

**Remarks of  
Michael K. Powell  
Chairman, Federal Communications Commission  
At the  
University of Virginia Office of Telemedicine  
Charlottesville, VA  
(As prepared for delivery)  
Nov. 7, 2003**

I greatly appreciate the opportunity to observe firsthand the use of telecommunications technology to access critical healthcare services for citizens and health professionals.

I want to thank Leonard Sandridge and Karen Rheuban and the University of Virginia for hosting this demonstration of how telemedicine can be used to provide healthcare to people in rural areas. I also want to thank Commissioner Abernathy, Bill Maher, Chief of WCB, Dane Snowden, Chief of CGB, Dr. Cristina V. Beato, Acting Assistant Secretary for Health, Anne B. Pope, Federal Co-Chair of the Appalachian Regional Commission, Virginia Delegate Mitch Van Yahres, Steve Harms, Virginia Deputy Secretary of Health and Human Resources, Dr. Robert Stroube, Virginia Commissioner of Health, Roberta Purcell from the Rural Utilities Service Telecommunications Program, Dr. Jay Sanders and Mel Blackwell from USAC, the staff members from Representatives Goode and Goodlatte's offices, and the many others for joining me today.

Today's event not only demonstrates the types of technologies that doctors can use to improve healthcare, but also the services – and service providers – that are making telemedicine a reality in rural areas of Virginia, rural America and across the globe.

Many people around the country living in urban areas may take access to healthcare services for granted since most urban residents typically have access to several major medical facilities nearby to provide them with needed healthcare services. Most residents in rural or remote areas of the country, however, do not have the luxury of even one major medical facility near their homes, much less access to the world-renowned team of doctors, clinicians, and researchers that a major educational institution, such as the University of Virginia Medical School, has assembled here in Charlottesville.

For example, many people located in rural areas like Saltville, VA do not have access to local specialty care facilities to treat serious health conditions. Saltville is over a 2-hour drive to Roanoke, VA and over a 4-hour drive to Charlottesville, VA. Even in urban areas, very few hospitals will possess all the sub-specialists – from endocrinologists to rheumatologists to neuroradiologists – necessary to perform a comprehensive diagnosis on any given patient.

This is where telemedicine can help. Innovations in computing and telecommunications technology today allow doctors to perform many, though far from all, medical procedures even when hundreds or even thousands of miles separate the doctor from her patient. The numerous and ever expanding applications of telemedicine allow rural healthcare providers to reduce the burdens associated with treating people in remote areas through utilization of technology.

Telemedicine can help eliminate geographic isolation as a barrier to timely and quality medical care. In times of national crisis, moreover, telemedicine networks can bring much-needed healthcare information to first responders even if affected areas happen to be rural communities.

Our visit today underscores the Commission's commitment to adopting policies and rules that improve the rural healthcare program, increase participation by rural healthcare providers, and ensure that the benefits of the program continue to be distributed in a fair and equitable manner.

The rural healthcare program has a \$400 million annual cap, but demand in Funding Years 2000 and 2001 averaged approximately \$14 million a year. Thus, in 2002, the Commission initiated a proceeding to review the rural healthcare universal service support mechanism and determine in what ways we could improve the effectiveness of the program.

To unlock the potential of this program, I am pleased to announce that the Commission will consider an item at its open meeting next week that will encourage the development of public/private partnerships and other creative solutions to meet the needs of rural communities and increase participation in the rural healthcare program.

One of the key changes in the upcoming order is the expansion of the rural health program to include discounts on Internet access for rural health care providers. I believe such action will better enable rural health care providers to offer the types of services that we will be seeing in today's demonstration.

In addition, the order will clarify that dedicated emergency departments in for-profit rural hospitals are "public" health care providers eligible for support. We conclude that emergency departments are public in nature, because they are required by other federal laws to examine and stabilize all patients who walk in the door. This decision will allow, for example, an additional four emergency departments in for-profit rural hospitals in the UVA telemedicine network to participate in the rural health care program.

The Commission's efforts to increase participation in the rural healthcare mechanism will not end on November 13<sup>th</sup>. As part of the "Lands of Opportunity: Building Rural Connectivity" outreach campaign announced by the Commission's Consumer & Governmental Affairs Bureau this past August, the Commission will reach out to the Appalachian region, and coordinate our outreach efforts with the Appalachian Regional Commission's on-going efforts to create opportunities for self-sustaining economic development and improved quality of life.

I am delighted to report that the Commission will partner with the Appalachian Regional Commission in commencing a program to educate rural health care providers about resources available, including funding through the universal service rural health care program, to bring needed health care to the people of Appalachia. Anne Pope, ARC Federal Co-Chair is here today and while I know she will fill you in on some of the details of our partnership in a few moments, I do want to say how pleased we are to be working with the ARC. I extend my gratitude to Anne personally and the Appalachian Regional Commission generally for their leadership and look forward to an excellent inter-agency working partnership.

In closing, I am excited by the expansion of telemedicine networks throughout the country. I am also extremely pleased to see how healthcare providers, like UVA's Office of Telemedicine, are meeting the healthcare needs of rural communities through the use of telemedicine.

Today's visit only serves to renew my sense of wonder at the growing number of medical specialties, such as oncology, radiology, surgery, home healthcare and many others, available to rural residents. The efforts of the people gathered here today are, quite simply, changing lives in rural America for the better. That's something we can and should be proud of.

Thank you very much.

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