

**Remarks of FCC Commissioner Mignon L. Clyburn**  
**M-Health Summit**  
**FCC Town Hall**  
**December 11, 2013**  
**Alexandria, VA**

Thank you, Director Quinn, for that gracious introduction and good afternoon everyone! Thank you for supporting the FCC Town Hall.

I am going to bet that no one else has told you that one of the biggest game changers out there, with the potential to dramatically improve patient outcomes and reduce costs, is mobile health technology. Okay, so maybe you've heard that a time or two, but at the FCC we are doing our part to seize those opportunities presented by these technologies to improve health and healthcare for all.

I'd like to spend some time sharing my views on the FCC's role in achieving these goals. As a member of our nation's expert agency on communications technology, I've had unique opportunities to see, first-hand, the power technology has to transform medicine. I visited Kotzebue, Alaska, a remote town even by Alaskan standards where, historically, residents have had to travel hundreds of miles, most often by aircraft, which is quite costly by the way, to receive medical attention. mHealth technology has enabled the delivery of much needed care through remote consultations without the patient having to leave familiar surroundings.

I've also heard how a head injury patient in rural Montana, who had his CT scan read in minutes, averted a several hundred mile trip to Kalispell in an ambulance -- saving time, money and most importantly his life. I've met with the operators of the Palmetto State Providers Network, from my home state of South Carolina, who told me they were able to save \$18 million dollars in Medicaid costs, over 18 months as a result of their tele-psychiatry program. Those consults are now available 24/7, so those patients no longer have to spend valuable time and resources, waiting for days, to receive psychiatric consults, and lessened is burden of any outdated or unwarranted stigma associated with this type of care. What many do not know is that the FCC's Rural Health Program, provided support for the broadband connectivity, necessary, for these telemedicine efforts.

But perhaps the most exciting thing about health technology, are the breakthroughs still on the horizon. At the Commission, I've seen demonstrations of nascent technologies that can help a blind person to see, or restore sensation, mobility and other vital functions, to the limbs and organs of stroke victims.

We are committed to working with partners, in and out of government, to realize the promise of health technology and our definition of success requires that every American benefits, from this digital health revolution. Broadband-powered health solutions have the potential to be a great equalizer, in poor and underserved communities, but if these 21st century health solutions are only available at hospitals like Johns Hopkins and Stanford, then my friends, we have truly failed. But like me, you are here, because in the words of Apollo flight director Gene Kranz, "failure is not an option."

So what are we doing at the FCC to improve outcomes through digital technology? The central pillar of the FCC's health care agenda is connectivity both at health care facilities and in the home. With broadband, clinicians can use mobile diabetes management tools to monitor their

patients remotely and free them from the burden of logging their glucose measurements -- but only if their patients are connected at home.

Broadband connectivity is also essential, to the concept of "patient centeredness," which is seen as a core component of quality health care. But patient centeredness requires that people have the education, support, and connectivity needed to participate in their own care. This means being "wired" in order to access the information, tools, resources, and people required to participate fully in their health and healthcare.

Over the past few years, we've made significant progress toward our goal of getting all Americans online. Since 2008, the percentage of Americans who subscribe to broadband at home has increased from about 60%, to about 70%, and the adoption gap, between whites and African-Americans, has been nearly cut in half, since 2009.

But there are tens of millions of Americans still unconnected at home and nearly 15 million Americans, who couldn't even get fixed broadband, if they wanted it, because the infrastructure just isn't there. These Americans are being bypassed; bypassed by the benefits of broadband for healthcare, not to mention education, access to jobs, civic participation, you name it. And there are certain communities that consistently find themselves on the wrong side of the digital divide.

Only 50% of rural Americans, 35% of the elderly, 42% of people living with disabilities, 59% of African-Americans, and 49% of Latinos, have adopted broadband service at home. And in today's digital age, remedying health disparities requires rectifying the disparities in broadband adoption.

That's why I was proud to take a leadership role in the FCC's historic overhaul of our universal service program, by converting what had become an outdated, inefficient program that supported voice-only service into the Connect America Fund which included support for advanced services. Although we maintained the public-private partnership aspect of the universal service program, the revamped Connect America Fund will put us on a path to ensuring every American has access to broadband.

As part of universal service reform, we also modernized the Lifeline program, which enables the neediest Americans to have access to modern communications services. Our experience with Lifeline makes clear that facilitating communications, between doctor and patient, improves the quality of care.

According to a pediatric medical director at Boston Medical Center, and I quote, "In my practice, I see many families who depend upon Lifeline phones for communication. For my patients, many of whom are marginally housed or homeless, cell phone service provides a critically important role, in keeping them connected to their medical home, the location from which all their care, is coordinated." Modernizing Lifeline, so that it also supports broadband connectivity, will further enhance the ability of low-income Americans, to stay in touch with their care team, as well as tap into the promise of mHealth tools and applications.

Until now, I've talked mostly about broadband connectivity. The second big area where the FCC is promoting health innovation is spectrum policy. Most of you know that the FCC manages the nation's commercial spectrum -- the oxygen that sustains our wireless communications. Today's commercial wireless networks not only provide access to phone calls messaging and the Internet, but they are also becoming increasingly important for the provision of health care applications. The major wireless carriers have programs to support health care applications carried over their networks. That is one of the reasons we are laser focused on providing more spectrum for wireless broadband networks. Access to spectrum is the lifeblood for the growth of mobile health care, so that people can be monitored and in some cases even treated wirelessly, any time, and any place.

Another way we've encouraged health innovation, is through experimental licensing. For example, the next-generation technologies I mentioned earlier that can restore motion for stroke victims were developed under an experimental license. That's why we've expanded our experimental licensing program to provide greater flexibility for universities, research organizations and health care facilities to test new medical devices and technologies. One of the benefits is that it will make it easier to identify and prevent, radio interference, among the multitude of medical devices, in today's high-tech hospitals.

One of the most significant actions we've taken was dedicating spectrum for Medical Body Area Networks, or MBANs, making the U.S. the first nation to do so. These networks provide a "last meter" wireless link to eliminate the wires and cables that currently tether a patient, to the monitor. This gives patients more freedom of movement, the enhanced ability to walk and exercise, which could result in more rapid recovery and discharge. It can also provide for earlier recognition of a patient's distress or decline, permitting earlier intervention, that could ultimately improve patient care and reduce overall healthcare costs. It should also attract capital investment and spur business development and job creation, as the health care profession and the wireless industry, again join forces, in deploying MBANs nationwide.

The third leg of the FCC's health strategy stool is promoting greater collaboration. I've talked to enough innovators and entrepreneurs to know that many of you feel like one government agency is telling you one thing and another agency is telling you something else. So, I'm not going to stand here and tell you that everything's perfect.

But what I can assure you is that we're doing our level best to make sure everybody's rowing in the same direction. At our mHealth Innovation Expo last Friday, the FCC's mHealth partners - from the public and private sectors -- packed our Commission Room. Innovators and entrepreneurs, large and small, joined us to provide hands-on demonstrations of their mHealth solutions for improving and connecting, health and healthcare. I learned from Qualcomm's Robert Jarrin that, in 2010, there were 10,000 mHealth apps and now that number exceeds 100,000. Federal partners like the Office of the National Coordinator for Health IT, the National Institutes of Health, Agency for Healthcare Research and Quality, Veterans Health Administration, and the Food and Drug Administration, shared information and resources in this area.

And about our partners at the FDA: The FCC is responsible for approving medical devices that utilize spectrum and our Commission has entered into an unprecedented partnership with the FDA to help ensure medical innovations can swiftly, and safely, be brought to market. In particular, we are working together to provide more certainty and clarity to the innovators and investors who will develop tomorrow's health-related communications technologies.

I'd like to close with this idea of collaboration. Just as we need better coordination among government and private sector partners we need better collaboration among technology companies and those who they seek to serve through their technologies. Unfortunately, according to a recent study by IMS Health, too few apps are designed to address the demographics with the greatest needs.

Who am I speaking about? Patients over 65 -- among the top users of healthcare resources, yet when it comes to app downloads, they are among the lowest users. And throughout the history of communications technology, it pains me to affirm that accessibility for people with disabilities has often been only an afterthought. Retrofitting solutions to be accessible for people with disabilities is both costly and expensive. In sum, a closer collaboration between the developers of mHealth solutions and their intended users will yield not only more useful, usable and accessible apps, but also opportunities for innovation in the areas, of greatest need.

The challenges facing our healthcare system are far too great for anyone on of us to solve on our own. But by working together, we can and will harness the power of technology to improve the quality of healthcare for all Americans. And I offer myself and my agency as key conduits to that end.

Thank you and Godspeed.