

**REMARKS OF FCC CHAIRMAN AJIT PAI  
AT THE U.S. DEPARTMENT OF VETERANS AFFAIRS’  
“ANYWHERE TO ANYWHERE, TOGETHER” TELEHEALTH/VIRTUAL CARE  
THOUGHT LEADER SUMMIT**

**WASHINGTON, DC**

**DECEMBER 6, 2018**

Thank you for those kind words, Deborah. I’ve enjoyed working with you and admire your passion and dedication to this cause.

Thanks as well to the Department of Veterans Affairs for organizing this important event. America has a special obligation to take care of those who have worn the uniform in order to defend our freedom. And that obligation is fulfilled by the men and women of the Department of Veterans Affairs each and every day.

Not long ago, this event would’ve been thought rather strange. Why would the Department and the Federal Communications Commission ever collaborate? But technology has transformed our agencies and our society. The Department of Veterans Affairs has been aggressively implementing telehealth services. And at the FCC, we’ve been working to seize the opportunities of connected health for all Americans, including veterans. So it’s fitting that we gather this morning to reaffirm our shared belief that telemedicine can improve the quality of health care that our veterans receive.

For me, this issue isn’t just about technology; it’s about people and their ability to get the care they need to lead healthier and longer lives. Growing up in small-town Kansas, I often saw my dad, a urologist, hit the road in the early mornings. He drove long distances across southeast Kansas to make sure that patients in even smaller surrounding communities could get help from a specialist.

Decades later, doctor shortages are even more common. Rural hospitals are struggling to stay afloat. So rural Americans are often forced to spend a lot of travel time and money to access essential care, if they are able to access it at all. That’s why telemedicine is so important. It can overcome many of the barriers that stand between rural Americans and access to quality health care.

As FCC Chairman, I’ve seen this potential firsthand during road trips of my own, to hospitals and clinics—including no less than five VA medical centers—all across this country.

For example, in August, I spoke to a veteran living in Paradise, Texas, population 441. He told me the mental health treatment he received from the VA has helped him lose 80 pounds and get off blood pressure medication for the first time in 15 years. The thing is, I was speaking to him from the VA National Tele-Mental Health Hub in Salt Lake City—more than a thousand miles away.

On another road trip this summer, I joined Deborah Scher and other VA officials at the Lecanto Community Based Outpatient Clinic in Citrus County, Florida. We learned how the staff there have been expanding access to more than two dozen medical specialties through telehealth. This helps ensure that vets who can’t travel an hour or two to larger VA facilities in the Sunshine State can still get top-notch care. A veteran-patient we met and his daughter told us connected care has been a game-changer for them.

And in New England this fall, I met with Dr. Curt LaFrance, a neuropsychiatrist and a leader of the VA’s Tele-seizures program. Through the webcam in his office at the Providence, Rhode Island VA medical center, he conducts virtual consultations with patients hundreds of miles away to help reduce seizures and treat related conditions like PTSD and depression.

Advances in telehealth technologies also mean that veterans and other patients are no longer limited to receiving care at clinics and hospitals. Instead, through remote monitoring or mobile health applications on their smartphones or tablets, patients can receive care anywhere. I've seen this firsthand at—you guessed it—a VA medical center.

While I was in Providence, I also met with Dr. Martin Weinstock, the national lead for the VA's tele-dermatology program. He and his team showed me a web-based mobile app that the VA is developing to allow dermatologists to examine and follow up with existing patients at home or wherever they are. This app has the potential to deliver care faster, reduce no-show appointments, and free up clinic time for patients who can't be seen remotely.

Through these and other benefits, telehealth can dramatically improve the quality of health care for millions of Americans.

At the same time, we can't realize the promise of telehealth without connectivity. This is one of the reasons that, since day one as FCC Chairman, my top priority has been closing the digital divide. Every American—and every veteran—who wants Internet access should be able to get it. High-speed Internet access, or “broadband,” is important in our daily lives and is increasingly critical to getting health care. Yet too many people still don't have broadband. About 19 million Americans lack access to home broadband service at speeds of at least 25 Mbps downstream and 3 Mbps upstream. What's worse, those who stand to benefit the most from telehealth are often on the wrong side of the digital divide: Roughly 24% of households in rural communities—again, communities facing shortages of physicians, particularly specialists—can't get fixed broadband.

So what is the FCC doing to make sure that everyone, everywhere gets online? To connect people in unserved parts of the country, we manage the Universal Service Fund, a group of federal subsidy programs. One of these programs provides direct funding to broadband providers to leverage—not displace—private capital expenditures. This summer, using a first-of-its-kind reverse auction, we allocated about \$1.5 billion to bring high-speed fixed broadband to more than 700,000 rural homes and businesses nationwide. By using an auction, we will distribute this funding much more efficiently. Through competitive bidding, we are lowering the cost of covering these locations from \$5 billion to \$1.5 billion.

On the wireless side, the FCC plans to hold another reverse auction that will invest up to \$4.5 billion over the next decade to bring 4G LTE mobile broadband service to rural Americans that currently don't have it. Access to mobile broadband will be critical to the widespread adoption of mobile health apps like the ones the VA is developing.

The FCC's Rural Health Care program is another critical tool for maximizing the benefits of telehealth and virtual care. This program helps rural health care providers afford the connectivity they need to deliver vital telemedicine services within and between their clinic and hospital locations. In recent years, demand for this funding had been exceeding the program's spending cap. This wasn't surprising, given that the program was started in 1997 during the days of dial-up. The funding limit had never been increased, not even for inflation.

So in June, we raised the annual funding cap for the Rural Health Care program by 43%—from \$400 million to \$571 million—for funding year 2017. This reflects where the cap would have been had it been adjusted for inflation from the beginning of the program. We also gave participating health care providers more certainty by taking steps like adjusting the cap annually for inflation. I'll do the math for you—that means there's \$581 million in funding available for funding year 2018.

But technology's reach isn't just limited to bricks-and-mortar health care facilities. The FCC also recognizes the need to support the shift in telehealth toward connected care everywhere. Patients can benefit from services delivered directly in their homes—such as sensor-based remote monitoring. These services can lead to better health outcomes and significant cost savings for patients and health care

providers alike. So in August, we began exploring a pilot program to promote the use of these broadband-enabled telehealth services among low-income families as well as low-income veterans. We're looking at a proposed \$100 million budget for this Connected Care Pilot Program, and we've asked for public input on how best to design it.

In addition to these reforms to our subsidy programs, the FCC has also lowered regulatory barriers to broadband deployment. In other words, we're making it cheaper and easier to build broadband networks. We're encouraging companies to invest in next-generation fiber instead of propping up fading copper. We're enabling companies to get quicker access to utility poles to attach broadband equipment. We're encouraging new competitors, from fixed wireless entrants to low-earth-orbit satellite innovators, to enter the market. And more.

By the way, we've made a particular push on wireless broadband. In fact, we're pursuing a comprehensive strategy to promote American leadership in 5G, the next generation of wireless connectivity. Under our three-part 5G FAST plan, we're making more spectrum available in the marketplace, promoting the deployment of wireless network infrastructure, and modernizing outdated regulations. Tomorrow's 5G networks will not only be much faster than those of today; they'll support billions of connected devices and be much more responsive, with lag times that are a fraction of what they are today. It's critical that we seize the opportunities of 5G, especially for health care applications that may focus on things like wearable sensors or remote robotic surgery.

Now that I've shared some of the steps the FCC has been taking to help veterans and other Americans realize the benefits of telehealth, I also wanted to take a moment to applaud the VA for one of its major breakthroughs on this front. In May, the VA began allowing VA doctors, nurses, and other health care providers to use telehealth technology to treat veterans across state lines. Before this [change](#), it was unclear whether VA providers could treat veterans in other states through telemedicine because of licensing restrictions or state-specific telehealth laws. The VA removed this uncertainty and paved the way to expand veterans' access to telehealth. I hope that patients who are not veterans will also be able to one day benefit from similar flexibility across the country. Indeed, as President Kennedy's FCC Chairman, Newton Minow, and I have [pointed out](#), state licensing requirements can impede the delivery of telemedicine to patients across state lines—a problem that could be overcome with interstate licensing reciprocity.

I'd also like to take this opportunity to thank the team at the VA. Over the past year, I've been encouraged by the budding partnership between the VA and FCC staff. From the dedicated physicians I've met at VA medical centers throughout the country to the staff we've been collaborating with in Washington on important issues like suicide prevention, it is clear to me you are dedicated to helping all of our nation's veterans. From our end, this collaboration between the FCC and VA will not be a one-off but a growing partnership.