
2. The Pilot will make most efficient use of resources if it is coordinated with other Federal programs in a manner that avoids duplicative efforts.
3. In the first instance, healthcare Pilot funding should be available to eligible health care providers, as may be determined by the Commission. In the alternative, to the extent Pilot funding is distributed directly to providers, only eligible telecommunications carriers (ETCs) that are subject to Commission oversight for Universal Service Fund (USF) purposes should obtain Pilot resources.
4. A robust fiber network is necessary to support both wired and spectrum-based telemedicine applications.

NTCA has been active in telehealth proceedings before the Commission, including this docket.<sup>1</sup> Moreover, NTCA, recognizing the critical value of rural telehealth, has published

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<sup>1</sup> See, i.e., *Actions to Accelerate Adoption and Accessibility of Broadband-Enabled Healthcare Solutions and Advanced Technologies: Comments of NTCA*, Docket No. 16-46, at 9 (May 24, 2017); *Promoting Telehealth for Low-Income Consumers, Notice of Inquiry: Comments of NTCA*, Docket No. 18-213 (Sep. 10, 2018); *Promoting Broadband Internet Access Service for Veterans: Comments of NTCA*, Docket No. 18-275, DA 18-947 (Oct. 10, 2018).

original research investigating the economic impacts of telemedicine deployments in rural areas and regularly highlights the accomplishments of rural broadband provider-enabled telemedicine through its Smart Rural Communities<sup>SM</sup> initiative.<sup>2</sup> Lastly, as described in the instant Notice of Proposed Rulemaking, NTCA has been at the forefront of connecting rural veterans to telehealth services through its Virtual Living Room<sup>SM</sup> initiative.<sup>3</sup> Accordingly, NTCA appreciates and champions the promised value of telehealth to reduce costs and improve patient outcomes and herein responds to comments submitted to the record.

## **II. DISCUSSION**

The breadth of interests represented in filed comments attests to the recognized, growing role of telehealth in medical practice. While innovative and yet evolving, telehealth is no longer a novel idea. Its benefits include improved patient compliance and outcomes for chronic conditions, as well as substantial advances in the treatment of acute and traumatic events. Indeed, the record demonstrates thoughtful participation from healthcare and other constituencies not often present in Commission proceedings. Overall, NTCA welcomes the Commission's telehealth pilot proposal.

As defined by the Commission, the pilot would be launched as a component of the USF. NTCA agrees with Sage Telecom Communications, LLC, that the pilot should work in

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<sup>2</sup> See, Rick Schadelbauer, "Anticipating the Economic Returns of Rural Telehealth," Smart Rural Community (2017) (accessible at [https://www.ntca.org/sites/default/files/documents/2017-12/SRC\\_whitepaper\\_anticipatingeconomicreturns.pdf](https://www.ntca.org/sites/default/files/documents/2017-12/SRC_whitepaper_anticipatingeconomicreturns.pdf)).

<sup>3</sup> See, "Create a Place Where Veterans Can Feel at Home," NTCA—The Rural Broadband Association (accessible at <https://www.ntca.org/programs/grant-program/virtual-living-room>). See, also, Jessica Kim Cohen, "Veterans in Kentucky Access Telehealth via a 'Virtual Living Room': 3 Things to Know," Becker's Hospital Review (Feb. 5, 2018) (accessible at <https://www.beckershospitalreview.com/telehealth/veterans-in-kentucky-access-telehealth-via-a-virtual-living-room-3-things-to-know.html>).

conjunction with other programs to ensure the efficient distribution of limited resources.<sup>4</sup> Other parties, as well, express support for both intra- and inter-agency coordination. For example, Virginia Telehealth Network cites the Health Resources & Services Administration (HRSA) as being “charged with ‘improving health to people who are geographically isolated, economically or medically vulnerable . . . .’”<sup>5</sup> CTIA identifies the Department of Health and Human Services and the Department of Agriculture as other examples.<sup>6</sup> These agencies can assist and further the Commission’s goals of the Pilot. NTCA submits the Commission’s expertise in telecom, blended with others’ expertise and resources in health care, can create a forceful, forward-thinking strategy to improved health care. The Commission’s stated focus on veterans’ health care, and NTCA’s Virtual Living Room<sup>SM</sup> (VLR) initiative, offer cogent examples of how parties can combine to create good results. The VLR relies upon three parties: a locally-operated rural broadband provider that provides connectivity and technology; a local partner that provides physical space at which veterans can access VA telehealth in a comfortable, inviting and private venue; and the VA, whose telehealth resources are accessed by the users. Similarly, coordination among the Commission and other expert agencies could create particularly effective opportunities and outcomes for the Pilot.

As the Commission turns to identifying geographic regions most suited for the pilot, NTCA supports the observation of Sage Telecom which notes that limiting the pilot to rural areas will “increase the likelihood that the Pilot’s objectives are accomplished and that the data collected can be used to truly learn best practices to effectively deliver world class healthcare to

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<sup>4</sup> Sage Telecom Communications, LLC, at 4 (Sage Telecom).

<sup>5</sup> VTN at 13.

<sup>6</sup> CTIA at 5.

similar communities with those technology and delivery methods.”<sup>7</sup> NTCA agrees: rural areas, by unfortunate definition, have higher rates of many chronic conditions than urban areas.<sup>8</sup> Moreover, many rural areas demonstrate trends of persistent poverty and healthcare shortages. Telemedicine for acute and traumatic conditions is especially suited for areas where distance from suitable medical facilities argues for broadband-enabled communications capabilities among first-responders and physicians. Accordingly, and as articulated by Sage Telecom, rural areas offer the most suitable test-bed for a pilot. If the challenges of health care can be solved in rural, insular and Tribal regions, then the solutions can likely be applied effectively to urban regions in which many of the prevailing conditions are less intense.

However, whereas Sage Telecom urges the Commission to not limit funding “*only* to eligible health providers,” arguing that patient access stands as an obstacle, as well,<sup>9</sup> NTCA submits that potential duplication of Lifeline should be avoided. Stated differently, telehealth pilot funding should not be applied to instances in which Lifeline support can assist a subscriber with affordable broadband access. Rather, the resources of the Pilot are more appropriately directed at enabling eligible health care providers with their provision of telehealth. These may include support for end-user broadband-enabled medical peripherals as prescribed and supplied by a healthcare provider. This position finds support in the filed comments. Several parties address the scope of expenses that funding from the pilot might cover. As noted by the Virginia

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<sup>7</sup> Sage Telecom at 10.

<sup>8</sup> See, *Actions to Accelerate Adoption and Accessibility of Broadband-Enabled Healthcare Solutions and Advanced Technologies: Comments of NTCA—The Rural Broadband Association*, Docket No. 16-46, at 9 (May 24, 2017) (discussing increased incidences of diabetes, hypertension, obesity, cancer and edentulism).

<sup>9</sup> *Id.*

Telehealth Network, “patients without broadband connectivity also lack the broadband-capable devices . . . that are needed to receive connected care.”<sup>10</sup> NTCA agrees and suggests that to the extent end-user devices such as hardware or peripherals are supported, those devices be supported only when prescribed by the patient’s provider. This approach should not hamper efforts to ensure that otherwise qualified individuals without access to broadband are able to participate in a pilot;<sup>11</sup> rather, NTCA suggests that eligibility for low-income USF programs *coupled with* a healthcare pilot can ensure that eligible low-income persons can obtain both broadband service and medical peripherals. NTCA echoes the Partnership for Artificial Intelligence, Telemedicine and Robotics in Healthcare (PATH) and notes that a holistic view of “devices” may include such items as sensor-embedded clothing, “smart canes” and other products that are integrated seamlessly into patient care.<sup>12</sup> And, yet, NTCA distinguishes a position taken from PATH, which urges the Commission to provide Pilot funding for both end-user devices and broadband access.<sup>13</sup> NTCA submits that broadband access can be addressed under existing state and Federal programs for low-income users.

NTCA supports an expansive definition of “rural health clinics” to include locations such as emergency medical technicians (EMTs) and schools. NTCA members have demonstrated how these facilities can leverage broadband for critical telehealth applications. For example,

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<sup>10</sup> Virginia Telehealth Network at 7 (VTN).

<sup>11</sup> *See*, NPRM at para. 62.

<sup>12</sup> *See*, Partnership for Artificial Intelligence, Telemedicine and Robotics in Healthcare, at 5 (PATH). *See, also*, WeWALK Smart Cane, an attachment to a traditional white cane that when paired with a phone guides a user with navigation and integrated voice services (<https://wewalk.io/product/wewalk-smart-cane/>).

<sup>13</sup> PATH, at 6.

partnering with a non-Federal agency, ComSouth of Hawkinsville, Georgia, worked with the Pulaski Telehealth initiative to utilize ComSouth's high-speed Internet connection to enable students and teachers to have access to medical care while at school. School nurses were equipped with "smart carts" that allowed physicians to see patients via computer from their offices. This promoted high quality medical care with shorter wait times and fewer missed classroom hours for students. By way of another example, Star Communications of Clinton, North Carolina, relied upon an NTCA Smart Rural Communities<sup>SM</sup> grant to augment wireless broadband service at the local Roseboro Rescue Squad, enabling EMTs to upload medical records, engage continuing education and positioning the squad headquarters to serve as a disaster resource center.<sup>14</sup> Consistent with these projects, Gila River Telecommunications, Inc., explains "connected care" defines a broad range of "remote medical, diagnostic and treatment-related services."<sup>15</sup> NTCA supports efforts to augment healthcare in Tribal regions through telehealth technology.

NTCA urges the Commission to ensure that limited USF resources, including those distributed through the Pilot, are not spent to build, maintain or operate duplicative broadband networks in areas where a supported network already exists. CTIA articulates this position well: "Ensuring the Pilot Program's success . . . 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

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<sup>14</sup> See, Kristy D. Carter, "Roseboro Rescue Gets Tech Upgrade," The Sampson Independent (Mar. 21, 2019), available at <https://www.clintonnc.com/news/38202/roseboro-rescue-gets-tech-upgrade>. See, also, Star Comm – Roseboro Rescue C, <https://vimeo.com/334439789> (2019).

<sup>15</sup> Gila River Telecommunications, Inc., at 1.

agencies.”<sup>16</sup> To the extent that Pilot funding is available directly to broadband providers, NTCA opposes positions that eschew the need for participating broadband providers to be ETCs.<sup>17</sup>

NTCA notes the comments of Telecommunications Association of Maine (TAM), which suggests that winning bidders for pilot support would have an opportunity to become certified as an ETC after the selections are made.<sup>18</sup> TAM explains, “It is hardly unreasonable to require that an entity accepting funds collected from utility ratepayers . . . [be] subject to the regulatory oversight of the Commission for the extremely limited purpose of ensuring that the funds are actually used to serve the goals of the Commission.”<sup>19</sup> NTCA suggests, however, that the Commission be mindful of recommendations of USTelecom that the Pilot be modeled in the first instance on the E-rate program, with funding provided directly to the entity that is ordering broadband service.<sup>20</sup> This will avoid the creation of a new line of billing processes that would be occasioned if a broadband service provider was required to provide discounted service to a health care entity, and then seek reimbursement from the Commission.

Underlying all Pilot initiatives, however, is the need for broadband. The capabilities and promise of telemedicine are as unlimited as other applications and technology that are evolving to take full advantage of broadband capabilities. CTIA notes, “5G-based virtual reality and augmented reality technology is creating a digital alternative to in-person mobile and physical

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<sup>16</sup> CTIA at 2.

<sup>17</sup> *See, i.e.*, Hughes Network Systems, LLC, at 5.

<sup>18</sup> Telecommunications Association of Maine, at 1 (TAM).

<sup>19</sup> TAM at 2.

<sup>20</sup> USTelecom at 3.

therapy and for remote patients and clinicians.”<sup>21</sup> NTCA agrees, and notes that telemedicine will rely on a full panoply of technological platforms. Sensors embedded in medical devices, clothing and non-wearables (ambient sensors) incorporate wireless technology, yet it must be accounted that resilient wireless networks rely upon wired infrastructure. The promise of 5G depends upon the assurance of a fiber network to support network densification.<sup>22</sup>

### **III. CONCLUSION**

NTCA supports efforts to expand telehealth deployments, particularly those that enable low-income users and veterans to conquer distance and achieve better patient outcomes at lower costs. NTCA commends the Commission to coordinate with other Federal programs in a manner that will enable various programs to complement each other while avoiding duplicative efforts and costs. Finally, to the extent Pilot funding is distributed directly to broadband providers, NTCA submits that only ETCs be eligible to obtain funding. This will improve prospects for both wired and spectrum-based telemedicine applications, all supported by robust fiber networks, and the benefits they will enable.

Respectfully submitted,

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<sup>21</sup> CTIA at 3.

<sup>22</sup> Thompson, Larry, VandeStadt, Warrant, "Evaluating 5G Wireless Technology as a Complement or Substitute for Wireline Broadband," Vantage Point, Mitchell, SD (2017) (available at [https://www.ntca.org/images/stories/Documents/Press\\_Center/2017\\_Releases/02.13.17%20fcc%20ex%20parte-ntca%20letter%20submitting%202017%20technical%20paper%20wc%2010-90.pdf](https://www.ntca.org/images/stories/Documents/Press_Center/2017_Releases/02.13.17%20fcc%20ex%20parte-ntca%20letter%20submitting%202017%20technical%20paper%20wc%2010-90.pdf)).