



PUBLIC NOTICE

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FEDERAL COMMUNICATIONS COMMISSION ANNOUNCES FINAL SET OF PROJECTS SELECTED FOR THE CONNECTED CARE PILOT PROGRAM

WC Docket No. 18-213

By the Commission: Chairwoman Rosenworcel and Commissioners Carr and Starks issuing separate statements.

1. In this Public Notice, as part of its ongoing efforts to promote and support connected care technologies and services, the Commission announces a fourth and final set of Pilot projects that have been selected for the Connected Care Pilot Program (Pilot Program). The Pilot Program was established to provide up to \$100 million in Universal Service Funds to help eligible health care providers defray the costs of providing connected care services to their patients and study how the Universal Service Fund (USF) can help support the continuing trend toward connected care services.

2. The projects selected today represent a broad array of geographic areas and a diversity of provider types, involve patients in underserved communities, and will address a range of health conditions. Selected Pilot Program participants each demonstrated sufficient experience or expertise necessary to provide connected care services as proposed in their applications, and in supplemental materials, which should enable them to implement their projects and enable patients to experience the benefit of connected care services. Funding these projects will enable selected Pilot Program participants to treat a large number of low-income and veteran patients with connected care services; to address public health epidemics, opioid dependency, mental health conditions, maternal health/high-risk pregnancy, and chronic or recurring conditions—all conditions that are the focus of the Pilot Program; and to bring connected care services to rural and other underserved areas nationwide. Finally, supporting these projects will also help the Commission ascertain how USF support can enable providers to use connected care to help improve health outcomes, with an emphasis on low-income and veteran patients.

I. BACKGROUND

3. The Pilot Program is a \$100 million three-year program, funding selected Pilot projects' 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

¹ See *Promoting Telehealth for Low-Income Consumers; COVID-19 Telehealth Program*, WC Docket No. 18-213, Report and Order, 35 FCC Rcd 3366, 3369-97, paras. 5, 55 (2020) (*Connected Care Report and Order*).

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.

(continued...)

purposes of the Pilot Program, eligible health care providers and their patients 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

4. 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

5. On January 15, 2021, the Commission announced the initial set of Pilot projects, which included 14 applicants requesting \$26.5 million.⁶ On June 17, 2021, the Commission announced a second set, approving 36 separate applications requesting \$31.3 million.⁷ Shortly after that announcement, on June 21, 2021, the Commission released a Report and Order offering additional guidance to Pilot program participants on eligible services, competitive bidding, data reporting, and the invoicing process.⁸ Most recently, on October 27, 2021, the Commission announced a third set of projects, selecting an additional 36 applications, with requests totaling \$15.3 million.⁹

II. SELECTED PROJECTS

6. Following further review of the applications on file, the Commission, working with the Wireline Competition Bureau (Bureau) and others,¹⁰ today announces the fourth and final set of Pilot projects, totaling \$29,752,601. Selected projects are listed in the Appendix. Combined with selections from the first three rounds, today's selections bring the cumulative total to approximately \$98.2 million in funding for Pilot projects.¹¹

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§ 254(h)(7)(B). *See also Connected Care Report and Order*, 35 FCC Rcd at 3393, para. 51 (describing the Pilot Program's focus on low-income and veteran patients).

³ *See Connected Care Report and Order*, 35 FCC Rcd 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 Connected Care Report and Order*, 35 FCC Rcd at 3412, para. 76.

⁵ *Connected Care Report and Order*, 35 FCC Rcd at 3411-13, paras. 75-76. The *Connected Care Report and Order* outlines limited exemptions to the competitive bidding requirements. *Id.* at 3412-13, para. 76.

⁶ *Federal Communications Commission Announces Initial Projects Selected for the Connected Care Pilot Program*, WC Docket No. 18-213, Public Notice, 36 FCC Rcd 593 (2021) (*January Selection Public Notice*).

⁷ *Federal Communications Commission Announces Second Set of Projects Selected for the Connected Care Pilot Program*, WC Docket No. 18-213, Public Notice, FCC 21-71 (June 17, 2021) (*June Selection Public Notice*).

⁸ *See Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Second Report and Order, FCC 21-74 (rel. June 21, 2021) (*Second Connected Care Report and Order*).

⁹ *Federal Communications Commission Announces Third Set of Projects Selected for the Connected Care Pilot Program*, WC Docket No. 18-213, Public Notice, FCC 21-113 (Oct. 27, 2021) (*October Selection Public Notice*).

¹⁰ *Connected Care Report and Order*, 35 FCC Rcd at 3412, para. 74.

7. As with the previous sets, projects in this fourth set of selections represent many 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 will all target one or both of 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 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.¹²

8. Each of the projects in this fourth set of selections will treat a number of patients in the target populations with eligible services. Further, these projects will address a number of critical health conditions such as high-risk pregnancy/maternal health, 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 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.

9. Selected participants announced in this Public Notice must file their initial request for funding to the Universal Service Administrative Company (USAC), the Administrator of the Universal Service programs, within six months of today's selection announcement, using the FCC Form 462.¹³ Additionally, we waive the deadline of April 27, 2022 to file an initial FCC Form 462 for those Pilot Program participants selected in January, June, and October 2021 and set a new deadline six months from today's announcement. The Bureau waived the deadline for filing an initial FCC Form 462 for Pilot Program participants selected in January and June 2021 to provide flexibility as they began work on their Pilot projects in the midst of the COVID-19 pandemic.¹⁴ Today, to ensure health care providers that are still addressing the pandemic are able to meet Pilot Program deadlines and to bring all Pilot Program selectees' deadlines into alignment, we waive the FCC Form 462 deadline and set a new deadline six months after today's announcement for all Pilot Program participants.¹⁵ In addition, Pilot Program participants must seek bids for the services they intend to procure in accordance with the competitive
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¹¹ This aggregate total reflects today's selections, as well as adjustments for health care providers that have opted to withdraw from the Pilot Program. Before the *October Selection Public Notice* was released, two health care providers withdrew from the Pilot Program. See *October Selection Public Notice*, at 2, n.10. Since its release, two additional health care providers have withdrawn: Grady Health System and Heritage Clinic. See Letter from Ryan Palmer, Chief, Telecommunications Access Policy Division, Wireline Competition Bureau, FCC to Shannon Sale, Chief Strategy Officer, Grady Health System, WC Docket No. 18-213, DA 22-68, <https://ecfsapi.fcc.gov/file/012079959619/DA-22-68A1.pdf> (Jan. 20, 2022); Letter from Ryan Palmer, Chief, Telecommunications Access Policy Division, Wireline Competition Bureau, FCC to Robyn East, Financial Analyst, Heritage Clinic, WC Docket No. 18-213, DA 22-67, <https://ecfsapi.fcc.gov/file/0120089923046/DA-22-67A1.pdf> (Jan. 20, 2022). Grady Health Center was selected in the *January Selection Public Notice* and requested \$635,596. See *January Selection Public Notice*, Appendix at 5-6. Heritage Clinic was selected in the *June Selection Public Notice* and requested \$197,880. See *June Selection Public Notice*, Appendix A at 7.

¹² *Id.* at 3416, para. 83.

¹³ See *Second Connected Care Report and Order* at 9, para. 26.

¹⁴ *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Order, DA 22-40 (WCB rel. Jan. 13, 2022).

¹⁵ The Commission's rules may be waived for good cause shown. 47 CFR § 1.3. See also, *Northeast Cellular Telephone Co. v. FCC*, 897 F.2d 1164, 1166 (D.C. Cir. 1990) (noting that the Commission may exercise its discretion to waive a rule where the particular facts make strict compliance inconsistent with the public interest); *WAIT Radio v. FCC*, 418 F.2d 1153, 1159 (D.C. Cir. 1969).

bidding rules for the Healthcare Connect Fund Program.¹⁶ USAC will review Requests for Funding and make final determinations regarding the eligibility of the services requested before committing funding to each Pilot project.¹⁷

III. ADDITIONAL INFORMATION

10. 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>.

11. Action by the Commission, March 16, 2022.

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¹⁶ See *Connected Care Report and Order*, 35 FCC Rcd at 3411-12, paras. 75-76.

¹⁷ Services and equipment eligible for support include: (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 *Wireline Competition Bureau Announces Connected Care Pilot Program Application Filing Window Opening*, WC Docket No. 18-213, Public Notice, 35 FCC Rcd 12751, 12751-52 (WCB 2020) (providing examples of services eligible for support in the Pilot Program).

APPENDIX

Selected Pilot Program Projects

The Commission makes the following selections of 16 entities, each having filed a single application for the Connected Care Pilot Program:¹

- *Boston Medical Center, Boston, MA.*² Boston Medical Center seeks \$446,250 in Connected Care support to provide video visits or consults, remote treatment, and remote patient monitoring to low-income patients who are suffering from chronic/long-term conditions and mental health conditions. Boston Medical Center would serve approximately 1,500 patients, 85% of whom would be low-income. Boston Medical Center was selected because of its potential impact on this low-income patient population.
- *Boston's Community Medical Group, Inc., Boston, MA.*³ Boston's Community Medical Group, Inc., seeks \$918,000 in Connected Care support to deploy a HIPAA-compliant telehealth platform to serve its 22,000 low-income patients across Massachusetts with primary care and wrap-around services. Patients to be served are eligible for both Medicare and state Medicaid-supported services, with many having a physical or behavioral disability, a severe mental illness, or substance-use disorder. Boston's Community Medical Group's proposal was chosen because of its potential impact on rural and medically underserved areas and its focus on high-need, low-income populations.
- *Children's Hospital of Denver, Aurora, CO.*⁴ Children's Hospital of Denver would use \$824,096 in Connected Care support to provide remote patient monitoring and treatment services to low-income patients under 21 years of age suffering from medically complex conditions. Children's Hospital would serve an estimated 200 patients in Wyoming and Colorado, 100% of whom are low-income. Children's Hospital of Denver was selected because of its potential impact on low-income children with medically complex conditions in Colorado and surrounding rural areas.
- *Christiana Care Health Services, Newark, DE.*⁵ Christiana Care Health Services' Pilot project would use \$3,253,627 in Connected Care support to provide prenatal remote patient monitoring and telehealth visits to primarily low-income patients. Christiana Care Health Services' Pilot project would serve an estimated 5,000 patients in Delaware, 80% of whom would be low-income. Christiana Care Health Services was selected because of its focus on maternal health for low-income patients.

¹ The per project dollar amounts listed in this Appendix reflect an evaluation of each project's proposed budget, including removal of costs for clearly ineligible items. Selection of a project in this Public Notice does not constitute a funding commitment and does not guarantee funding for any specific items included in the applications for the Pilot Program. Selected projects are required to submit a formal Request(s) for Funding to USAC for their pilot project. USAC will review the Requests for Funding and make final determinations regarding the eligibility of the services requested before committing funding to each pilot project.

² See Boston Medical Center, Application No. CCPP20200000357 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214287516348>.

³ See Boston's Community Medical Group, Inc., Application No. CCPP20200000333 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214240216929>.

⁴ See Children's Hospital of Denver, Application No. CCPP20200000379 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214260273032>.

⁵ See Christiana Care Health Services, Application No. CCPP20200000190 (submitted Nov. 30, 2020), <https://www.fcc.gov/ecfs/filing/12142950819571>.

- *Community Guidance Center - Indiana Location C19, Indiana, PA.*⁶ Community Guidance Center would use \$154,530 in Connected Care support to provide teletherapy services to low-income and veteran patients in western Pennsylvania. This Pilot project will focus on providing mental health, substance abuse, and intellectual disability treatment services to 150 patients. Community Guidance Center's Pilot project was selected because of its focus on expanding access to mental health services to low-income patients residing in rural areas.
- *Community Health Center, Inc. (CHCI), Middletown, CT.*⁷ Community Health Center, Inc., is a consortium with 30 different sites across Connecticut. CHCI seeks \$1,093,398 in Connected Care support to provide remote patient monitoring and video consults to low-income and veteran patients with complex, chronic conditions such as hypertension, mental health disorders, obesity, opioid dependency, and HIV, often compounded by adverse social determinants of health such as homelessness. CHCI would treat an estimated 15,000 patients, more than 80% of whom would be low-income and approximately 5% of whom would be veterans. Community Health Center, Inc. was selected because of its potential impact on low-income and veteran patients across multiple communities.
- *Council of Athabascan Tribal Governments (Yukon Flats Health Center), Fort Yukon, AK.*⁸ Through its Pilot project, Council of Athabascan Tribal Governments (Yukon Flats Health Center) seeks \$1,124,486⁹ in Connected Care support to provide patient-based, Internet-connected remote monitoring, other monitoring, video visits, imaging diagnostics, remote treatment, and other services for veterans and low-income patients with chronic conditions, high-risk pregnancy/maternal health, infectious diseases like COVID-19, mental health conditions, and opioid dependency. This Pilot project would reach an estimated 5,588 patients, 95% of whom would be low-income and 5% of whom would be veterans. This project was chosen because of its potential impact on low-income and veteran patients in a rural region in Alaska.

⁶ See Community Guidance Center - Indiana Location C19, Application No. CCPP20200000238 (submitted Dec. 4, 2020), <https://www.fcc.gov/ecfs/filing/1214200154232>.

⁷ See Community Health Center, Inc. (CHCI), Application No. CCPP20200000380 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214003517773>.

⁸ See Council of Athabascan Tribal Governments (Yukon Flats Health Center), Application No. CCPP20200000343 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12141348917335>. In its application, the Council of Athabascan Tribal Governments (Council) requested waivers to “allow for special construction and network builds by waiving the Ineligible Services component of Connected Care Pilot Program” and to “[a]llow for services to be utilized by educational facilities and students as well as the general public, to include government and civil services.” See *id.* We deny these waiver requests. Waiver of the Commission's rules is appropriate only if special circumstances warrant a deviation from the general rule and such deviation will serve the public interest. *Northeast Cellular Telephone Co. v. FCC*, 897 F.2d 1164, 1166 (D.C. Cir. 1990). There are no special circumstances warranting a waiver because Universal Service support is already available for many of the purposes for which the Council seeks a waiver. Support for construction for health care provider networks is available in the Rural Health Care Healthcare Connect Fund Program and support for connectivity to schools and libraries is available in the E-Rate Program. See generally 47 CFR §§ 54.612 (b), (e); 54.614, 54.500 *et seq.* Further, a waiver to allow limited Pilot Program funding to be used for network construction and to provide connectivity for populations other than patients and the health care providers that treat them would frustrate the Commission's goals for the Pilot Program to investigate how USF support can: (1) improve health outcomes 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. *Promoting Telehealth for Low-Income Consumers; COVID-19 Telehealth Program*, WC Docket No. 18-213, Report and Order, 35 FCC Rcd 3366, 3415, para. 83 (2020).

⁹ Council of Athabascan Tribal Governments originally requested approximately \$7.7 million for its Connected Care Pilot. With the denial of the request for waiver and after consultation with the applicant, the request was revised to \$1,124,486.

- *Golden Valley Health Centers, Merced, CA.*¹⁰ Golden Valley Health Centers' Pilot project would use \$725,195 in Connected Care support to provide patient-based Internet-connected remote monitoring, other monitoring, video visits or consults, and imaging diagnostics primarily to low-income patients suffering from chronic or long-term conditions, mental health conditions, and opioid dependency. Golden Valley Health Centers' Pilot project would provide connected care services to 70,000 patients in California, nearly all of them low-income. Golden Valley Health Centers was selected because it would serve a large number of low-income patients.
- *Greater Baden Medical Services, Inc., Brandywine, MD.*¹¹ Greater Baden Medical Services, Inc., seeks \$406,249 in Connected Care support to provide patient-based, Internet-connected, remote monitoring, video visits, and remote treatment for veterans and low-income patients whose needs include chronic or long-term conditions, high-risk pregnancy/maternal health, infectious diseases like COVID-19, mental health conditions, and opioid dependency. Greater Baden Medical Services' Pilot project would reach an estimated 5,400 patients across Maryland, 35% of whom would be low-income and 20% of whom may be veterans. Greater Baden Medical Services was selected because of its potential impact on the low-income and veteran populations that it serves.
- *MUSC Medical Center, Charleston, SC.*¹² MUSC Medical Center's Pilot project seeks \$246,347 in Connected Care support to provide remote patient monitoring and video visits to treat patients for maternal health, chronic conditions, mental health issues, opioid dependency, and infectious diseases. MUSC Medical Center's pilot project would reach an estimated 3,500 patients, 25% of whom would be low-income patients. MUSC Medical Center was selected because of its focus on expanding connected care services, with a specific focus on maternal health and chronic conditions.
- *New England Telehealth Consortium, Inc., a consortium with a site in North Conway, NH, and 10 sites in Maine.*¹³ New England Telehealth Consortium seeks \$2,560,098 in Connected Care funding to connect patients directly into its existing consortium network for purposes of receiving connected care services. The Pilot project would serve 1,872 patients, 20% of whom would be low-income patients and 11% of whom would be veterans. New England Telehealth Consortium was selected because of its potential impact on these patient groups and its commitment to address maternal health, chronic and long-term conditions, infectious diseases, mental health conditions, and opioid dependency.
- *Northern Nevada HOPES, Reno, NV.*¹⁴ Northern Nevada HOPES' Pilot project seeks \$331,884 in Connected Care support to provide remote patient monitoring services and virtual visits to low-income patients suffering from HIV/AIDS, diabetes, opioid dependency, heart disease, and hypertension. Northern Nevada HOPES' Pilot project would serve an estimated 180 patients, nearly all of whom would be low-income. Northern Nevada HOPES was selected because of its focus on providing broadband to patients residing in transitional housing intended to relieve homelessness.

¹⁰ See Golden Valley Health Centers, Application No. CCPP20200000105 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121404617139>.

¹¹ See Greater Baden Medical Services, Inc., Application No. CCPP20200000242 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214026081819>.

¹² See MUSC Medical Center, Application No. CCPP20200000391 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214736729675>.

¹³ See New England Telehealth Consortium, Application No. CCPP20200000181 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214265438618>.

¹⁴ See Northern Nevada HOPES, Application No. CCPP20200000290 (submitted Dec. 4, 2020), <https://www.fcc.gov/ecfs/filing/12140603008162>.

- *Palmetto State Providers Network, a consortium with 34 sites in South Carolina.*¹⁵ Palmetto State Providers Network's Pilot project would use \$7,192,893 in Connected Care support to provide remote monitoring and video consults to primarily low-income patients suffering from chronic conditions and infectious diseases. Palmetto State Providers Network's Pilot project would serve an estimated 18,000 patients at six locations, of whom 80% are low-income. Palmetto State Providers Network was selected because of its provision of broadband to a large number of low-income patients.
- *Tower Health - Reading Hospital, West Reading, PA.*¹⁶ Tower Health - Reading Hospital's Pilot project seeks \$396,457 in Connected Care support to provide patient broadband and connected care services for low-income residents of transitional housing. Tower Health - Reading Hospital's Pilot project would serve an estimated 169 patients, nearly all whom would be low-income and 15% of whom would be veterans. Tower Health's project was selected because of its provision of broadband to low-income and veteran patients and potential impact on these populations.
- *University Hospital, Newark, NJ.*¹⁷ University Hospital seeks \$627,300 for telehealth platforms, including an integrated telehealth platform, to facilitate virtual visits and remote patient monitoring to treat patients with chronic and long-term conditions, as well as COVID-19. University Hospital would serve 80,000 patients in Newark, approximately 29.7% of whom are low-income or veteran patients. University Hospital was selected because it has significant telehealth experience and is the only state-owned acute healthcare facility in Newark New Jersey's Central Ward, with a service area that includes medically underserved areas.
- *Willis-Knighton Health System, Shreveport, LA.*¹⁸ Willis-Knighton Health System seeks \$9,451,791 in Pilot Program funding for patient broadband and to expand remote patient monitoring and video visits and consults to treat patients for chronic conditions (including diabetes, hypertension and chronic obstructive pulmonary disease), high-risk pregnancy/maternal health, mental health conditions, opioid dependency and infectious diseases. Willis Knighton Health System's Pilot project would serve an estimated 12,554 patients, approximately 57% of whom would be low-income or veterans, in Arkansas, Louisiana, and Texas, including rural and medically underserved areas. Willis Knighton Health System's Pilot project was selected because of its focus on expanding access to connected care services and addressing broadband connectivity barriers for low-income and veteran patients, including in rural and underserved areas.

¹⁵ See Palmetto State Providers Network, Application No. CCPP20200000358 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12142140905571>.

¹⁶ See Tower Health - Reading Hospital, Application No. CCPP20200000267 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214213932939>.

¹⁷ See University Hospital, Application No. CCPP20200000272 (submitted Dec. 6, 2020), <https://www.fcc.gov/ecfs/filing/121492657072>.

¹⁸ See Willis-Knighton Health System, Application No. CCPP20200000388 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12142931114181>.

**STATEMENT OF
CHAIRWOMAN JESSICA ROSENWORCEL**

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

Telemedicine has moved into the mainstream. It is now an essential part of healthcare in rural communities, urban communities, and everything in between. These pandemic days have proven it. But even before they began, the Federal Communications Commission started an experiment. We created the Connected Care Pilot Program to explore how the expansion of services like remote patient monitoring, virtual visits, and video counseling were changing the nature of healthcare and system-wide demand for communications.

Today, we announce our final round of selections for the Connected Care Pilot Program. We commit more than \$29 million to 16 entities in 15 states for a range of services. These include Children's Hospital of Denver, which will provide remote patient monitoring to children suffering from medically complex conditions in Colorado and Wyoming; Christiana Care Health Services, which will offer prenatal remote monitoring in Delaware; and the Council of Athabascan Tribal Governments, which will provide video visits and remote treatment in rural Alaska. Since we began awards for this program last year, we have selected a total of 107 pilot projects that serve 40 states and the District of Columbia. That's a lot of support for new ways to connect and improve care.

Although this is the last set of participants we are announcing in this program, it's not the end. That's because we will be studying the award recipients in this program, the connections they used, and how they helped facilitate care. In fact, at the start of this effort, we announced we would produce a report when the three-year pilot program is complete. But I don't think we should wait that long. So that's why I'm announcing a new study today. By this time next year, the FCC staff will develop an interim report about initial lessons learned from this program and the COVID-19 Telehealth Program, which provided nearly \$450 million in support for care during the pandemic. I look forward to this report informing our thinking about telemedicine going forward.

One final note. On a personal level, I'm especially pleased that efforts to address maternal health and high-risk pregnancy are the focus of several of our awardees. We are the only industrialized nation with a rising level of maternal mortality. That's unacceptable in every way. It's a situation that is not helped by the closure of obstetric facilities in so many rural areas. Moreover, for Black women the situation is especially chilling. They have a maternal mortality rate that is nearly three times as high as other women.

My goodness, we need to do better. So I'm glad that in several locations, including Virginia, Hawaii, Delaware, Alaska, and South Carolina, we have been able to use this program to support connected care for pregnancy monitoring and maternal health. I'm also hopeful that Senator Jacky Rosen and Representative G.K. Butterfield's Data Mapping to Save Moms' Lives Act will become law soon. This legislation will incorporate maternal health data in our new broadband maps to help show how access to broadband and maternal health outcomes are related. It will provide more data for researchers and clinicians to help address this crisis.

Finally, I want to thank Commissioner Carr for his early effort to establish this program. I also want to thank the staff who did the work that brought us to where we are today, including Matt Baker, Bryan Boyle, Adam Copeland, Rashann Duvall, Abdel Eqab, Veronica Garcia-Ulloa, Jodie Griffin, Trent Harkrader, Clint Highfill, India McGee, Kris Monteith, Kiara Ortiz, Nick Page, Ryan Palmer, Negheen Sanjar, Joe Schlingbaum, and Hayley Steffen from the Wireline Competition Bureau, and Malena Barzilai and Rick Mallen from the Office of General Counsel.

**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.

**STATEMENT OF
COMMISSIONER GEOFFREY STARKS**

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

I am pleased to approve today's Order announcing the fourth and final selection of projects for the Connected Care Pilot Program. Like those selected in previous rounds, the Pilot projects announced today will expand access to connected care services in a wide variety of locations and healthcare settings. They will address a range of medical conditions, including opioid dependency, mental health conditions, maternal health/high-risk pregnancy, and chronic or recurring conditions. And they will continue the program's focus on low-income people and veterans. I thank the Commission's staff for their hard work making the Pilot Program a success, and I look forward to hearing about the results of all the projects we have selected since January 2021.