Attachment—Additional Questions for the Record

Answers from Meredith Attwell Baker, President and CEO, CTIA—The Wireless Association

The Honorable Renee Ellmers

1. Ms. Baker, as we begin to benefit from the intersection of wireless and health care, would the regulation of wireless broadband under Title II help or hinder the industry's ability to deliver more patient-centric treatment solutions?

As your question suggests, new mobile health products and services portend extraordinary consumer benefits, as well as exciting new business opportunities. Entrepreneurs are creating and investing in sophisticated solutions to monitor and treat patients, make critical health data more accessible and understandable, enhance patient awareness, and improve well-being. PricewaterhouseCoopers expects global mobile health revenues to increase to $23 billion by 2017, with the U.S. market commanding almost $6 billion.[1] Mobile technologies already play an essential role in the health field today and are poised for continued growth and greater promise.

Given that seamless wireless broadband connectivity is the key driver in this exciting field, we are concerned that the FCC's recent action to impose Title II regulation will curtail investment and thereby stifle the important innovations taking place in the mobile health sector. In fact, leaders in this important field, including the Health IT Now Coalition, M-Health Regulatory Coalition and the Wireless-Life Sciences Alliance, wrote to the FCC expressing the same view. For your convenience, I have attached a copy of their letter, which was filed in the agency's docket. *See* Exhibit A.

The FCC ruling is particularly troubling in light of Congress's 1993 action to prohibit the agency from applying old-fashioned telephone voice rules to mobile broadband. In enacting Section 332, Congress recognized the myriad benefits that would result from a vibrant wireless marketplace and legislated that the FCC "shall not" treat the data services that have evolved into today's mobile broadband "as a common carrier for any purpose." Indeed, more than twenty years later, our nation's renown in wireless in general and mobile health in particular is a direct result of Congress's prescience.

Imposition of a one-size-fits-all Title II common carrier regime on competitive and diverse mobile broadband services is also inconsistent with the dynamic mobile health marketplace. We fear that the substance of the new FCC rules, as well as the uncertainty they have created, will delay the network investment necessary to continue to increase speeds, reduce latency, and improve quality of service, each of which is critical to the success of next-generation, patient-centric health treatment solutions. Thus, we think it critical that the FCC clearly state that all mobile health products and services fall outside of the new Title II-based requirements. The FCC must recognize that these cutting-edge innovations are best treated as specialized services, now known as "non-broadband Internet access" services.

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[1] *See* PwC, *Touching Lives Through Mobile Health* (Feb. 2012) at 14.

Exhibit A

Letter from Health IT Now Coalition, M-Health Regulatory Coalition and the Wireless-Life Sciences Alliance to FCC Chairman Thomas Wheeler et al., GN Dockets 14-28 and 10-127 (filed Jan. 15, 2015).

January 15, 2015

VIA ELECTRONIC FILING

Chairman Tom Wheeler
Commissioner Mignon Clyburn
Commissioner Jessica Rosenworcel
Commissioner Ajit Pai
Commissioner Michael O'Rielly
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: Protecting and Promoting the Open Internet, GN Docket No. 14-28;
Framework for Broadband Internet Service, GN Docket No. 10-127

Dear Mr. Chairman and Commissioners:

Innovation in mobile health[1] and the dynamic transparent measurement of mobile health products and services in the real world empowers consumers and improves outcomes and efficiencies in health care delivery. The undersigned representatives of companies and organizations serving the public in relation to health care are concerned that potential changes to

[1] Note on terminology. Multiple terms are used to describe the influence of technology on healthcare. Commonly used adjectives include "mobile" or "m," "digital", "wireless" and "electronic." Wireless connectivity is the key technology enabler for this field. "Connected health" is the term which best describes the source of value derived from the full convergence of technology and healthcare, including mobile communications infrastructure, digitized information, big data, cloud-based systems and behavioral economics.

the Open Internet framework may adversely affect this opportunity. Mobile health products and services and other digital health services continue to grow and flourish under the Open Internet framework. We submit this letter to caution the Commission against the unnecessary application of additional open Internet requirements, or of antiquated Title II common carrier regulations, to the vibrant wireless ecosystem.

Under the current regulatory approach for wireless providers, the connected health sector has been extraordinarily innovative and vibrant. Crucial for underserved populations and affordability, tech-enabled connected health solutions will democratize medical knowledge, reaching underserved populations in an efficient and personal way, improving health care and making it more accessible. The Commonwealth Fund described the opportunity "to transform health care by making it more responsive to consumers' needs, convenient for patients to access, and efficient and satisfying for providers to deliver."[2]

We are very early in the development of connected health solutions. This is a time when experimentation, fast innovation and investment are critically important. The opportunity represented by connected health will flourish in the open innovation environment that is currently represented by the wireless Internet. Conversely, the addition of limitations on wireless networks will inhibit connected health investment and innovation.

Fortunately, the investment community and both the health care and non-health care business sectors agree on the need for connected health innovation and the business opportunity that it represents. PWC points out that the *Fortune 50* list includes 24 "healthcare new entrants" (including 8 "technology and telecommunications" companies).[3] By 2017, global mobile health revenues are expected to increase nearly six-fold to $23 billion, with the U.S. market commanding $5.9 billion of the revenues.[4]

The U.S. health system faces considerable challenges, and mobile health innovations can play an essential role in cost reduction and improved outcomes. Today, as the Commission considers a revised net neutrality framework, we urge the Commission to consider the effects on the nascent connected health industry that such changes may represent. Rather than inserting new regulatory uncertainty, the undersigned instead ask the Commission to maintain the structure for wireless services adopted in the 2010 net neutrality rules that has allowed the burgeoning mobile health industry to grow and succeed. Further, the country has made significant investments on the creation of a nationwide health information network through the creation of regional health information exchanges laid out in the HITECH Act. This health information network is further enabled by the work carried out by the FCC Connect America Fund.

The U.S. has been at the forefront of connected health deployments worldwide.[5] These deployments include sophisticated solutions to monitor and treat patients, as well as applications

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[2] Hostetter et al, *Taking Digital Health to the Next Level*, Commonwealth Fund, October 2014. *Available at:* http://www.commonwealthfund.org/~/media/files/publications/fund-report/2014/oct/1777_hostetter_taking_digital_hlt_next_level_v2.pdf?la=en.

[3] http://www.pwc.com/us/en/health-industries/healthcare-new-entrants/index.jhtml.

[4] PWC, *Touching Lives Through Mobile Health* at 14 (Feb. 2012), *at* http://www.pwc.in/assets/pdfs/telecom/gsma-pwc_mhealth_report.pdf.

[5] *Touching Lives Through Mobile Health* at 14.

allowing individuals to manage wellness and fitness.[6] Indeed, connected health is heading into a transformative stage of development. Remote monitoring of patients can help reduce costs significantly by decreasing the amount of time required to spend in a hospital and the need for readmissions. Mobile-connected pill bottles allow for connectivity between patients, doctors and pharmacies and provide reminders to users to take medication, adherence reports to caregivers, and automatic prescription refills to pharmacies.[7]

Additionally, Kantar Media found that 78% of physicians use smartphones and 51% use tablets for professional purposes, with smartphones favored for "tasks such as researching specific clinical situations and reading professional news."[8] Smartphone and tablet use by healthcare professionals continues to grow. A 2013 Epocrates survey of primary care doctors, cardiologists, oncologists, psychiatrists, physician assistants, and nurse practitioners revealed that 86% of these clinicians used smartphones in their professional activities, up 78% from the previous year.[9] By June 2014, 94 percent of respondents expected that they would use smartphones for professional activities, while 85% anticipated using tablets.[10] As for individuals, more than 40,000 healthcare apps are available to mobile users, and almost 247 million mobile users have downloaded a healthcare app for personal use.[11]

In the four years since the Commission adopted its 2010 Open Internet framework, mobile wireless – and mobile health in particular – has flourished, with incredible growth, investment and innovation. This was due, in large part, to the sensible mobile-specific regulatory treatment afforded to the wireless industry. The undersigned parties would suggest that the Commission should continue this successful path and avoid changes to the framework that provided a policy foundation for the health information systems innovations described here.

Regulatory and economic factors dictate against the imposition of a one-size-fits-all Title II common carrier regime on competitive and diverse mobile broadband services. An arcane utility-style regulatory approach is inconsistent with and harmful to innovation in mobile health. Economists estimate that an application of Title II regulation on wired and mobile broadband services would reduce network investment by 12.8-20.8%.[12] We are concerned that the wrong regulatory rules could inhibit or greatly delay needed network investment and innovation that will be critical to next-generation health solutions. We should not put at risk advancements that could reduce latency, improve quality of service, and help unlock 5G and machine-to-machine opportunities

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[6] *Id.*
[7] *Id.*
[8] Helen Gregg, "Top Physician Uses of Smartphones, Tablets," *Becker's Hospital Review* (Jan. 28, 2014), *available at* http://www.beckershospitalreview.com/healthcare-information-technology/top-physician-uses-of-smartphones-tablets.html.
[9] Epocrates, *"Epocrates 2013 Mobile Trends Report: Maximizing Multi-Screen Engagement Among Clinicians"* at 5 (2013) *("Epocrates Mobile Trends Report"), available at* http://www.epocrates.com/oldsite/statistics/2013%20Epocrates%20Mobile%20Trends%20Report_FINAL.pdf.
[10] *Id.*
[11] Scott Rupp, "mHealth Stats: Mobile Apps, Devices and Solutions," *Electronic Health Reporter* (Dec. 10, 2013), *at* http://electronichealthreporter.com/mhealth-stats-mobile-apps-devices-and-solutions/.
[12] *See* Sonecon, The Impact of Title II Regulation of Internet Providers On Their Capital Investments, November 2014, *available at:* http://www.sonecon.com/docs/studies/Impact_of_Title_II_Reg_on_Investment-Hassett-Shapiro-Nov-14-2014.pdf.

The public benefits from timely low-cost access to digital information regarding health. These services are immeasurable and demand a regulatory environment that facilitates, not disrupts, innovation and investment.

Pursuant to Section 1.1206 of the Commission's rules, 47 C.F.R. § 1.1206, a copy of this letter is being filed in ECFS.

Sincerely,

Joel White
Executive Director
Health IT Now Coalition

Bradley Merrill Thompson
General Counsel
M-Health Regulatory Coalition

Robert B. McCray
President & CEO
Wireless-Life Sciences Alliance