

**REMARKS OF FCC CHAIRMAN AJIT PAI ON TELEHEALTH
TO THE HEALTH INNOVATION ALLIANCE**

SEPTEMBER 23, 2020

Thank you, Joel, for that introduction, and thank you to the Health Innovation Alliance for hosting this important forum.

When I think about telehealth, I often think about a veteran I met when I visited a VA hospital in Salt Lake City. He told me that the mental health treatment he received from the VA had helped him lose 80 pounds and get off blood pressure medication for the first time in 15 years. I can't say that his life was perfect—after all, he told me he was a Dallas Cowboys fan. But it was much better than before. And here's the thing: this veteran lived in Paradise, Texas, more than a thousand miles away from the National Tele-Mental Health Hub in Salt Lake City. Even though his hometown had a population of 441 and no hospital, quality mental health services were now just a click away.

What I find particularly exciting about this story is that it is quickly becoming the norm, rather than an exception. I've been saying for years that when it comes to the digital revolution, no area has greater potential for transformative change in the coming years than healthcare. Now, intuition and evidence are telling us that the pandemic is becoming a tipping point for telehealth in America.

Let's return to the subject of veterans. At the beginning of March, the VA was averaging 7,400 virtual mental health consultations a week. By the end of April, [that number](#) was up to 52,600—a sevenfold increase. During that same time frame, the VA saw virtual primary care visits grow from 1,100 to 13,000. For specialty care and rehabilitation, there's been a jump from 1,200 to over 21,000.

This spike in telehealth services is hardly limited to the VA. All across our health care system, Americans have been turning to connected care to get medical attention while avoiding potential exposure to COVID-19 through in-person visits at hospitals and other health care facilities.

The FCC has been doing everything we can to meet this surge in demand.

From the outset of the pandemic, it was clear that we needed to do everything we could to connect patients with their health care providers. So back in March, the Commission immediately made an additional \$42 million available through our Rural Health Care Program. We also waived so-called "gift rules" so that participants in the Rural Health Care Program could solicit and accept better services or additional equipment for telemedicine from their broadband providers.

And thanks to Congress, we were able to do much, much more. As part of the CARES Act, Congress appropriated \$200 million for the FCC to support health care providers' use of telehealth services during this national emergency. Just days after the President signed the CARES Act into law on March 27, the FCC established the program. By April 13, the FCC had already begun accepting applications. We evaluated and approved applications on a rolling basis, and, by July 8, we had awarded all \$200 million. In the end, we approved 539 funding applications from 47 states plus Washington, D.C. and Guam. Recipients ranged from community health centers to mental health clinics to non-profit hospital systems in both rural and urban areas of the country.

And what a difference this program already is making. Thanks to an award it received, the UPMC Children's Hospital of Pittsburgh is remotely monitoring children who have received organ transplants and are thus immunocompromised.

Greene County General Hospital in Linton, Indiana used its support to equip its nursing homes, senior care facilities, clinical hospital departments, clinics, employee health, and EMS ambulance service with the technology to provide telehealth services. They credit this support with providing better care for

their patients, while preserving PPE thanks to consultations where staff didn't have to treat their patients in person.

With social distancing and other pandemic-related disruptions increasing social isolation and stress, mental health services are critical right now. And that's why it's notable that Access Health, based in Houston, has logged an increase in mental health visitations, an increase in quality-control measures, and a 5% year-over-year increase in depression screenings, thanks in part to telehealth and FCC-approved funding.

This past weekend, my colleague Commissioner Carr was in Florida, where he met with three funding recipients. In Orlando, Aspire Health Partners has used FCC support to expand telehealth services from 95 patients a month to over 22,000. At Grace Medical Home, which serves low-income and uninsured patients, they've ramped up from zero telehealth visits before the pandemic to over 850 now. And at the Transition House in St. Cloud, they've gone from zero remote patients to hundreds a month.

Obviously, this transition to virtual care was driven by the urgency of a once-in-a-century pandemic. But as I said earlier, I see this as an inflection point for telehealth. Across the board, we're seeing reports that both patients and caregivers appreciate the added convenience and efficiency that comes with telehealth services.

At the FCC, we have long believed that this would be the future of healthcare. Back in 2018, I joined with President Kennedy's FCC Chairman, Newt Minow, to call for a concerted push to seize the untapped potential of telemedicine and "bring[] our health care system more fully into the digital age." That's why we've been working on multiple fronts during my Chairmanship to promote digital health innovation.

Our biggest initiative on this front is our Rural Health Care Program. This is part of the Universal Service Fund and is dedicated to meeting the connectivity needs of rural hospitals and clinics. Since 1997, annual funding for the Rural Health Care program was capped at \$400 million, even as the population increased and connected care demand expanded. Under my leadership, the FCC in 2018 raised the budget for the first time in the program's two-decade history, by more than 40%, to \$571 million. And going forward, that budget will now be adjusted for inflation. For the 2020 funding year, we are also carrying forward up to \$198 million in unused funds, meaning that we expect to deliver over \$800 million this year to meet the growing demand for telehealth in rural America—more than double the available funding when I took office as Chairman.

We're not just investing more through our Rural Health Care Program, we're investing smarter. Thanks to new rules that promote transparency and predictability in the program's administration and strengthen safeguards against waste, fraud, and abuse, program funds will be disbursed more efficiently and equitably.

Now, the Rural Health Care program involves connectivity at healthcare facilities. But as you know well, the model of healthcare delivery is being inverted, with patients being monitored wherever they happen to be. In recognition of this trend, the FCC voted this April to set up a three-year, \$100 million Connected Care Pilot Program. This pilot aims to boost health care providers' connected care efforts. It will also give us valuable data as we look to the future and try to determine how universal service subsidies can help telehealth transform healthcare delivery in ways that are patient- and provider-friendly.

Now, I've talked so far about expanding access to virtual care. But the FCC's doing more than that. We also want to unleash new digital health innovations. One avenue for this involves 5G, the fifth generation of wireless connectivity. 5G networks will be 100 times faster, maybe even more, than the 4G networks we use today. They will have lag times that are one-tenth of what they are today. And they'll have much more capacity, being able to connect as many as one million devices per square kilometer.

These networks will be able to support the real-time, high-quality video needed for the most advanced forms of telemedicine. They will fuel exponential growth in the Internet of Things, which will support remote patient monitoring and foster device innovation. And who knows? Maybe in the future, they'll even make remote surgery commonplace.

To unlock the potential of 5G, the FCC has been pursuing a three-pronged strategy to free up spectrum, promote wireless infrastructure, and modernize regulations to encourage fiber deployment. I won't go into the details of our 5G work—that could be its own speech—but I would note that, thanks to our efforts, we've substantially increased the amount of spectrum available for 5G, in addition to a 12-fold increase in the number of new cell sites deployed over the past three years.

Obviously, digital health solutions like remote monitoring would also benefit greatly from better connectivity in the home. The FCC recently took a major step forward on that front, too. We recently made the entire 6 GHz band available for unlicensed use. By doing this, we are effectively increasing the amount of mid-band spectrum available for Wi-Fi by almost a factor of five. And we're creating a massive, 1,200 megahertz testbed for innovators and innovation. That's because of the next generation of Wi-Fi, commonly called Wi-Fi 6. Wi-Fi 6 has already started rolling out. Wi-Fi 6 will be over two-and-a-half times faster than the current standard. And it will offer better performance for connected devices. I expect entrepreneurs to use this band to push the boundaries of what consumers think is possible with telemedicine, from high-bandwidth virtual and augmented reality services to low-bandwidth IoT applications.

The benefits of digital health care have long been clear. That much we've known. But it feels like the pandemic has finally proven that telehealth is a critical broadband application, and there's no turning back now. I look forward to working with you to seize the opportunities of digital medicine and help countless Americans live healthier, happier lives.