

SEPARATE STATEMENT OF COMMISSIONER KATHLEEN Q. ABERNATHY

Re: Rural Health Care Support Mechanism, Second Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, WC Docket No.02-60 (adopted Dec. 15, 2004).

This Order continues the Commission's progress in improving the rural health care support mechanism, which in turn will help deliver the promise of telemedicine to more Americans. The rural health care mechanism has been significantly underutilized for years. Our actions in the First Report and Order and in this item will better fulfill Congress's intent to lower telecommunications costs for health care providers serving rural communities.

Last year, we addressed several problems concerning the availability and calculation of discounts on telecommunications services, and we created a new discount for Internet access services. In this Second Report and Order, we correct the most significant remaining deficiency — the definition of a "rural area." The previous definition inadvertently denied support to a number of communities that bear all the usual hallmarks of rural areas (sparse populations, no large cities in the vicinity, etc.) and have a demonstrable need for support. I am confident that our revised approach will eliminate these anomalies and target funding more effectively.

I am also pleased that the Commission has developed a means of funding satellite services for mobile rural health clinics. Mobile mammography clinics operated by Healthcare Anywhere and other entities offer an invaluable service to women living on tribal lands and in other rural areas. More generally, mobile clinics can deliver cutting-edge technology and specialty care to citizens living in remote areas that lack sophisticated diagnostic tools. Mobile clinics literally can mean the difference between life and death for many people who are unable to travel long distances to see a physician. In our Further Notice issued last November, I identified this issue as a priority, and I appreciate the efforts of the staff and my colleagues to include it within the support mechanism.

Finally, I support the decision to extend support to American Samoa and other insular areas. Based on a statutory quirk, these "entirely rural" areas do not qualify for discounts under the principal support mechanism established by section 254(h)(1). But, fortunately, section 254(h)(2) authorizes the Commission to meet the needs of the insular territories.

All of these programmatic changes will translate into improved health care for millions of Americans, and are well worth celebrating.