

**STATEMENT OF
COMMISSIONER BRENDAN CARR**

Re: *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Third Selection Public Notice (October 26, 2021).

For years, the FCC has supported the buildout of high-speed Internet connections to brick-and-mortar health care facilities. That is important work, and the FCC will continue its efforts on this front because it ensures that patients inside a connected facility can access the highest quality of care.

But several years ago, we identified an emerging trend in telehealth. The delivery of high-tech, high-quality care is no longer limited to the confines of connected, brick-and-mortar facilities. With remote patient monitoring and mobile health applications that can be accessed right on a smartphone or tablet, health care workers now have the technology to deliver high-quality care directly to patients, regardless of where they are located. And this trend towards connected care picks up exactly where the FCC's existing support programs have left off because it enables patients to continue to receive high-quality care even when they walk out the doors of a health care facility.

I first learned about this new trend back in 2018 and asked my FCC colleagues to launch a proceeding that culminated in our decision to adopt both the Connected Care Pilot Program and the Emergency COVID-19 Telehealth initiative. Since then, I have had the opportunity to visit 44 different health care facilities across 22 states to learn more about this trend towards connected care. One thing these visits have brought home is the unprecedented spike in telehealth visits we've seen. In Parsons, Kansas, I recently met with a health care provider that saw telehealth visits jump from close to zero before the pandemic to about 1,200 each month. At the University of Michigan, I met with doctors that saw a 75-fold increase in telehealth visits per month—increasing from 400 a month pre-pandemic to more than 30,000 at its height. Just this month, in Florida, I met with a pediatrics department that told me that their telehealth visits grew from 25 a day to 1,800 a day.

All of these visits have helped inform my approach to the Connected Care Pilot Program. Today, we take another important step by announcing a third set of projects that will receive funding from the Commission's successful Connected Care program. With today's vote, we will have awarded a total of nearly \$70 million to more than 80 entities in 35 states and the District of Columbia. And I am pleased that these projects will focus on providing services to low-income and veteran patients facing a range of different health conditions in underserved communities.

But our work is not done. Three weeks ago, I testified before the U.S. Senate Commerce Committee at a subcommittee hearing focused on the topic of telehealth. At the hearing, it was clear that there is bipartisan support for telehealth and for specific legislative measures that could keep the success of these programs going. We have made too much progress on expanding telehealth offerings over the last year to dial these services back now.

For one, we need to work with stakeholders on a long-term solution to funding these types of initiatives. Any such solution likely requires further action by Congress, but the FCC can and should play an important role in those discussions. The Connected Care Pilot Program for instance is a three-year initiative. One goal for the program is to provide additional evidence regarding the value that flows from connected care technologies. In my view, the portions of the health care industry that benefit from these technologies and their associated reductions in health care costs should be the ones that support them in the long run. Now is the time to work towards that transition.

I would like to thank the staff of the Wireline Competition Bureau for their work on this item and for their continuing efforts to ensure that the Connected Care Pilot Program is a success. The item has my support.