

**STATEMENT OF  
COMMISSIONER JONATHAN S. ADELSTEIN**

*Re: Rural Health Care Support Mechanism, WC Docket No. 02-60, Order (Sept. 26, 2006).*

In this Order, we expand the Federal Universal Service Rural Health Care program to include a pilot program to fund the construction of broadband infrastructure to connect rural health care providers. The telemedicine programs funded through the Rural Health Care program can have dramatic benefits for rural communities, and I have repeatedly supported efforts to improve the connectivity of rural health care providers.

I have been privileged during my time as an FCC Commissioner to have seen first hand the way that telemedicine programs enable rural residents to bridge distances that might otherwise be unaffordable or physically impractical to cross. The telemedicine applications funded through the Rural Health Care program may be the only viable link to vital diagnostic services and specialized care for many patients. With advances in digital imaging, rural health care providers are increasingly able to send medical records, CAT scans, and other lab results to specialists in distant locations. Connecting our health care providers can also play a critical role in promoting continuing education through distance learning for our health care professionals.

More than ever it is critical that we expand the connectivity of our health care providers to improve our ability to respond to disasters, natural and man-made. As we have seen repeatedly in the past few years, our communications systems are a critical factor in our ability to respond quickly and in a coordinated fashion.

The funding provided by the Rural Health Care program is crucial to the sustainability of many telemedicine programs. Without universal service, the high cost of telemedicine services might put them out of reach of many small communities. Yet, the Rural Health Care program has consistently been underutilized despite widely-varying levels of connectivity among rural health care providers. So, I was pleased to support our 2004 Notice of Proposed Rulemaking in which we sought comment on whether to fund infrastructure development for rural health care providers, and I am pleased that we take a step in that direction today. A well-tailored pilot program has the potential to give us critical information about the needs of health care providers and the resources required to establish connectivity.

While I support our efforts to make additional funds available for telemedicine uses, I have had some concerns about the specific implementation of this program – some of which have been addressed, while others still give me pause. One area where the item could be improved is in its articulation of criteria for selecting program participants among the potentially myriad well-qualified applicants who may seek funding. While I appreciate my colleagues willingness to amend the criteria to give weight to applications that serve rural areas, this Order could do more to explicitly prioritize projects that target services to rural areas. Nor does the Order assign any apparent weight to the selection of applicants willing to deploy facilities to unserved areas, or applicants targeting service to the most needy or hardest-to-serve areas. Had we sought comment on whether to create a pilot program and how to tailor it, we likely would have greater clarity and transparency here but, unfortunately, that is not the case.

With an entirely new program, and given the importance of this effort, I also would have preferred a longer application window. Even in a more established program like our Schools and Libraries program we give applicants sixty days to file their funding requests from our publication of the Eligible Services List. But I appreciate the Chairman's commitment to extend the application deadline for interested parties who would like to participate but may require additional time. It will also be critical for us to do as much outreach as possible to solicit a wide variety of applicants. We all want to improve the connectivity of our health care providers as quickly as possible, but if we are trying to create a program that is above reproach and that truly is open to all -- including small communities and Tribal providers who may not have the resources to assemble proposals on a moment's notice -- we must give health care providers a meaningful opportunity to participate and the Commission's selection processes should be as transparent as possible.

This program is so important, we've got to get the details right. So, I thank my colleagues for their willingness to accommodate some of my concerns and look forward to working together to further Congress' goal of connectivity for rural health care providers.