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To: Pennsylvania Senate and House Democratic Policy Committees

From: Glenn Updike, MD
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Re: Net Neutrality

March 29, 2021

Thank you, members of the Senate and House Democratic Policy Committees, for the opportunity to testify on this very important topic of net neutrality.

My name is Glenn Updike, and I am the Medical Director of MyUPMC and the Medical Director of Clinical Informatics for the Women's Health Service Line at UPMC Magee-Womens Hospital. I am also a practicing obstetrician.

In those capacities, I have been intrinsically involved with our patient engagement efforts at UPMC – especially as it relates to telemedicine and our patient portal, the MyUPMC app that allows our patients to make appointments, message their doctors, and renew prescriptions, among other features.

While telemedicine visits have become an integral part of our care – especially during this past pandemic year – we at UPMC Magee-Womens Hospital knew we had to ensure that our patients with chronic conditions could easily visit a specialist.

To meet those needs, we launched the UPMC Magee-Womens Virtual Care Center to ensure seamless access to care for patients – like one of my patients, a young woman with a chronic gynecologic condition who lives two hours from Pittsburgh. A caregiver for her elderly father, she worried about traveling during the pandemic – especially since she has no car and would have had to take public transportation.

Through the Virtual Care Center, this patient was able to schedule a new consultation with me online and conduct a video visit for her chronic condition. It turns out there were some very effective treatments she hadn't yet tried, and I was able to prescribe treatment that worked for her. Without having to travel, she and her father stayed safe.

In the several months since we launched the Virtual Care Center, we've already scheduled hundreds of visits. Why? Because our patients want to have access to high quality health care from their own communities and in the comfort of their own homes.

Thankfully, my patient had internet access enabling her to connect to the specialty care she needed.

But others in rural and urban communities are not be so fortunate. The Federal Communications Commission has drifted further from net neutrality since the "Restoring Internet Freedom" order became effective in June 2018.

Many of my patients struggle with slow internet speeds -- the kind of bandwidth that is required for high-fidelity video and audio to conduct medical care. With the policy of tier flattening – whereby urban and rural customers who only have access to slower infrastructure pay the same rates as those with access to more state-of-the-art network speeds – we exclude lower-income patients from any internet access at all – let alone access with appropriate bandwidth.

It is not surprising that these are the patients who would benefit most from telehealth – yet they struggle the most with connectivity.

We've finally recognized the health disparities in people of color – yet broadband access remains fraught with roadblocks. For example, to qualify for broadband access, many consumers must still pass a credit check. And, for our older patients – many suffering from a chronic illness -- 1 in 3 households do not have access to a computer or mobile device suitable to conduct telehealth.

Even as broadband access has expanded in some places, consumer access is receding because American broadband access is among the most expensive in the world. Programs like the FCC Lifeline Program, designed to provide subsidies for low-income families to foster connectivity, cover just a fraction of the cost to a consumer.

Health care is becoming increasingly digitized and differential access to broadband will inherently mean differential access to essential medical services.

Our country's digital divide – the gap between those who do and do not have access to reliable internet – is a health care emergency.

Our patient care is no longer confined to discreet episodes during a hospital stay or during a brief office visit. Rather, we are increasingly working to remain connected to our patients during their daily lives through mhealth technologies, like wearables and remote monitoring.

At UPMC Magee-Womens Hospital, almost all patients diagnosed with hypertensive disorders of pregnancy are discharged after delivery with remote home monitoring devices. With these wristbands, which foster patient safety through early identification of hypertension and its symptoms, we are reducing the risk of costly hospital readmissions. Without reliable access though, these services cannot exist. This deprives our highest risk postpartum patients accessible state-of-the-art care.

For routine prenatal care, nearly half of our patients now conduct their visits as a hybrid of in-person and telemedicine care, keeping our waiting rooms socially distanced and offering the safety and convenience of staying at home for our expecting mothers.

However, it is impossible to participate fully in their health care without reliable, robust, and affordable broadband service.

The solutions to these problems may be complex. The Digital Divide is driven by multi-dimensional factors more complicated than just broadband access and speed. There is work to be done to make our digital health tools more culturally sensitive, relevant, and usable by a range of health literacies.

But our patients can't get their foot in the 'Virtual Care Clinic' door without first being connected.

We certainly need to understand and accurately map broadband availability across Pennsylvania, and we need to understand where the least connected areas overlap with our patients with the most medical needs. Telemedicine, especially video visits like the one I mentioned at the beginning of my comments, requires extended bandwidth; we must modernize our definitions of what constitutes adequate broadband speeds.

We should look to hospitals, community-based health centers, and other facilities to understand how we might expand connectivity in rural and urban areas and subsidize Wi-Fi hotspots and expanded high-capacity wireless internet for our patients when needed.

Finally, we must consider technology access and connectivity not as a luxury or alternative to standard care for those privileged with the option, but rather as a public health necessity and a patient right.

Again, thank you for this opportunity to speak with you today.