



**Competitive Carriers Association**  
Rural • Regional • Nationwide®

July 13, 2016

The Honorable Michael Burgess  
Chairman  
Subcommittee on Commerce, Manufacturing,  
and Technology  
House Committee on Energy and Commerce  
2125 Rayburn House Office Building  
Washington, DC, 20515

The Honorable Janice Schakowsky  
Ranking Member  
Subcommittee on Commerce, Manufacturing,  
and Technology  
House Committee on Energy and Commerce  
2322A Rayburn House Office Building  
Washington, DC, 20515

Dear Chairman Burgess and Ranking Member Schakowsky:

Competitive Carriers Association (“CCA”) respectfully submits this letter for the record regarding today’s hearing on “Disrupter Series: Health Care Apps.” CCA is the nation’s leading association for competitive wireless providers and stakeholders across the United States. CCA’s membership includes nearly 100 competitive wireless providers ranging from small, rural carriers serving fewer than 5,000 customers to regional and national providers serving millions of customers. CCA also represents close to 200 associate members including vendors and suppliers that provide products and services throughout the mobile communications supply chain. From our members’ experience with constructing networks and providing wireless connections that facilitate continued innovation and growth in consumer use of mobile applications, we have seen firsthand how new technology supports advances in healthcare. These developments are changing the lives of consumers in densely-populated urban areas, and in rural America in particular, where patients may need to travel much greater distances to receive monitoring and care. CCA commends the Subcommittee for its continued focus on these issues, and for considering ways to expand innovation and meet future demand for mobile services moving forward.

As industry moves toward 5G, the development of the Internet of Things and next generation technology will help to power certain critical life operations such as precision agriculture, limitless education and employment prospects, public safety services, and telehealth opportunities. Specifically, the Agency for Healthcare Research and Quality at the U.S. Department of Health and Human Services recently found that telehealth can positively impact outcomes relating to mortality, quality of life, and hospital admissions when used to monitor chronic conditions, particularly cardiovascular and respiratory disease. Industry also has noted that remote health applications are one of the main benefits that 5G could be capable of delivering. As the Subcommittee appropriately recognizes today, such apps are one part of a larger transformation in delivering care.

CCA members provide innovative services and will continue to innovate towards new services and technologies. For example, Ericsson recently launched an initiative to prove that 5G will have the capability to replace a surgeon’s hand. At its demonstration, Ericsson revealed a robotic “finger” that provides a sense of touch to surgeons for remote, minimally invasive surgery. Similarly, in the rural Mississippi Delta, the University of Mississippi Medical Center, GE Care Innovation, and C Spire collaborated to deploy wireless glucometers, sphygmomanometers (blood pressure cuffs), scales, and tablets that transmit vital health data and video conference to and from healthcare providers, which is helping to control diabetes and reduce patient visits to the hospital. Each of

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these innovations will be furthered by 5G technology, which will advance the mobile data connections needed to facilitate remote healthcare.

Despite this progress, there is still work to be done. Many competitive carriers serve the most rural areas of the United States and often face challenges obtaining the costly infrastructure necessary to provide services, or face uncertainty and barriers to deploy new facilities. Importantly, 5G densification will require increased access to backhaul services.

None of these new technologies will be realized until comparable mobile broadband services are available throughout rural and remote areas. Ongoing Universal Service Fund ("USF") reform therefore must provide a mechanism to enable broadband access in urban and rural areas, while expanding networks to address important economic, health care, and public safety goals. Specifically, continued innovation can be spurred by Mobility Fund Phase II reform. As many as 1 in 5 households are now mobile-only, a number that has doubled since 2013. Any reform, especially to the Mobility Fund, must take these marketplace realities, and the overwhelming consumer preference for mobile applications, into account. Carriers need certainty regarding USF support to continue to invest to meet growing demands. Funding should be made available to meet the laudable goal of expanding mobile broadband networks to portions of the country that are currently unserved, while preserving existing networks in rural areas to ensure these services are preserved and expanded.

CCA commends the Subcommittee for its continued focus on fostering economic and technological advancements that only mobile broadband can produce. Ensuring the capabilities of future networks will help to meet the needs of urban and rural consumers alike and spur development of 5G services, including health care applications. CCA appreciates the opportunity to contribute to the record for today's hearing, and looks forward to continued work with the Subcommittee, its Members, and Congress on these important issues to advance mobile broadband services and support innovation throughout the industry.

Please do not hesitate to contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven K. Berry". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Steven K. Berry  
President & CEO