

**STATEMENT OF
COMMISSIONER JESSICA ROSENWORCEL**

Re: *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-23, Notice of Proposed Rulemaking (July 10, 2019)

There is a maternal mortality crisis in the United States. We are the only industrialized nation with an increasing rate of death from pregnancy-related complications. The United States is now the most dangerous place to give birth in the developed world. According to the Centers for Disease Control and Prevention, this trend hits women of color especially hard. Women in rural areas also face challenges, now that more than half of rural counties no longer have a hospital with a maternity ward.

A few weeks ago I visited Arkansas. So picture the northeast corner of the state. It's the area known as the Upper Delta. It has a proud history. It was where Johnny Cash spent his childhood and Ernest Hemingway penned *A Farewell to Arms* in a barn. Its fields are known the world over for the rice they produce. But this region is also on the bleeding edge of an ugly trend—increasing maternal mortality.

In Arkansas I met a team of healthcare professionals from the University of Arkansas for Medical Sciences. They decided that in the Upper Delta it was time to do something about pregnancy-related deaths.

They described a patient in the region. She was diagnosed with preeclampsia, a hypertensive disorder that is a leading cause of maternal mortality. To manage this disorder, monitoring is key. But this patient lives in a rural area. In fact, she had to drive several hours just to give birth in a specialty hospital. There was no way she could make the same drive on a daily basis during the weeks after delivery.

So this team at the medical center got creative. They sent her home with a blood pressure cuff, a scale to monitor her weight, and a pulse oximeter to measure the levels of oxygen in her blood. She was told to connect all of these devices to a wireless gateway and to transmit daily readings to the medical center.

This was great—except for one critical detail. This patient had no wireless service at home. So every day, after performing these rituals, she climbed in her truck, drove to the top of a hill a mile away, and sent the data along.

I can't stop thinking about that story. Because we have broadband problems in this country and they can prevent us from solving healthcare problems.

Today, we start a rulemaking to develop a pilot program that will expand the kind of connected care that can make a meaningful difference to patients in rural communities, urban communities, and everything in between. This effort may not be able to solve all our connectivity problems, but I hope they put us on a course to do good. I also hope we make addressing maternal mortality front and center in this effort. We have a crisis in this country and

when this pilot project is done I want this agency's efforts to make a meaningful difference. I want us to say with clarity what can be done with connected care to improve outcomes and at what cost. So as we proceed I believe this agency needs to adopt clear goals for this pilot program, informed not just by those familiar with proceedings at the Federal Communications Commission, but by those on the cutting edge of connected care.

I met those people in Arkansas. I met a similar team in Minnesota at the Mayo Clinic and health professionals in Washington state at Harborview Medical Center exploring the outer frontier of connected care. Every one of them is devoted to providing healthcare in hard places and healing the hard cases. I know this is not easy because I saw it at home growing up. My father served in the Air Force as a physician. After he left the service for civilian life, he practiced medicine. For three decades, he ran a low-income city clinic for hypertension and kidney failure. It is vital work securing reliable care for those least likely to afford it.

So I support today's rulemaking. But I want to offer a bit of caution. As we move ahead, I want this pilot project to reach far and wide. When this agency developed its first rural health care pilot project more than a decade ago, we funded projects in over forty states and in multiple territories. I think we should do one better with this effort and fund projects in every state and territory across the country.