

**STATEMENT OF  
COMMISSIONER BRENDAN CARR**

Re: *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Fourth Selection Public Notice (March 16, 2022)

Four years ago last month, when I was on a trip to Mississippi with Senator Wicker, I heard about a small healthcare provider that served patients spread across a handful of rural towns in Sunflower County. The team at North Sunflower Medical Center was on the pioneering edge of a new trend in telehealth. Up to then, nearly all telehealth funding went towards connecting brick-and-mortar facilities. It was known as a hub-and-spoke model where, for instance, a generalist in a small-town clinic could conduct a virtual consult with a specialist located in a much larger city over a high-speed video connection. It was a mode of telehealth that the FCC had long funded through our various telehealth programs. And it was delivering important benefits to communities across the country.

But the team at North Sunflower was trying something different. Rather than bringing patients into the facility after they got sick, they were remotely monitoring their conditions. For diabetes patients, for example, they would send them home with an iPad and a Bluetooth-enabled blood-glucose monitor. The idea was that by constantly monitoring patients, they could keep them healthier and out of the most expensive portion of the healthcare system—the Emergency Department. And it was working. When I learned about this model—what we would later describe as the health care equivalent of shifting from Blockbuster to Netflix—I thought the FCC should start a pilot program to support this new trend.

Of course, back in 2018, in those pre-COVID days, we had no idea how vital providing care at a distance would become. But the work we put in to stand up a Connected Care Pilot Program ultimately created the foundation for the FCC’s Emergency COVID-19 Telehealth Program as well. I am incredibly proud of the work the FCC’s team put into these initiatives. And I have had the chance to see firsthand the difference that these programs are already making.

Since 2018, I have had the opportunity to visit 48 different health care facilities across 24 states. These facilities have been using connected care technologies to address a number of healthcare needs, from diabetes to strokes, from mental healthcare to alternative pain management, from maternal care to pediatrics.

Just last month, I had the opportunity to meet with a behavioral health services provider in Nevada that is using telehealth to provide mental health counseling. By offering video, rather than in-person visits alone, the team there told me that they are reaching more people—including those that may be hesitant to show up in person at a physical facility. In fact, they are now using FCC funding to ramp up from essentially zero telehealth visits pre-COVID to more than 2,800 each month. In Miami, Florida, I had the opportunity to meet with a community health provider that went from almost no telehealth visits in 2019 to over 90,000 in 2020, and has used FCC funding to send more than 500 connected kits to their low-income patients. The data they’ve already collected shows that this has reduced hospital visits by 60 percent during the pandemic. In Perrysburg, Ohio, I visited a mental health and addiction services provider that uses telehealth as part of its outpatient treatment for opioid dependency and fetal alcohol symptoms.

These are just a handful of the stories I have heard in recent years. And what is clear to me is that connected care offerings are not simply replacing in person visits. Providers tell me that patients are staying healthier. They are seeing far fewer cancelations since patients don’t need to worry about transportation or childcare. And many times they are able to provide better care because the video visits give doctors a better glimpse into their patient’s home life.

With today’s vote announcing the fourth and final set of Pilot projects, we will have made more than \$98 million available to more than 100 entities in 39 states and the District of Columbia. This announcement is a culmination of years of hard work, and I thank the staff of the Wireline Competition Bureau for their commitment and dedication to the Pilot Program.

But our work is not yet done. We will need to monitor and track the data that comes in from these programs. After all, one of the original goals of this pilot is to provide further data about the value that connected care offerings provide to help ensure their broader adoption. At the same time, we need to make sure that these services have a stable, long-term funding model. In my view, the portions of the health care industry that benefit from these technologies should be the ones that support the lion share of the costs in the long run. So now is the time to have conversations about that transition.

Furthermore, it has become clear that there is bipartisan support for legislative measures that may be necessary to keep the success of telehealth going. For instance, there have long been a range of licensing and reimbursement issues that held back telehealth prior to the COVID-19 pandemic. In early 2020, the Department of Health and Human Services, with urging from Congress, helped facilitate greater access to telehealth services through the issuance of key waivers. For example, HHS has allowed more types of providers to bill Medicare for telehealth services and granted waivers for the reimbursement of audio-only telehealth services. While these waivers are set to expire at the end of the COVID-19 public health emergency declaration, we cannot afford a return to the status quo once the pandemic ends. We have made too much progress to move backwards. For these reasons, I fully support the CONNECT for Health Act, reintroduced this year by Senators Brian Schatz, Roger Wicker, and a group of 50 bipartisan senators, which would take a number of steps to ensure that more people have access to telehealth, including by removing geographic restrictions on telehealth services, allowing health centers and rural health clinics to provide telehealth services on a continued basis after the pandemic ends, and giving the Secretary of HHS additional authority to waive telehealth restrictions after the pandemic ends. I also support the Protecting Rural Telehealth Access Act, which would extend many of the same waivers.

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.