



PUBLIC NOTICE

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FEDERAL COMMUNICATIONS COMMISSION ANNOUNCES INITIAL PROJECTS SELECTED FOR THE CONNECTED CARE PILOT PROGRAM

WC Docket No. 18-213

1. As health care providers increasingly take advantage of advancing telehealth technologies, they are shifting toward providing connected care services directly to patients outside traditional brick-and-mortar health care facilities. And as health care continues to become an ever more important use of fixed and mobile broadband networks, closing the digital health care divide—and ensuring that Americans can take advantage of these health care advances—becomes more urgent in equal measure. The ongoing COVID-19 pandemic has only served to highlight the value to health and safety that connected care services offer. However, some groups such as low-income Americans and veterans may lack access to sufficient or reliable broadband networks needed to make use of those services, and health care providers—especially ones serving medically underserved populations—may lack the financial means to expand their practices into the digital world.

2. To those ends, the Commission adopted a \$100 million Connected Care Pilot Program, funded through its Universal Service Fund separate from the existing Rural Health Care Program in order to help eligible health care providers defray the costs of provided connected care services to their patients and study how the Universal Service Fund can help support the continuing trend toward connected care services. By today's Public Notice, as part of its ongoing efforts to promote and support connected care technologies and services, the Commission announces an initial set of pilot projects that have been selected for the Connected Care Pilot Program. These projects will support the goals of the Pilot Program and will help inform the Commission on the role of the Fund in supporting connected care into the future.

3. Today's selections are only an initial set of projects. The Commission's review of applications for the Pilot Program is ongoing, and the Commission expects to announce the selection of the remainder of projects in the coming months. The Commission is committed to selecting a broad array of applicants and projects.

I. BACKGROUND

4. The Pilot Program will make available up to \$100 million over a three-year period for selected pilot projects for qualifying purchases necessary to provide connected care services, with a particular emphasis on providing connected care services to low-income and veteran patients.¹ The Pilot Program is open to eligible non-profit or public health care providers that fall within the enumerated categories in section 254(h)(7)(B) of the Telecommunications Act until the three-year duration of the Pilot Program ends.² For purposes of the Pilot Program, eligible health care providers and their patients

¹ See *Promoting Telehealth for Low-Income Consumers; COVID-19 Telehealth Program*, Report and Order, 35 FCC Rcd 3366, 3369-97, paras. 5, 55 (2020) (*Report and Order*).

may be located in rural or non-rural areas, and eligible non-rural health care providers are not required to be part of a majority rural consortium.³

5. Pilot projects selected to participate in the program will receive universal service support to offset 85% of qualifying costs incurred in connection with the Pilot Program. The remaining 15% share of the costs of eligible services must be paid by the selected pilot project recipients from eligible sources, and participating health care providers must also pay the costs of any ineligible expenses associated with their respective projects.⁴ Health care providers whose pilot projects are selected to participate in the program also must seek competitive bids for the eligible services for which they intend to seek Pilot Program support.⁵

6. On November 5, 2020, the Wireline Competition Bureau announced that the application filing window for the Pilot Program would open on Friday, November 6, 2020 at 12:00 PM ET and would close on Monday, December 7, 2020 at 11:59 PM ET.⁶

II. SELECTED PROJECTS

7. Following review of the applications filed during this time, the Commission, working with the Bureau and others,⁷ today announces the initial selection of a limited number of pilot projects. Selected projects are listed in the Appendix.

8. Projects in this initial set of selections represent several different geographic areas and provider types, will involve patients in underserved communities and will address a range of health conditions. The Commission designed the Pilot Program with a particular emphasis on providing connected care services to low-income and veteran patients, and these projects would all primarily serve these populations. As such, these projects will advance the goals of the Pilot Program by helping the Commission to determine how universal service support provided to health care providers for the costs associated with providing connected care services can enable them to: (1) improve health outcomes

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² See *id.* at 3368-69, para. 55 (noting that the categories of eligible nonprofit and public health care providers are: (1) post-secondary educational institutions offering health care instruction; teaching hospitals, and medical schools; (2) community health centers or health centers providing health care to migrants; (3) local health departments or agencies; (4) community mental health centers; (5) not-for-profit hospitals; (6) rural health clinics; (7) skilled nursing facilities; and (8) consortia of health care providers from one of the preceding seven categories). 47 U.S.C. § 254(h)(7)(B). See also *id.* at 3393, para. 51 (describing the Pilot Program’s focus on low-income and veteran patients).

³ See *id.* at 3384, para. 38.

⁴ See *id.* at 3388-89, para. 43. See also 47 CFR § 54.611(b)(1) (“Eligible sources include the applicant or eligible health care provider participants, state grants, appropriations, or other sources of state funding; federal funding, grants, loans or appropriations except for other federal universal service funding, or other sources of federal funding; Tribal government funding; and other grants, including private grants.”); 47 CFR § 54.611(b)(2) (“Ineligible sources include (but are not limited to) in-kind or implied contributions from health care providers; direct payments from service providers, including contractors and consultants to such entities; and for-profit entities.”). Additionally, all applicants participating in the Connected Care Pilot Program are subject to the Commission prohibition on gifts from service providers. See *id.* at 3412, para. 76.

⁵ *Id.* at 3411-13, paras. 75-76. The *Report and Order* outlines limited exemptions to the competitive bidding requirements. *Id.* at 3412-13, para. 76.

⁶ *Wireline Competition Bureau Announces Connected Care Pilot Program Application Filing Window Opening*, Public Notice, DA 20-1315 (WCB Nov. 5, 2020) (*Bureau Application Filing Window Public Notice*).

⁷ *Report and Order*, 35 FCC Rcd at 3412, para. 74.

through connected care; (2) reduce health care costs for patients, facilities and the health care system; and (3) support the trend towards connected care everywhere.⁸

9. Each of the initially selected projects submitted a high-quality application and will treat a high percentage of patients in the target populations with eligible services, making them excellent projects to select in this initial phase. Further, these projects will address a number of critical health conditions such as high-risk pregnancy, mental health conditions, opioid dependency, COVID-19, and chronic conditions. Supporting these projects will help us ascertain how USF support can enable providers to use connected care to help improve the health outcome of the patients. Likewise, we expect that using connected care to treat these conditions will reduce costs and increase the quality of care. And, because these projects will treat many patients in areas of great need across the nation, selecting these projects will enable the Commission to better understand how USF funding can support the trend towards connected care everywhere.

10. Selected participants must seek bids for the services they intend to procure in accordance with the competitive bidding rules for the Healthcare Connect Fund Program⁹ and submit a Request for Funding to the Universal Service Administrative Company (USAC), the Administrator of the universal service programs.¹⁰ USAC will then review Requests for Funding and make final determinations regarding the eligibility of the services requested before committing funding to each Pilot Project.¹¹

11. Today's selected projects represent only some of the projects to be funded under the Commission's \$100 million budget for Connected Care Pilot programs; the Commission will make further selections in the coming weeks and months. Although we are committed to selecting a broad array of projects that will assist health care providers to use connected care technologies to treat a diverse array of patients nationwide, we will consider all proposed projects carefully, including ones that serve similar patient populations or treat similar conditions as those selected today.

12. To avoid confusion and to ensure smooth administration of program deadlines, we clarify that the selections in today's Public Notice do not trigger program deadlines for procuring services, submitting funding requests to USAC, and conducting outreach and training between awardees and USAC.¹² The Commission will announce the remaining project selections in a forthcoming order, and at that time will provide detailed instructions for all selected applicants to comply with the requirements to procure services, submit funding requests, and consult with USAC.¹³

⁸ *Id.* at 3416, para. 83.

⁹ *See id.* at 3411-12, paras. 75-76.

¹⁰ *See id.* at 3413, para. 77.

¹¹ Services and equipment eligible for support includes: (1) patient broadband Internet access services, (2) health care provider broadband data connections, (3) other connected care information services, and (4) certain network equipment. *See id.* at 3397-3402, paras. 55-64. End-user devices are not eligible for support in the Pilot Program. *See id.* at 3402-03, para. 65. *See also Bureau Application Filing Window Public Notice* at 3-4 (providing examples of service eligible for support in the Pilot Program).

¹² *See Report and Order*, 35 FCC Rcd at 3412-15, paras. 75, 77, 82.

¹³ To the extent necessary, we waive the deadline from the *Report and Order* that selected projects must conduct competitive bidding and submit funding requests within six months of selection. We further waive the requirement that USAC conduct outreach to selected applicants within 30 days of selection. Section 1.3 of the Commission's rules allows the Commission to waive a rule on its own motion for good cause shown. *See* 47 CFR § 1.3. We find that good cause exists to waive these requirements, and delay procurement and submission of funding requests for currently selected projects, to ensure that all projects, including those not yet selected, are on the same procurement and application schedule.

III. ADDITIONAL INFORMATION

13. For further information regarding this Public Notice, please send an email to ConnectedCare@fcc.gov. Additional information concerning the Pilot Program will be posted at the following link: <https://www.fcc.gov/wireline-competition/telecommunications-access-policy-division/connected-care-pilot-program>.

14. Action by the Commission, January 12, 2021: Chairman Pai, Commissioners Carr, Rosenworcel, and Starks issuing separate statements.

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APPENDIX

Selected Pilot Program Projects

The Commission makes the following selections of 14 applicants filing 23 separate pilot project applications for the Connected Care Pilot Program:

- *Banyan Community Health Center, Inc., Coral Gables, FL.*¹ Banyan Community Health Center's pilot project seeks \$911,833 to provide patient-based Internet-connected remote monitoring, video visits or consults, and other diagnostics and services to low-income and veteran patients who are suffering from chronic/long-term conditions, high-risk pregnancy, infectious disease including COVID-19, mental health conditions, and opioid dependency. Banyan Community Health Center would serve an estimated 20,847 patients in Miami, Florida, 85% of which are low-income or veteran patients. Banyan Community Health Center demonstrated that it would leverage monitoring devices purchased through the COVID-19 Telehealth Program to implement connected care services to be provided through the Connected Care Pilot Program.
- *Duke University Health System, Durham, NC.*² Duke University Health System's pilot project seeks \$1,464,759 to provide remote patient monitoring and video visits or consults to a large number of low-income patients suffering from heart failure, cancer, and infectious diseases. Duke University Health System's pilot project would serve an estimated 16,000 patients in North Carolina, of which 25% are low-income. Duke University Health System has years of experience in telehealth. Duke University Health System's pilot project will address connectivity barriers that prevent vulnerable patient populations from full participation in telehealth, and will increase access to connected care services for patients in Durham, Robeson, Scotland, and Vance counties, all of which are medically underserved counties, and three of which include rural areas.
- *Geisinger, consortium with sites in Lewiston, PA; Danville, PA; Jersey Shore, PA; Bloomsburg, PA; Coal Township, PA; and Wilkes-Barre, PA.*³ Geisinger's pilot project seeks \$1,739,100 in Connected Care support to provide connected care services and remote patient monitoring to low-income patients in rural communities in Pennsylvania. Geisinger's pilot project would serve an estimated 1,000 patients and would focus on chronic disease management and high-risk pregnancies, while also treating infectious disease and behavioral health conditions. Through its pilot program, Geisinger plans to directly connect all participating patients, 100% of whom are low-income, with broadband Internet access service. Geisinger has significant experience providing telehealth services.
- *Grady Health System, Atlanta, GA.*⁴ Grady Health System's pilot project would use \$635,596 to provide Internet connectivity to an estimated 1,896, primarily low-income and high-risk patients who are unable to utilize video telemedicine services due to lack of reliable network connection in Atlanta, Georgia. The program will focus on using connected care services such as patient remote monitoring and video visits/consults to treat vulnerable patients with conditions such as

¹ See Banyan Community Health Center Application, Application No. CCPP20200000052 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214136007638>.

² See Duke University Health System Application, Application No. CCPP20200000384 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214103875023>.

³ See Geisinger Application, Application No. CCPP20200000006 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214796000692>.

⁴ See Grady Health System Application, Application No. CCPP20200000090 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214223786663>.

congestive heart failure, COVID -19, hypertension, diabetes, heart disease, and HIV. Grady Health System has demonstrated experience providing telehealth services, and 100 % of the patient population that would be served by it is low-income.

- *Intermountain Centers for Human Development, consortium with sites in Casa Grande, AZ; Nogales, AZ; Coolidge, AZ; and Eloy, AZ.*⁵ Intermountain Centers for Human Development’s pilot project seeks \$237,150 in Connected Care support to treat mental health, opioid dependency, and other substance abuse disorders. Intermountain Centers for Human Development’s pilot project would serve 3,400 patients in Arizona, including rural areas, of which 90% are low-income. Intermountain Centers for Human Development’s pilot project is expected to have a positive impact on low-income patients in rural areas in Arizona.
- *MA FQHC Telehealth Consortium, consortium with 76 sites in Massachusetts.*⁶ MA FQHC Telehealth Consortium’s pilot project seeks \$3,121,879 in Connected Care support to provide mental health and substance abuse disorder treatment through remote patient monitoring, video visits and other remote treatment, to patients in Massachusetts, including significant numbers of veterans and low-income patients. MA FQHC Telehealth Consortium’s pilot project will expand access to these services by leveraging Pilot Program funding to increased bandwidth at its sites, and to provide patients with mobile hotspots. MA FQHC Telehealth Consortium’s pilot project would serve 75,000 patients through 76 federally qualified health centers in Massachusetts, including rural areas, with an intended patient population of 61.5% low-income or veteran patients. MA FQHC’s proposal has a broad reach and comprehensive plan for using Connected Care Pilot Program funding as part of its broader strategic efforts for delivering telehealth services to its community.
- *Mountain Valley Health Center, consortium with 7 sites in Northeastern California.*⁷ Mountain Valley Health Center’s pilot project seeks \$550,800 in Connected Care support to provide telehealth capabilities and in-home monitoring of patients with hypertension and diabetes. Mountain Valley’s pilot project would serve an estimated 200 patients in rural Northeastern California, of which at least 24% will be low-income patients and 10% will be veteran patients. Mountain Valley was selected because of its support to rural and extremely rural areas and its plan for implementing this project into its care management efforts.
- *Neighborhood Healthcare – Escondido, Escondido, CA, Neighborhood Healthcare - Valley Parkway, Escondido, CA, Neighborhood Healthcare - El Cajon, El Cajon, CA, Neighborhood Healthcare – Temecula, Temecula, CA, Neighborhood Healthcare - Pauma Valley, Pauma Valley, CA.*⁸ Neighborhood Healthcare filed separate applications for five sites serving Riverside and San Diego Counties. Collectively, Neighborhood Healthcare’s pilot project seeks \$129,744

⁵ See Intermountain Centers for Human Development Application, Application No. CCPP20200000270 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214149169812>.

⁶ See MA FQHC Telehealth Consortium C-19 Application, Application No. CCPP20200000256 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12142862406316>.

⁷ See Mountain Valley Health Center Application, Application No. CCPP20200000338 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214062604214>.

⁸ See Neighborhood Healthcare – Escondido Application, Application No. CCPP20200000274 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214899013936>; Neighborhood Healthcare - Valley Parkway, Application No. CCPP20200000408 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214398228691>; Neighborhood Healthcare - El Cajon, Application No. CCPP20200000417 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121462450067>; Neighborhood Healthcare – Temecula, Application No. CCPP20200000419 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214196400745>; Neighborhood Healthcare - Pauma Valley, Application No. CCPP20200000414 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121417768437>.

to provide patient broadband access to primarily low-income patients suffering from chronic and long-term conditions (e.g., diabetes and high blood pressure). Neighborhood Healthcare's collective project would serve an estimated 339 patients, 97% of which are low-income patients. For all of its sites, Neighborhood Healthcare has demonstrated that it will be able to procure the monitoring devices needed for this project through previously awarded grants or other funding. Neighborhood Healthcare's pilot project will have a local impact and is expected to improve patient engagement, care coordination and short- and long-term health outcomes of its primarily low-income population.

- *OCHIN, Inc., consortium with 15 sites in Ohio, 16 sites in Oregon, and 13 sites in Washington.*⁹ OCHIN's pilot project seeks \$5,834,620 in Connected Care support to lead a consortium of 44 providers in Ohio, Oregon, and Washington, encompassing 8 federally qualified health centers (FQHCs) serving rural, urban, and tribal communities. OCHIN's pilot project will provide patient broadband Internet access service and wireless connections directly to an estimated 3,450 low-income patients to access connected care services, including video visits, patient-based Internet-connected patient monitoring, and remote treatment and will deliver care to treat high-risk pregnancy, maternal health conditions, mental health conditions, and chronic and long-term conditions such as diabetes, hypertension, heart disease. OCHIN's pilot project will have a broad geographic reach and will help member health care providers leverage subsidized virtual care devices to implement Connected Care Pilot program support.
- *Phoebe Worth Medical Center - Camilla Clinic, Camilla, GA; Phoebe Physicians Group Inc - PPC of Buena Vista, Buena Vista, GA; Phoebe Physicians Group - Ellaville Primary Medicine Center, Ellaville, GA; Phoebe Physicians dba Phoebe Family Medicine & Sports Medicine, Americus, GA; Phoebe Putney Memorial Hospital, Albany, GA; Phoebe Putney Memorial Hospital dba Phoebe Family Medicine – Sylvester, Sylvester, GA.*¹⁰ Phoebe Putney Health System filed separate applications for six sites serving southwest Georgia. Collectively, the Phoebe Putney Health System projects seek \$673,200 to provide patient-based Internet-connected remote monitoring, video visits, and remote treatment for low-income patients suffering from chronic conditions or mental health conditions. These projects will serve an estimated 4,007 patients, approximately 1,000 of which will be low-income patients. The Phoebe Putney Health System demonstrated that it will be able to provide patient devices needed for this project through its own funds or through other resources. The Phoebe Putney Health System has experience in providing telehealth services and, through its pilot project, is expected to have a positive impact on healthcare in rural areas.
- *Summit Pacific Medical Center, Elma, WA.*¹¹ Summit Pacific Medical Center's pilot program seeks \$169,977 in Connected Care support to provide patient-based Internet-connected remote

⁹ See OCHIN Application, Application No. CCPP20200000030 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12142890418016>.

¹⁰ See Phoebe Worth Medical Center - Camilla Clinic Application, Application No. CCPP20200000364 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12141693806859>; Phoebe Physicians Group Inc - PPC of Buena Vista, Application No. CCPP20200000373 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121471598310>; Phoebe Physicians Group - Ellaville Primary Medicine Center, Application No. CCPP20200000396 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214245457559>; Phoebe Physicians dba Phoebe Family Medicine & Sports Medicine, Application No. CCPP20200000364 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214626826276>; Phoebe Putney Memorial Hospital, Application No. CCPP20200000416 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214038814551>; Phoebe Putney Memorial Hospital dba Phoebe Family Medicine – Sylvester Application No. CCPP20200000421 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121445259327>.

¹¹ See Summit Pacific Medical Center Application, Application No. CCPP20200000004 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12142635321948>.

monitoring, other monitoring services, video visits, diagnostic imaging, remote treatment and other services for veterans and low-income patients suffering from chronic conditions, infectious diseases, mental health conditions, and opioid dependency. Summit Pacific Medical Center's pilot project would serve an estimated 25 patients in Elma, Washington, 100% of which would be low-income or veteran patients. Summit Pacific Medical Center was selected because of its commitment to provide low-income and veteran populations with connectivity that would allow them to boost their health outcomes.

- *Temple University Hospital, Philadelphia, PA.*¹² Temple University Hospital's pilot project seeks \$4,254,250 to provide patient-based Internet connected remote monitoring and video visits primarily to low-income patients suffering from chronic/long-term conditions and mental health conditions. Temple University Hospital's pilot project would serve an estimated 100,000 patients in Philadelphia, Pennsylvania, 45% of which are low-income patients. Temple University Hospital was selected because of its telehealth experience and its plan to provide ongoing remote monitoring with the goal of increasing patient adherence to treatment plans.
- *The University of Mississippi Medical Center, Jackson, MS.*¹³ The University of Mississippi Medical Center's (UMMC) pilot project would use \$2,377,875 in Connected Care support to provide broadband Internet access service to patients, enabling remote patient monitoring technologies and ambulatory telehealth visits to low-income patients suffering from chronic conditions or illnesses requiring long-term care. UMMC's pilot project would impact an estimated 237,120 patients across Mississippi and serve up to 6,000 patients directly. Of these patients, UMMC estimates that 52% would be low-income. UMMC was selected because of its extensive telehealth experience and large target patient population.
- *University of Virginia Health System, Charlottesville, VA.*¹⁴ The University of Virginia (UVA) Health System's pilot project seeks \$4,462,500 in Connected Care support to expand the deployment of remote patient monitoring and telehealth services to an estimated 17,000 patients across Virginia. The UVA Health System seeks funding to support patient broadband and information services, including systems to capture, transmit, and store patient data to allow remote patient monitoring, two-way video, and patient scheduling. The UVA Health System has years of experience providing telehealth services and is well-positioned to successfully implement Pilot Program funding.

¹² See Temple University Hospital Application, Application No. CCPP20200000205 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214310504229>.

¹³ See University of Mississippi Medical Center, Application No. CCPP20200000375 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214264014334>.

¹⁴ See University of Virginia Health System Application, Application No. CCPP20200000149 (submitted Dec. 6, 2020), <https://www.fcc.gov/ecfs/filing/12141571415964>.

**STATEMENT OF
CHAIRMAN AJIT PAI**

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

In a February 1925 edition of *Science and Invention* magazine, its publisher Hugo Gernsback described a device he called a “Teledactyl,” which would allow doctors to see patients remotely through a video monitor and examine them with special connected medical instruments. He summed up the problem aptly:

The busy doctor, fifty years hence, will not be able to visit his patients as he does now. It takes too much time, and he can only, at best, see a limited number today. Whereas the services of a really big doctor are so important that he should never have to leave his office; on the other hand, his patients cannot always come to him. This is where the teledactyl and diagnosis by radio comes in.

It’s taken a bit longer than fifty years, but diagnosis by radio—or what we now call telemedicine—is now expanding rapidly, and has the capacity to revolutionize healthcare for millions of Americans. This is especially true in rural areas, where hospital closures, declining populations, and changing economics have put unprecedented strain on in-person health care delivery. Patients with long-term and chronic illnesses might take an entire day or longer to drive several hours each way to see a specialist, adding to the already significant costs of health care. If they are facing chronic conditions like diabetes, they may have to do this several times a year. But there is a better way. From high-risk pregnancy and opioid dependency to heart disease and cancer, telemedicine has a proven track record of improving access and outcomes for patients, increasing convenience, and lowering costs.

That’s why I’m so pleased that the FCC unanimously adopted the \$100 million Connected Care Pilot Program in April to explore how our Universal Service Fund could play an ongoing role in supporting telehealth provided directly to patients outside traditional health care facilities. And it’s why I’m excited to award this first round of funding to health care providers so that they can begin treating patients as soon as possible. The pilot projects we select today are each compelling in their own right. And together, they will have an immediate, real, and positive impact on low-income Americans and veterans across the country.

The initially selected projects are discussed in more detail in the Public Notice, but briefly, each of these applicants submitted a high-quality application and will use the support they receive to treat remotely a high percentage of patients in the target populations with eligible services. Further, these projects will address a number of critical health issues such as high-risk pregnancy, mental health conditions, opioid dependency, and chronic conditions, including diabetes and heart disease. These projects will help us judge how universal service support can enable providers to use connected care to help improve the health outcome of patients.

I’m excited to see how these programs will develop and serve their communities’ critical needs. I would like to thank Commissioner Brendan Carr for his longstanding leadership in this proceeding and the many staff who contributed, including: Matt Baker, Bryan Boyle, Rashann Duvall, Abdel Eqab, Veronica Garcia-Ulloa, Trent Harkrader, Clint Highfill, Jesse Jachman, India McGee, Kris Monteith, Kiara Ortiz, Nick Page, Ryan Palmer, Negheen Sanjar, Joe Schlingbaum, and Hayley Steffen from the Wireline Competition Bureau; Joanna Fister and Tanner Hinkel from the Office of Economics and Analytics; and Malena Barzilai, Rick Mallen, and Linda Oliver from the Office of General Counsel.

**STATEMENT OF
COMMISSIONER BRENDAN CARR**

Re: *Promoting Telehealth for Low Income Americans*, WC Docket No. 18-213.

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.

Just over two years ago, though, we identified a new trend in health care. The delivery of high-quality care is no longer limited to the confines of a hospital or clinic. With smartphones and other connected devices, Americans can now access health care services right from their homes or anywhere they have an Internet connection. It's the health care equivalent of shifting from Blockbuster to Netflix. 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.

The limited trials to date show that connected care technologies can drive down health care costs while dramatically improving patient outcomes. I've had the chance to see some of the results firsthand.

When I was in Laurel Fork, Virginia, in the heart of Appalachia, I met a woman named Cathleen who told me that she struggled for years with uncontrolled diabetes. She had been diagnosed five years before, and receiving treatment meant a two-hour round-trip drive to see a doctor. Finding transportation and getting to the clinic wasn't easy, so, like many others dealing with chronic conditions, Cathleen stopped going in for treatment for a few years. When she went back to the doctor, her A1C levels—the blood glucose levels used to indicate diabetes—had skyrocketed to 15.5. Levels that high are considered critical and are commonly followed by strokes and heart attacks. So, her doctor signed her up for a remote patient monitoring program. Through those connected devices, a team of experts at the University of Virginia monitored Cathleen's vitals remotely and offered daily care at a distance. No more long hours on the road to get care. No more reasons to forego the care she needed. So after six months, her A1C dropped to 7.5, and she has enough energy to run and play with her three grandkids.

Connected care does far more than replicate the care that patients receive inside a health care facility. The constant monitoring helps patients to stay healthy. I first learned about this on a visit to the Mississippi Delta. In Ruleville, I met Miss Annie, a patient at the North Sunflower Medical Center. One day, Miss Annie suddenly woke up with blurred vision, and after seeing her doctor found out she had advanced diabetes. She tried treating it through traditional methods of care, but didn't see much progress. She then signed up for a ground-breaking telehealth program being run in conjunction with the University of Mississippi Medical Center. She was sent home with a tablet and a wireless blood glucose monitor. Every morning her tablet chimes as a reminder, Miss Annie pricks her finger, and her tablet then displays her glucose number, which is then reported back via a wireless connection to her doctors. Based on that reading, an app on the tablet suggests appropriate actions—from a particular food or exercise, to watching a relevant video. If she forgets, she gets a call from a nurse. With this technology, her A1C levels have gone down, and Miss Annie says she's never felt better.

Connected care is not just for treating chronic conditions. At the UVA Children's Hospital, Dr. Karen Rheuban told me about their pediatric cardiology program, which brings high-tech care to the home. With a connected tablet, daily weight, heart rate, and oxygen levels can be tracked remotely, which decreases the need for high-risk pediatric patients to undergo ICU stays and invasive procedures. From diabetes, to heart disease, pulmonary disorders, mental health, high-risk pregnancy, and even pandemic response, connected care opens new opportunities for patients to get better results with less expense and hassle.

I am grateful that Chairman Pai asked me to lead this FCC initiative and for his strong commitment to this work. The FCC staff have worked tirelessly on both the Connected Care Pilot Program, and the COVID-19 Emergency Telehealth Program that built off of the record we established here. I am delighted that today we are releasing the first batch of awards to a diverse set of health care

providers. Notably, we are focusing this \$100 million pilot on low-income Americans and veterans. This is important because as next-generation care rolls out across the country, this Pilot can play a role in helping to ensure every American has a fair shot at these potentially life-changing and life-saving technologies.

So I want to extend my gratitude to the entire FCC team that worked so hard to get us to this point, not just in the past few days and weeks, but also over the past two and a half years that allowed us to reach this decision today.

Thank you to Matt Baker, Malena Barzilai, Bryan Boyle, Rashann Duvall, Abdel Eqab, Joanna Fister, Veronica Garcia-Ulloa, Trent Harkrader, Clint Highfill, Tanner Hinkel, Jesse Jachman, Rick Mallen, India McGee, Kris Monteith, Linda Oliver, Kiara Ortiz, Nick Page, Ryan Palmer, Negheen Sanjar, Joe Schlingbaum, and Hayley Steffen.

I look forward to meeting with these health care providers, seeing how these programs are helping to drive down the cost of care and improve outcomes for the Americans we serve, and working with my FCC colleagues on the next set of awardees.

**STATEMENT OF
COMMISSIONER JESSICA ROSENWORCEL**

Re: *Promoting Telehealth for Low Income Americans*, WC Docket No. 18-213.

We are in the midst of a public health emergency. There have been nearly 23 million cases of the novel coronavirus in the United States and more than 375,000 lives cut short during this cruel pandemic. These numbers are so daunting, it's difficult to comprehend the magnitude of the loss and the depth of the changes that this virus will leave in its wake.

However, we know that telehealth technology is here to stay. That's because this pandemic has demonstrated that there are lots of opportunities to expand its reach. So right on cue, today the Federal Communications Commission announces its early selections for its Connected Care Pilot Program. This Public Notice details funding for projects that will help assist with care in the ongoing pandemic. In addition, we award funding to a project that includes connected care initiatives that may help with maternal healthcare. That's important because in recent years the United States is the only industrialized nation that has seen an increase in maternal mortality. I hope that as this program evolves we can do more to explore how expanded obstetric care can be made available through connected care.

This Public Notice, however, is only the beginning. That's because in the most recent appropriations legislation Congress provided the agency with additional funding to extend the agency's COVID-19 Telehealth Program. I look forward to doing so and more importantly, look forward to the good that can be done to expand telehealth across the country.

**STATEMENT OF
COMMISSIONER GEOFFREY STARKS**

Re: *Promoting Telehealth for Low Income Americans*, WC Docket No. 18-213.

I thank the staff of the Wireline Competition Bureau for working so diligently and quickly to identify the first wave of the Connected Care Pilot Program participants for funding. As I consider the Commission's priorities for 2021, I am guided by the overwhelming evidence that low-income people are disproportionately shouldering the burden of the coronavirus crisis and the economic turmoil it has caused. That is why I am especially pleased that so many of the selected programs will serve a predominantly or exclusively low-income population. As excited as many of us are about the growing capabilities of telehealth services, we must recognize that those services are not available or practical for the tens of millions of Americans without adequate access to broadband. The need to expand access to telehealth—especially during a pandemic—makes connecting every American to affordable broadband even more urgent. I look forward to selecting more Pilot Program participants in the coming months and to our broader efforts to ensure low-income families share in all the benefits of broadband.