Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

In the Matter of	)	
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Promoting Telehealth for Low-Income Consumers	)	WC Docket No. 18-213
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Reply Comments of
WTA – Advocates for Rural Broadband

WTA – Advocates for Rural Broadband[1] files these reply comments in response to the Commission's Notice of Inquiry ("NOI"),[2] adopted on August 2, 2018, requesting information on how the Commission could 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."[3]

WTA's members are rural local exchange carriers ("RLECs"), and they rely on universal service fund ("USF") support to help build and maintain communications networks in high cost rural areas. They have lengthy and significant experience in constructing networks that are designed to bridge the digital divide. They are providers of last resort to their communities and are dedicated to providing quality voice and

[1] *WTA - Advocates for Rural Broadband* is a national trade association that represents more than 340 rural telecommunications providers offering voice, broadband, and video-related services in rural America. Its members serve some of the most rural and hard-to-serve communities in the country and are providers of last resort to those communities.
[2] *In re Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Notice of Inquiry, released August 3, 2018 ("NOI"), available at https://www.fcc.gov/document/fcc-seeks-comment-launching-connected-care-pilot-program.
[3] Id. at 2.

broadband services to all residents of their rural service areas that are reasonably comparable in quality and price to those available in urban areas. A major feature of these diverse rural areas are the much longer than average distances that must be traversed to serve customers and the high costs associated with doing so. As a result, this makes it extremely difficult to deploy networks in a manner similar to how urban providers would.

Similarly, WTA's members' customers face many obstacles when trying to receive goods and services, especially healthcare. They often have to travel long distances to see physicians and as a result tend to suffer worse health outcomes than those in urban areas.[4] As a result, the advancement in telehealth will be very beneficial for rural America.

WTA would like to remind the Commission, however, that advancements in telehealth are not possible without a reliable internet connection between the patient and the physician or medical center. In rural America, that connection is not possible without sufficient and predictable funding from the USF High Cost program, which ensures that state of the art networks are built and maintained into the future. Therefore, the Commission should consider the need to make sure the High Cost fund is sustainable into the future. The Commission should also focus the program on patients that already have

[4] JT Ripton & C. Stefan Winkler, How telemedicine is transforming treatment in rural communities, Beckers Hospital Review, April 8, 2016, https://www.beckershospitalreview.com/healthcare-information-technology/how-telemedicine-is-transforming-treatment-in-rural-communities.html.
"While overall mortality rates have been declining nationwide, rural areas have had a much slower decrease. They have higher infant mortality and greater rates of mental, behavioral, and developmental disorders in children. Rural youth and rural veterans have higher rates of suicide than their urban peers. Rural residents are also more likely to have cancers related to modifiable risks, such as tobacco use, human papillomavirus (HPV), and lack of preventive colorectal and cervical cancer screenings."

the connectivity to participate in the program and avoid costly new deployments that would be an inefficient use of limited program resources.

The Proposals in this Pilot Program Underscore the Importance of the High Cost Program

A Pilot Program gives the Commission the chance to study how telehealth solutions will impact low-income Americans, especially in rural America. If executed properly, the program can help spur other telehealth programs throughout the nation with the goal of making it easier to access healthcare. Also, considering the Commission's role on the forefront of connectivity, it has a unique role in expanding telehealth solutions as part of its broader goal of closing the digital divide.

Currently, obtaining adequate healthcare in rural America is a real problem. Some patients must traverse long distances to see their regular physician while a visit to see a specialist may require hours of travel to the closest city. Making matters worse, rural America has recently struggled with the closure of vital hospitals. Indeed, many rural hospitals are closing their doors "more frequently and at higher rates than urban facilities in recent years — and a pattern of increasing financial distress suggests that more are likely to falter."[5] The Health Resources and Services Administration notes that these issues disproportionately impact low-income individuals, minorities, and elderly patients with chronic health conditions.[6] Similarly, rural America also suffers from a serious physician shortage where only 10% of physicians live in rural areas despite roughly 20%

[5] Hospital Closings Likely to Increase, Health Resources and Services Administration, Oct. 19, 2017, https://www.hrsa.gov/enews/past-issues/2017/october-19/hospitals-closing-increase.html.
[6] Id.

of the population living there.[7] The causes behind this crisis are similar to other issues in rural America as it is simply the high costs of running a hospital - the overhead, staffing, and facilities – that do not correlate well with the limited population that will visit the hospital.[8]

Meanwhile, the advancement of telehealth allows patients to connect with a medical specialist from their home or a health center closer by. It also allows hospitals to more closely monitor their patients with chronic conditions such as diabetes or hypertension and gives them the opportunity to check in on patients when necessary.[9] As the NOI notes, there have been documented telehealth success stories[10] and these health solutions have created significant financial savings.[11]

In total, embracing telehealth would benefit rural America, but it will not be possible without sustainable investment in rural infrastructure via the USF High Cost program. Indeed, the NOI points out that prior initiatives contend that "lack of

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[7] Adrienne St. Claire, Rethinking Rural Health Solutions To Save Patients And Communities, National Public Radio, Feb. 28, 2018, https://www.npr.org/sections/health-shots/2018/02/28/588826085/rethinking-rural-health-solutions-to-save-patients-and-communities.

[8] Id.

[9] Comments of National Association of Accountable Care Organizations, WC Docket No. 18-213, filed on Sept. 10, 2018, at 9. at 1. "With modern telecommunications, health care providers can visit with patients outside brick-and-mortar facilities, cutting down on time and resources of a traditional office visit. Doctors and nurses can keep tabs on patients' chronic diseases or follow-up hospital discharges through remote monitoring technologies."

[10] NOI at 3-4.

[11] Id. at 5. "For example, net of costs, the UMMC remote patient monitoring pilot resulted in nearly $700,000 in annual savings due to reductions in hospital readmissions alone. Assuming just 20 percent of Mississippi's diabetic population were to enroll in this type of remote patient monitoring program, Medicaid savings for the state would be approximately $189 million per year. The VHA remote patient monitoring program similarly produced substantial savings: the annual cost of the program was $1,600 per patient compared to more than $13,000 per patient for VHA's home-based primary services."

connectivity remains a significant barrier."[12] Telehealth interaction between a patient and physician requires a reliable internet connection capable of transmitting large amounts of data at high speeds with minimal latency. This is not possible without a wired connection either to the home of the patient or to the backbone of the network. For example, telehealth needs will require high quality two-way video telephony connecting a patient with a physician. It will also require transmitting large documents such as x-rays or other scans to a physician or specialist. In parts of rural America with broadband speeds of only 10/1 Mbps or lower or those rural Americans that use a high latency connection, they will be on the outside looking in. Therefore, it is critical that the Commission adequately fund the High Cost program with sufficient and predictable support so that broadband providers in rural areas can build the high-speed networks necessary so that rural Americans can take advantage of telehealth advancements like those living in more urban areas.

The Pilot Program Should Be Focused on Rural Areas But It Should Not Be Used to Increase Broadband Deployment and Instead Should Work in Conjunction With Existing USF Programs

As stated before, rural America faces unique obstacles when attaining healthcare. Rural patients suffer worse healthcare outcomes due to large distances between providers and the inability to retain hospitals and physicians close to home.[13] While urban areas would undoubtedly see benefits of telehealth solutions, there is an immediate need in rural America to make it easier for patients to access healthcare. While healthcare access

[12] Id. at 9.
[13] Beth Baker, Is There a Doctor in the Town?, Next Avenue, April 6, 2018, https://www.nextavenue.org/rural-doctor-town/.

remains an issue due to affordability, urban areas do not suffer from similar healthcare shortages as rural areas, and urban patients are easily able to visit a hospital if they need to seek medical attention.[14] Also, if well executed, the pilot program should inspire the health industry to adopt the successful solutions in urban areas on a wider scale in a similar fashion as other technologies have.

The NOI seeks comment on "using the pilot program to promote broadband deployment to unserved and underserved areas."[15] While WTA appreciates the Commission's recognition that much of rural American lags behind urban areas in connectivity,[16] WTA wishes to impress upon the Commission that deployment issues should continue to be solved by the High Cost program, and not by this proposed pilot program.

More and more of our everyday lives revolves around having a robust broadband connection, and in rural areas, total connectivity will not be achieved without High Cost support. It is also critical for rural Americans to take advantage of other USF programs (e.g., Lifeline, E-Rate, and Rural Healthcare). In this instance, once the network is built and operating, it can used by physicians and hospitals to help rural Americans access telehealth solutions and improve health outcomes.

Commenters are in agreement on this issue. NTCA noted "other programs, such as the Commission's Connect America Fund initiatives, can more rightly focus upon

[14] Rural and Urban Health, Georgetown University: Health Policy Institute, January 2003, https://hpi.georgetown.edu/agingsociety/pubhtml/rural/rural.html.
[15] NOI at 10.
[16] Id.

closing the digital divide."[17] US Telecom stated that the Commission "should not … make expanding broadband deployment in high-cost areas a goal for this Pilot."[18] Further, Gila River Telecommunications argued that the "high-cost program is the primary source of funding for deployment and additional support through that mechanism is critical to addressing the broadband gap in rural and Tribal communities."[19]

This is also critical to ensuring that precious USF funds are efficiently spent and not wasted on overbuilding areas that are already served or could be served by an existing provider in the community. Whenever the Commission announces additional deployment funding, there is always the risk that new vendors or other third parties may promise to build a new network that is either unnecessary or could be more easily built by the existing provider. In this situation, the local provider would already have the skills and expertise to do the build-out more effectively and at a lower cost since it is already established in the area, therefore reducing its overhead. In fact, WTA members generally strive to make sure that all anchor institutions in their service territories, such as hospitals and schools, have adequate broadband service available to them, which means that any possible needed upgrades could be best completed by them.

It should also be noted that with the limited proposed funding for the pilot program, the Commission would risk missing the goals of the program if it spent funds

[17] Comments of NTCA – The Rural Broadband Association, WC Docket No. 18-213, filed on Sept. 10, 2018, at 4.
[18] Comments of US Telecom – The Broadband Association, WC Docket No. 18-213, filed on Sept. 10, 2018, at 4.
[19] Comments of Gila River Telecommunications, Inc., WC Docket No. 18-213, filed on Sept. 10, 2018, at 9.

on deployment rather than seeing the impact of telehealth solutions.[20] Broadband deployments are costly, and it is possible that the cost of a deployment would represent a large percentage of a funding allocation, especially if the Commission proceeds with its proposal to allocate $5 million to 20 projects. Rather, the Commission should focus the funding on projects where patients already have the connectivity to participate in the program. The Commission should view the pilot program as a catalyst to inspire the health industry to adopt similar telehealth solutions going forward. After all, as the NOI notes, there have been several other telehealth programs from both the public and private sector. It would be inefficient to spend some of the limited funding on deployment when there are already existing populations that may be ready to participate in the program.

The Commission should also try to spread the funding around as much as possible. CoBank, an established underwriter of telehealth programs, recommended that the Commission increase the number of funded programs while lowering the funding amount per program.[21] This would "increase adoption of telehealth solutions to more communities."[22] This idea would also encourage efficiency among the programs by making sure programs are designed so that no funds are needlessly spent. Similarly, the Commission should consider funding programs at varying amounts, which will give additional insight on the impact of the funding. For example, if a better-funded program results in better health outcomes, the Commission could see the benefits of the additional funding. Oppositely, if health outcomes of two differently funded programs are the same,

[20] Comments of Hughes Network Systems, LLC, WC Docket No. 18-213, filed on Sept. 10, 2018, at 18. "In eliminating expensive last-mile and other infrastructure build-outs, more funds are available to the trials themselves, enabling greater participation and larger data sets."
[21] Comments of CoBank, ACB, WC Docket No. 18-213, filed on Sept. 10, 2018, at 2.
[22] Id.

the Commission could consider what expenditures may be unnecessary. Further, depending on the number and quality of proposals that come forward to participate in the program, the Commission should consider if it's necessary for the whole $100 million proposed budget to be used. After a comprehensive review of the proposals, the Commission may realize that it can run a successful pilot program that serves as a catalyst for telehealth solutions without spending the entire proposed budget. This would in turn benefit the ratepayers that fund the Universal Service Fund and also help current USF programs that face budget constraints.

Conclusion

Though this pilot program may be a catalyst for telehealth in rural areas, the most important thing the Commission could do to improve rural health outcomes is by investing in rural infrastructure through the High Cost program. Indeed, many rural areas would likely adopt telehealth solutions if they had the connectivity. As such, the Commission should use this program as a catalyst for others to adopt telehealth advancement but remember that the future of rural telehealth relies on sufficient and predictable support of the High Cost program.

Respectfully submitted,

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October 10, 2018