

**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.