

**STATEMENT OF  
COMMISSIONER GEOFFREY STARKS**

Re: *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Notice of Proposed Rulemaking

In today's world of sophisticated hospitals with advanced medical technology, each with hundreds of health care professionals, and waiting rooms brimming with patients, it's easy to forget that for much of medical history, when you talked about a "Doctor's Visit," it was the doctor that was doing the visiting. Once upon a time, physicians would travel by foot, car, and even horseback to treat patients who were too sick or hurt to make the journey themselves. Well into the twentieth century, "House Calls" were commonplace, as was the image of the friendly family physician, smiling and carrying a trademark black leather bag.

Since then, healthcare has evolved in dramatic ways. Technology has advanced, doctors have specialized, and the quality of care has increased. But gaining access to the benefits of quality health care still depends, as it always has, on connecting doctors with patients. For many Americans, in-person visits just aren't possible, either because they live too far away, because their chronic health conditions make it difficult for them to leave the home, or because there just aren't enough doctors to go around. The Health Resources & Services Administration reports that 76 million Americans live in an area with a shortage of primary care providers, and 112 million live in areas with a shortage of mental health providers.

Fortunately, broadband is bringing back the "House Call." In a new way. Thanks to connected care technology, doctors and mental health professionals have the ability to provide care and treatment in the home through video visits and remote monitoring. This is a game changer. Rural Americans no longer have to take a full day off of work to make the long drive to their doctor and back. Mental health providers can check in more regularly with patients. Folks with conditions that make it hard for them to leave the house no longer have to. And patients who require frequent monitoring and check-ins, such as those with opioid addiction, pregnant women, and those with heart disease and other chronic illnesses can stay in touch with health care providers as often as they need to while continuing to live their lives to the fullest.

Connected Care has the potential to revolutionize health care, and today's NPRM recognizes the fact that we at the FCC have to do our part. Up until now, our focus has been on connecting health care providers to the Internet and to each other, and while this remains a top priority, today we take steps toward supporting connections directly between health care providers and patients.

I've seen first-hand the potential for connections between health care providers and patients to make a world of difference, particularly when it comes to mental health. The need is real. I learned that the US is facing a critical shortage of child psychiatrists, with only about 8,600 struggling to do the work it would take 30,000 to accomplish. This shortage has a direct and substantial impact in North Carolina, a large state with predominantly rural areas and a defined "severe shortage" of child psychiatrists. I recently visited with Duke University's Integrated Pediatric Mental Health group, and they are leading on this issue with an innovative program connecting health care providers in six rural counties in North Carolina with child psychiatrists.

Through Child Psychiatry Access Programs like the one at Duke, providers working with child patients are able to call and be connected with a child psychiatrist who can provide care and advice over the phone. This was the case with one family who noticed their five-year old was exhibiting unfamiliar behavior. They took their child to their local, rural doctor who suggested the child could be on the autism spectrum. Through the Duke program, the family was able to call a child psychiatrist for a second, more specialized opinion, but unfortunately had to drive over four hours round-trip to an urban hospital in Durham to receive a full diagnosis.

Through the pilot program this NPRM proposes, programs like this Child Psychiatry Access Program could upgrade from phone calls to broadband connections, allowing children in need of timely mental health care to receive diagnoses and follow up treatment they need, which for patients with

chronic conditions will involve numerous visits, all without having to travel long distances each way. The proposed Connected Care pilot program has the potential not only to help families receive care for children, but also to help child psychiatrists see and interact with patients in the home to provide better, more personalized care.

Stories like this one highlight the difference that the proposed Connected Care program can make, particularly for those suffering from mental health conditions. For this reason, I am pleased that my colleagues agreed with my suggestion to include mental health among the list of health conditions that will be the primary focus of the proposed pilot program, and in other places where specific health conditions are identified in the NPRM.

A lot of things have changed since the early days of House Calls, but one thing that hasn't is the need for personal care and attention. This item takes important steps toward having broadband bring back the House Call, and in so doing making health care more accessible to millions of Americans in need. I'm proud that FCC is taking steps to encourage connected care, and I'm excited to see the results of the Pilot Program participants. I support this item.

I thank Commissioner Carr for his willingness to work with me on this item and I thank the Wireline Competition Bureau for their work preparing it – it has my support.