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**Carr Advances \$100 Million Telehealth Initiative at Event in Appalachia**

LAUREL FORK, VA—Today, FCC Commissioner Brendan Carr visited a community health care clinic in rural Laurel Fork, Virginia which sits in the southwest corner of the state. Carr announced that the FCC will be voting at its July 10th meeting to advance a \$100 million Connected Care Pilot Program to support telehealth for low-income Americans across the country, including those living in rural areas and veterans. At the clinic, two patients with diabetes demonstrated how they are using remote monitoring technologies to improve their health.

**“With advances in telemedicine, health care is no longer limited to the confines of traditional brick and mortar health care facilities,”** said Commissioner Carr. “With an Internet connection, patients can now access high-quality care right on their smartphones, tablets, or other devices regardless of where they are located. I think the FCC should support this new trend towards connected care, which is the healthcare equivalent of moving from Blockbuster to Netflix. That’s why the FCC will vote to advance my \$100 million pilot program at our July 10 meeting. It will focus on ensuring that low-income Americans and veterans can access this technology. Particularly in rural communities like Laurel Fork, where the nearest hospital is in a different state, access to telehealth can make a life-saving difference.”

**“In Laurel Fork, telehealth is already delivering results,”** continued Carr. “Diabetes patients here that participated in a remote telehealth program saw their A1C levels decline by 2.2 points on average, which significantly reduced their risk of renal disease, heart disease, and death caused by those conditions. Through the Connected Care Pilot Program, the FCC can build on the success of projects like these, which are helping create a model for the adoption of connected care technologies and bridging the doctor divide in rural America.”

The FCC will vote on a Notice of Proposed Rulemaking at its July Open Meeting that seeks comment on:

- Budgeting for \$100 million in USF support for health care providers to defray the qualifying costs of connected care services for low-income patients, including people in medically underserved areas and veterans.
- Targeting support for innovative pilot projects to respond to a variety of health challenges, including diabetes management, opioid dependency, high-risk pregnancies, pediatric heart disease, and cancer.
- Providing an 85% discount on qualifying services for a three-year period with controls in place to measure and verify the benefits, costs, and savings associated with connected care technologies.
- Collecting relevant data to enable stakeholders to better understand the impact of telehealth and consider broader reforms that can support the trend toward connected care.

Connected care has resulted in substantial savings, particularly in the management of chronic diseases, which account for over 85% of direct health care spending in the U.S.:

- A remote patient monitoring trial in the Mississippi Delta resulted in nearly \$700,000 in annual savings due to reductions in hospital readmissions alone. Assuming just 20% of Mississippi's diabetic population enrolled in this program, annual Medicaid savings in the state would be \$189 million per year.
- The Veterans Health Administration's (VHA) remote patient monitoring program cost \$1,600 per patient compared to more than \$13,000 per patient for VHA's home-based primary services.
- A telehealth project in the Northeastern U.S. found that every \$1 spent on remote monitoring resulted in a \$3.30 return in savings.
- Analysts estimate that the widespread use of remote patient technology and virtual doctor visits could save the American health care system \$305 billion annually.

Connected care technologies are also improving health outcomes for patients:

- A study of 20 remote patient monitoring trials found a 20% reduction in all-cause mortality and a 15% reduction in heart failure-related hospitalizations.
- The VHA's remote patient monitoring program resulted in a 25% reduction in days of inpatient care and a 19% reduction in hospital admission for more than 43,000 veterans with conditions like hypertension, congestive heart failure, chronic obstructive pulmonary disease, depression, and PTSD.
- One remote patient monitoring initiative showed a 46% reduction in ER visits, a 53% reduction in hospital admissions, and a 25% shorter length of stay.

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