

**BEFORE THE
FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, D.C. 20554**

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

REPLY COMMENTS OF COMCAST CORPORATION

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Comcast Corporation (“Comcast”) hereby submits this reply to the comments filed in response to the Notice of Proposed Rulemaking issued by the Federal Communications Commission (“Commission”) in the above-referenced docket.¹

I. INTRODUCTION AND SUMMARY

Comcast applauds the Commission for proposing to establish a telehealth Pilot program aimed at enabling low-income consumers and veterans to more easily access connected health services by providing a high-speed Internet connection as part of the program.² Comcast has demonstrated its commitment to connecting low-income households to high-speed Internet service at home through its *Internet Essentials* program, the nation’s largest, most comprehensive, and most successful broadband adoption program.³ Being connected in this modern, digital age

¹ *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Notice of Proposed Rulemaking, FCC 19-64 (July 11, 2019) (“*NPRM*”).

² While there should continue to be a focus on deploying broadband networks to unserved areas, facilitating greater adoption via the proposed Pilot program and other programs is important because millions more Americans live in communities with access to broadband networks, yet they do not subscribe, and thus do not yet enjoy the benefits of broadband Internet access including connected health services. *See* Comments of Comcast Corporation, WC Docket No. 18-275, at 8 (Oct. 12, 2018).

³ The success of *Internet Essentials* is due both to its design as an integrated, wrap-around solution that addresses each of the major barriers to broadband adoption that research has identified, and to its structure as a partnership between Comcast and tens of thousands of school

enables patients to access health technologies and communicate directly with health care providers, which can improve patient health outcomes. Broadband also enables doctors and health care facilities to better collect and analyze health care data while more efficiently delivering that information to care teams. Comcast has observed firsthand the benefits of telehealth through its connected health initiatives and also participates in the Rural Health Care Program's Healthcare Connect Fund.

With a high-speed Internet connection at home, covered patients would have the ability to access pertinent information and a broader range of care providers and resources, and could take more control over their health care. But connected care involves more than connectivity alone, and the proposed Pilot program should take a comprehensive and holistic view of the technologies and services that applicants may select to meet their patients' needs and demonstrate the viability of future telehealth initiatives. The Pilot program should also be structured to operate in an efficient and effective manner. With those goals in mind, Comcast's comments focus on four particular issues:

- First, Comcast agrees with the Commission's proposal to allow non-eligible telecommunications carriers (ETCs) to participate in the Pilot program. This proposal will ensure that the broadest array of providers can participate and that the program will be as successful as possible in highlighting the benefits of innovative telemedicine technologies.
- Second, Comcast believes that the health care provider or remote patient monitoring provider—not the broadband service provider—should receive disbursements directly from the Pilot program. This approach would be more streamlined and less administratively burdensome.
- Third, for purposes of the Pilot program, the Commission should clarify that its proposal to fund "network equipment" includes equipment such as modems, routers, and gateways that are necessary to make a broadband service functional, as well as other health-specific

districts, libraries, elected officials, and nonprofit community organizations. The program includes multiple options to access free digital literacy training in print, online, and in person; the option to purchase an Internet-ready computer for less than \$150; and low-cost, high-speed Internet service for \$9.95 per month plus tax.

hardware for connected health use cases such as remote monitoring and telemedicine. The Commission should also consider extending Pilot program support to include innovative technology that could improve access to high-quality health care, while reducing the cost for all.

- Finally, Comcast believes that the competitive bidding process proposed in the NPRM should permit broadband service providers to communicate with health care providers to develop Pilot-eligible projects.

II. COMCAST’S CONNECTED HEALTH INITIATIVES

Comcast is engaged in facilitating the delivery of next-generation health care solutions to U.S. consumers. Comcast discussed a number of its initiatives in prior comments.⁴ More recently, Comcast and Independence Blue Cross jointly developed a broadband-delivered health care app called Quil that helps patients and their caregivers make timely and more informed health care decisions. Patients receive invitations to use the fully HIPAA-compliant app from their participating health care provider, and then enter their data securely and select their care journey. The health care provider can then add specific content and a prescribed plan of care for that particular patient. The Quil app is currently focused on certain episodic care (e.g., orthopedic care), but there are plans to expand its scope to cover other episodic and chronic illness needs. The app gathers and organizes patients’ health data so that it can coach patients to make better lifestyle choices and take steps to advance their particular health journey. For example, a patient can input the date of a future surgery, and Quil will provide videos and other materials covering preparation tips, physical therapy information, and information on what the patient needs to know for the day of surgery. The Quil app can be downloaded from the Apple and Android app stores, and is also available on Comcast’s X1 platform.

⁴ See Comments of Comcast Corporation, Actions to Accelerate Adoption and Accessibility of Broadband-Enabled Health Care Solutions and Advanced Technologies, GN Docket No. 16-46 (May 24, 2017).

Likewise, Comcast has trialed other initiatives aimed at harnessing the power of broadband connectivity to improve the patient experience. One such program, known as Comcast Connected Health, enabled patients and doctors to communicate securely via video messaging and a screen-share capability, while also supporting the use of in-home connected devices to monitor the patient's health and offering patients access to high-quality educational content.⁵ These platforms have the ability to improve patient outcomes and lower health care costs. Comcast also continues to explore additional partnerships and telehealth initiatives that promise to offer even more advanced capabilities.

Comcast recognizes that to benefit from many of these telehealth initiatives, patients need access to a high-speed Internet connection at home. Since launching *Internet Essentials* in 2011, Comcast has connected more than eight million low-income people, from two million households, to the power of the Internet at home, 90 percent of whom were not connected to the Internet at the time they signed up under the *Internet Essentials* program. Comcast has expanded eligibility under the *Internet Essentials* program twelve times, including last year's expansion to low-income veterans and this year's expansion of eligibility to include all qualified low-income households in Comcast's service area.⁶ Our experience with this program confirms the tremendous benefits that accrue to those who have access to the Internet, including health care benefits. In particular, 78 percent of *Internet Essentials* subscribers report that the service has helped them with finding health or medical information, and 45 percent use the service for health insurance matters, according to surveys conducted in 2018 and 2019. In addition, nearly 77

⁵ *Id.* at 5.

⁶ Through this most recent expansion, the largest ever eligibility expansion of *Internet Essentials*, an estimated more than three million additional low-income households, including households with people with disabilities, are now eligible to apply. See Press Release, *Comcast Announces Largest Ever Expansion of Its Internet Essentials Program*, <https://corporate.comcast.com/press/releases/largest-expansion-internet-essentials-low-income-americans> (August 6, 2019).

percent of *Internet Essentials* customers said that the ability to access health and medical information influenced their decision to enroll in the program. These data reinforce the importance of encouraging innovation and empowering health care providers and consumers to take advantage of broadband-enabled health care solutions.

III. COMCAST SUPPORTS PROPOSALS IN THE NPRM, WITH CERTAIN MODIFICATIONS

Comcast applauds the Commission for taking the next step with this NPRM towards launching its telehealth Pilot program, and generally supports the approach the Commission has proposed. We detail herein our views on four key issues relating to the NPRM, including suggestions on possible modifications to the Commission’s proposals.

A. The Pilot Should Be Open To Participation By All Interested Broadband Providers, Not Just ETCs

Comcast agrees with the proposal in the NPRM to make non-ETCs eligible for Pilot program funding.⁷ As numerous commenters point out, this approach “will help incent participation in the program by a diverse range of both health care providers and service providers.”⁸ In contrast, as various parties also note, restricting eligibility to ETCs “would

⁷ *NPRM* ¶ 47.

⁸ *Id.* ¶ 22; *see also* Comments of ACA Connects at 2-3 (stating that “whether a broadband provider is an ETC does not indicate whether the provider can deliver broadband services capable of supporting connected care,” and that “an ETC requirement would ‘artificially limit participation,’ including from cable operators, which would reduce the program’s ability to experiment with a variety of broadband technologies in the delivery of connected care”); Comments of NCTA at 3 (stating that “[a]llowing eligible health care providers to purchase broadband services from a broad range of providers that can satisfy the necessary bandwidth and latency requirements for services supported by the pilot will encourage wider participation in the pilot program”).

artificially limit participation in the Pilot program and could also limit the effectiveness of the [] program.”⁹

It bears emphasis that widening eligibility is consistent with the approach the Commission has taken in the Rural Health Care Program.¹⁰ It would also advance the Commission’s goals with the telehealth Pilot program to (1) improve health outcomes through connected care; (2) reduce health care costs for patients, facilities, and the health care system; and (3) support the trend towards connected care everywhere. Stated simply, the more participants in the Pilot program, the greater the likelihood that the Pilot program will generate scalable, innovative telehealth solutions.¹¹

B. The Health Care Provider Or Remote Patient Monitoring Provider, Not The Broadband Service Provider, Should Be Reimbursed Under The Pilot Program

The NPRM proposes to “issue disbursements to the service provider, as is the current practice for the RHC programs, for the purchase of connectivity or other eligible items.”¹² Numerous commenters suggest an alternative approach under which disbursements would go directly to the health care provider or remote patient monitoring provider, rather than to the broadband provider.¹³ Comcast agrees that this alternative approach would be more practical

⁹ *NPRM* ¶ 47 & n.117; *see, e.g.*, Virginia Telehealth Network NOI Comments at 10; American Cable Association NOI Comments at 3-4; Hughes Network Systems, LLC NOI Comments at 18-19; NCTA NOI Comments at 3-4; TracFone NOI Reply Comments at 1, 3-4; CTIA NOI Comments at 12.

¹⁰ *See NPRM* ¶ 46 (citing the Rural Health Care Program statute at 47 U.S.C. § 254(c)(3), which permits the Commission to designate additional services for support mechanisms for health care providers (i.e., non-eligible telecommunications carriers)).

¹¹ *Id.* ¶ 37.

¹² *Id.* ¶ 74.

¹³ *See* Comments of Telecommunications Association of Maine at 2 (proposing that “any pilot project that offered service directly to customers for which customers require internet access would include provisions that would allow the provider to bill the health center for the patients’

and efficient, and tracks current industry practice. Under the proposed Pilot program, health care providers will play a lead role in developing proposals for telehealth services that meet the needs of their patients, and associated funding should go directly to the intended recipient rather than through an intermediary. It makes little sense to require the broadband provider to act as a middleman in these arrangements, receiving the disbursement only to pass the support on to the health care provider as a bill discount. Such an approach is inefficient and would “require providers to develop a new billing process [temporarily] with a handful of customers.”¹⁴

C. The Commission Should Clarify What Equipment The Pilot Program Will Fund And Consider Extending Support To Mobile Health Care Applications

In the NPRM, the Commission proposes that the Pilot program fund network equipment necessary to make broadband service functional.¹⁵ Comcast agrees with this proposal but urges the Commission to make clear that the Pilot program encompasses funding for equipment such as modems, routers, and gateways, that is needed for broadband connectivity.¹⁶

The Commission should also clarify that, for purposes of the Pilot program, its proposal will cover network equipment for health care providers *and* equipment needed by individual patients to access connected care services. As Microsoft rightly points out, “[t]he support for health care institutions is laudable and important, but it is not sufficient to improve telehealth

access and the health care provider would then be able to receive up to 85% of that amount back from the Commission through the pilot project”); *see also* Comments of CTIA at 7, Comments of USTelecom at 2-3, Comments of Verizon at 4-5, Comments of OCHIN at 4.

¹⁴ Comments of Verizon at 4-5.

¹⁵ *NPRM* ¶ 24 (“Because we currently fund the types of network equipment that are eligible for support through the Healthcare Connect Fund program, we believe we have the authority to provide funding for similar equipment here, to the degree it is necessary to enable connectivity for the purposes of connected care.”).

¹⁶ *See* Comments of NCTA at 2 (arguing that, “[a]s is the case in the existing Healthcare Connect Fund universal service program, the network equipment necessary to provide the broadband service should also be eligible for support through the Connected Care Pilot Program”).

opportunities. To fully accomplish the objectives here, the Commission also must address the other side of the broadband connection – connectivity of telehealth recipients.”¹⁷ Clarifying that the Pilot program will fund in-home equipment ensures that veterans and low-income individuals have the equipment they need to make a broadband service functional (i.e., modem, router, etc.) and receive the planned telehealth services.¹⁸

Furthermore, to gain experience and a full range of data from the Pilot program, Comcast encourages the Commission to consider funding technology that will reduce overall health care costs, which is one of the major limitations on the availability of quality health care for rural and unserved communities. One way to reduce overall health care costs is to focus on preventative care and other tools that have been proven to improve patient outcomes in more cost-effective ways. Although funding the underlying broadband connectivity for health care providers and patients is a critical starting point, for purposes of the Pilot program, the overall patient experience would also greatly benefit from the integration of mobile health apps. Currently, the Commission proposes to make mobile applications ineligible for support.¹⁹ However, many commenters suggest that the Pilot program apply funding more flexibly.²⁰

¹⁷ Comments of Microsoft at 5.

¹⁸ See Comments of Center for Connected Health Policy at 1 (stating that “[b]ecause connectivity in the home setting can vary widely, funding for networking equipment in the homes may be necessary for patients to have the capability to connect”).

¹⁹ *NPRM* ¶ 26.

²⁰ See Comments of UnitedHealth Group at 3 (stating that “the FCC [should] reexamine the limits placed on funding for pilot programs and work to ensure participating health care providers have flexibility to use the resources in a manner that best meets the needs of patients”); Comments of Pharmacy Health Information Technology Collaborative at 3 (advocating for funding for end-user devices, medical equipment, mobile applications, and health care provider administrative expenses); Comments of the American Hospital Association at 20 (arguing that the “Commission should exercise its broad discretion under Section 254 to support the funding of end-user devices et al. [medical devices and mobile applications], especially since meaningful

One example of a mobile health application that enables patients to educate themselves, communicate with health care providers, and participate in connected care is Quil. Picture a patient who is told during a telehealth visit that he or she will need surgery to treat a diagnosed condition in the near future. Understandably, the patient may have numerous follow-up questions after processing the diagnosis and treatment plan. Having access to Quil, or a similar secure mobile health care app, via smartphone, computer, and/or TV, could greatly assist the patient and his or her connected care team.²¹ Specifically, the patient could input the date of the surgery into the app and obtain a wealth of information to answer common questions and offer peace of mind leading up to the day of surgery. Additionally, the app could provide personalized information about preparation for surgery and offer recovery tips, including options for physical therapy. The content through the Quil app is prescribed, customized, endorsed, and managed by the patient's doctor.

Patients who have already used Quil have shared positive feedback. One patient said, "I was sitting on my porch wondering about the length of my hospital stay and physical therapy. I checked the app and it answered my questions. I didn't [have to] call the office." Another said "My biggest fear is the unknown. Quil helped me feel at ease because I knew what to expect." Including support for such mobile health care apps in the Pilot program would ensure that the greatest number of health care providers and low-income patients have access to the best resources possible. And with a dearth of health care providers in rural areas, enabling access to such resources whenever and wherever patients need them would greatly assist doctors and

adoption of telehealth services by low-income consumers (and, thus, the success of the Connected Care Pilot Program) requires affordable access to end-user equipment").

²¹ Comments of Pharmacy Health Information Technology Collaborative at 3 (arguing that "funding [mobile applications, among other things] could help eliminate some of the existing barriers to connected care services and provide an incentive for more vulnerable patients to have access to health care").

nurses who may be far away and without time or resources to address each and every inquiry from concerned patients.

Another key example of innovative, health care cost-reducing technology is remote monitoring services. These services rely on a combination of sensors and broadband connectivity to track vital signs and other health indicators and continuously share results with patients and their caregivers. This tracking can detect risks before patients experience real problems, enabling health care providers to intervene with less expensive, lower-acuity preventative measures that ultimately reduce costly trips to the ER and subsequent inpatient hospital stays. As one commenter stated, in the “absence of remote monitoring or care management . . . patients’ access to needed healthcare services and [] their health status would be little changed.”²² Remote monitoring provides the additional benefit of enabling older Americans to manage their health care in the comfort of their homes, rather than in medical or elder care facilities. Accordingly, for purposes of the Pilot program, the Commission should consider funding for remote monitoring technologies, as well as any sensors, biometric devices, or other necessary hardware.

D. The Proposed Competitive Bidding Process Should Permit Service Providers To Communicate With Health Care Providers To Develop A Pilot-Eligible Project

The NPRM proposes to require all participating health care providers to conduct a competitive bidding process for all costs that could potentially be supported through the Pilot program.²³ While Comcast generally supports a competitive bidding process to ensure efficient

²² Comments of myNEXUS at 6-8 (arguing that “the principle cost-related obstacle [of funding connected care services] is not the broadband connection but the delivery of patient-centric remote monitoring and care management services over broadband” and “we recommend a holistic view consistent with the definition discussed above: a comprehensive platform in which broadband connectivity is made available so that remote monitoring and care management services can be provided.”).

²³ NPRM ¶ 66.

use of limited Pilot program funds, some of the restrictions proposed in the NPRM may be unnecessary and counterproductive to the extent they impede open discussions and collaboration between health care and broadband providers. In some cases, it may be most efficient and cost-effective for health care providers to develop telehealth offerings in coordination with broadband providers that already serve their facilities. A competitive bidding process should permit interactions between all parties developing a connected care proposal. Because the Pilot program's ultimate goal is to assess the effectiveness and feasibility of future telehealth initiatives, and because collaboration between health care and broadband providers will develop stronger telehealth applications, flexibility for collaborative proposals should outweigh potential competitive bidding concerns in the Pilot program.

IV. CONCLUSION

Comcast appreciates the opportunity to share with the Commission our efforts in both the telehealth space and in promoting broadband adoption among low-income consumers and veterans. We applaud the Commission's efforts to leverage broadband to deliver quality health care to patients regardless of where they are located. A Pilot program consistent with the views expressed above would represent a significant step toward this goal.

Respectfully submitted,

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