

SEPARATE STATEMENT OF CHAIRMAN MICHAEL K. POWELL

Re: *Rural Health Care Support Mechanism, WC Docket No. 02-60*

Telemedicine creates medical expertise on demand for people living in rural America. The telemedicine support measures we adopt today have the potential to bring millions of Americans from rural and remote parts of the country closer than ever to top-quality doctors and medical specialists. Geographic isolation should no longer be a barrier to timely, quality medical care.

Telemedicine networks are also integral to our homeland security efforts. In times of national crisis, telemedicine networks can bring much-needed healthcare information to first responders. For example, telemedicine capabilities serve as a link between medical professionals and homeland security teams to ensure that experts are available in the event of a biological or chemical attack.

Although the rural health care program has a \$400 million annual maximum, demand for Funding Years 2000 and 2001 averaged approximately \$14 million a year. Today, we adopt rule changes to encourage the development of public/private partnerships and other creative solutions to meet the needs of rural communities and increase participation in the rural health care program. Today's Order clarifies that dedicated emergency departments in for-profit rural hospitals are "public" health care providers eligible for support because these rural hospitals are required by other federal laws to examine and stabilize all patients who walk in the door. The rule changes we adopt today represent important reforms of our eligibility criteria and should ensure scope of services eligible for support under our rural health care program.

Most residents in rural or remote areas of the country 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 major educational institutions and research hospitals can assemble. Innovations in computing and telecommunications technology, however, allow doctors to perform many medical procedures even though hundreds or even thousands of miles separate doctor and patient. Recently, I witnessed the transformative potential of telemedicine when I visited the University of Virginia's Office of Telemedicine. At the University of Virginia, I saw firsthand not only the types of technologies that doctors can use to improve health care, but also the telecommunications services – and service providers – that are making telemedicine a reality in rural areas of America and across the globe. The changes to our rural health care program that we adopt today probably may not bring back housecalls, but they will help promote the admirable goal of helping to extend the expertise of some of the nation's most advanced medical professionals into some of the nation's most rural and remote areas.

I look forward to working with my colleagues to unlock the potential of this program and to expeditiously address the issues presented in the Further Notice.