

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

In the Matter of	)	
	)	
Technology Transitions	)	GN Docket No. 13-5
	)	
AT&T Petition to Launch a Proceeding Concerning the TDM-to-IP Transition	)	GN Docket No. 12-353
	)	
Connect America Fund	)	WC Docket No. 10-90
	)	
Structure and Practices of the Video Relay Service Program	)	CG Docket No. 10-51
	)	
Telecommunications Relay Services and Speech-to-Speech Services for Individuals With hearing and Speech Disabilities	)	CG Docket No. 03-123
	)	
Numbering Policies for Modern Communications	)	WC Docket No. 13-97

**COMMENTS OF TRACFONE WIRELESS, INC.  
ON RURAL HEALTH CARE BROADBAND EXPERIMENTS**

TracFone Wireless, Inc. (“TracFone”), by its attorneys, hereby comments on the *Order, Report and Order and Further Notice of Proposed Rulemaking, Report and Order, and Further Notice of Proposed Rulemaking, Proposal for Ongoing Data Initiative*, in the above-captioned consolidated proceedings.<sup>1</sup> TracFone’s comments are limited to Section VII.E of the Further Notice – Rural Healthcare Broadband Experiments.

**Introduction**

TracFone has been designated as an Eligible Telecommunications Carrier (“ETC”) in approximately 40 States for the limited purpose of providing wireless Lifeline service to qualified low-income households. With more than 4 million currently-enrolled households,

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<sup>1</sup> FCC 14-5, released January 31, 2014 (“Further Notice”).

TracFone is the nation's leading provider of Lifeline service. Commencing in 2012, TracFone has made mobile health care an important aspect of its Lifeline service. TracFone works cooperatively with health care organizations, including most of the leading national Health Maintenance Organizations ("HMOs"), to enroll Medicaid patients in its SafeLink Wireless<sup>®</sup> Lifeline program. Those Lifeline customers enrolled through the HMOs receive the benefits of TracFone's SafeLink Health Solutions<sup>®</sup>. In addition to the standard SafeLink<sup>®</sup> features (a handset, 250 no charge all-distance minutes of airtime, call waiting, roaming, caller ID, voicemail, etc.), Medicaid members enrolled in SafeLink Health Solutions<sup>®</sup> through the participating HMOs receive unlimited text messaging with their health care providers, toll free member services calling, and secured HIPAA-compliant communications with their providers.

The program described in the preceding paragraph has been successful. It has improved access to health care providers for the Medicaid community, and has resulted in cost savings for the providers. More importantly, it has facilitated real time communications between health care providers and patients. Medicaid patients can reach – and be reached by – their health care providers on a 24/7 basis. Test results can be delivered, instructions provided, questions asked and answered. SafeLink Health Solutions<sup>®</sup> has been an important first step in delivering access to health care, specifically mobile health care, though a Universal Service Fund-supported program. However, it is only a first step. More can be done. More needs to be done. It is with that goal in mind that TracFone welcomes the Commission's invitation to comment on rural healthcare broadband experiments. By these comments, TracFone respectfully urges the Commission to proceed with such experiments at the earliest practicable time so that TracFone and others can partner with health care providers to deliver the benefits of mobile health care and

telemedicine to rural communities in general and to the most economically-challenged residents of rural communities in particular.

**TracFone Supports the Rural Healthcare Broadband  
Proposal and Encourages the Commission to Take  
A Bold and Creative Approach so as to Improve  
Access to Broadband Healthcare Delivery for Persons in Need**

Delivering telemedicine and remote monitoring to low-income communities in general and rural low-income communities in particular will require more than simple wireless handsets and cellular service with SMS text messaging. Delivery of those services requires wireless broadband connectivity and devices in the hands of the target consumer population that are capable of utilizing that broadband connectivity. TracFone has been in discussions with equipment vendors and believes that it would be possible to provide a service in which Medicaid consumers use a sophisticated device such as a smart phone to access HMO and other provider patient portals to send and receive test results and other patient care information, to utilize state-of-the-art mobile applications to monitor such key health measures as heart rate, blood pressure, insulin levels, even pregnant women's contractions. It would also enable patients' medical data to be monitored not only by their community HMOs but also by leading national hospitals and medical specialists, thereby making the most renowned medical experts in the nation, perhaps even the word, available to the neediest persons in the most rural communities.

Such capabilities would require patient smartphone devices and at least 3G (preferably 4G LTE) broadband networks. In many locations, including rural locations, such mobile broadband connectivity exists or is being deployed. However, without devices capable of accessing those networks and monthly subsidies to make such services affordable to low-income households, specifically, households receiving Medicaid support, the networks and the services made possible over those networks remain unavailable. At paragraph 225 of the Further Notice,

the Commission asks exactly the right question: how to improve access to advanced telecommunications and information services for healthcare to vulnerable populations such as the elderly, and veterans in rural, high-cost and insular areas?<sup>2</sup> The key word in that question is “access.” Availability of mobile broadband for health care delivery to low income or “vulnerable” populations requires more than deployment of broadband networks; it requires that consumers be able to **access** those broadband networks. Network access, in turn, requires that consumers have devices capable of accessing those networks and the services provided over the networks at affordable prices.

TracFone encourages the Commission to approve experiments which will enable participating providers to search for answers to that all-important question. In the Healthcare Connect Fund Order, the Commission allocated \$50 million to conduct a pilot program to test expanded access to telemedicine at skilled nursing care facilities.<sup>3</sup> TracFone understands that the money allocated for that pilot program remains available and TracFone encourages the Commission to allow those funds – or at least some portion of those funds – to be used to support pilot programs for access to broadband-based mobile health care applications to rural Medicaid patients. At the conclusion of those experiments, the Commission, with the benefit of empirical data compiled during those experiments, can then determine whether to continue such programs, whether to expand such programs, and decide how those programs are to be funded. Importantly, nothing in the Communications Act’s universal service provisions or in any

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<sup>2</sup> Further Notice at ¶ 225 (“We seek comment on conducting experiments that would explore how to improve access to advanced telecommunications and information services for healthcare for vulnerable populations such as the elderly and veterans in rural, high-cost and insular areas.”).

<sup>3</sup> Rural Health Care Support Mechanism, 27 FCC Rcd 16678 (2012) (“Healthcare Connect Fund Order”).

Commission rule requires or even suggests that such rural health broadband programs targeted to low-income rural communities be funded out of the low-income portion of the Universal Service Fund. Indeed, such programs can – and should – be supported by the Connect America Fund.

While use of Universal Service Fund resources to fund mobile devices and access to health care applications may deviate somewhat from what the USF has supported in the past, nothing in the Communications Act, its legislative history or in the Commission’s prior implementation of the Universal Service provisions of the Act prohibit such use. Indeed, the relevant statutory language expressly contemplates funding for such access. Section 254(b)(2) of the Communications Act lists as a universal service principle the following: “**Access to advanced telecommunications and information services should be provided in all regions of the Nation.**”<sup>4</sup> The highlighted words are of critical import. The statutory goal is not just the availability of advanced telecommunications and information services. Rather, the goal explicitly set forth in the Act is that persons in all regions of the Nation (including rural regions) have **access to** such advanced telecommunications and information services. In order to facilitate access to such services by low-income persons residing in rural areas, such as Medicaid enrollees, possession of appropriate devices, in addition to availability of broadband networks, is imperative. Based on the foregoing, the conclusion is inescapable that use of Universal Service Fund resources for subsidize rural healthcare broadband services, including the devices needed

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<sup>4</sup> 47 U.S.C. § 254(b)(2) (emphasis added). Section 254 was added to the Communications Act by the Telecommunications Act of 1996, Pub. L. 104-104, 110 Stat. 56 (1996).

to access those services is consistent with the letter and the spirit of Section 254 of the Communications Act.<sup>5</sup>

### Conclusion

For the reasons described in these comments, TracFone applauds the Commission's initiative in soliciting comment on rural healthcare broadband experiments and looks forward to participating in such experiments and expanding its provision of health care access services in cooperation with its HMO partners.

Respectfully submitted,



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<sup>5</sup> TracFone acknowledges that the rules promulgated to implement the Healthcare Connect Fund preclude support for end user wireless devices such as smartphones and tablets. See 47 C.F.R. § 54.639(a) note at 1.ii. This would be an experimental rural health care broadband experiment, not part of the Healthcare Connect program. Therefore, those rules should not be applicable. To the extent that the rules may be perceived to be applicable to these experiments, waiver would be appropriate in light of the incontrovertible fact that the goals of the experiment include **access to** advanced telecommunications and information services for vulnerable populations in rural, high-cost and insular areas.