

**STATEMENT OF
CHAIRWOMAN JESSICA ROSENWORCEL**

Re: *Promoting Telehealth in Rural America*, Further Notice of Proposed Rulemaking, WC Docket No. 17-310, (February 18, 2022)

It's been said before, it will be said again: This pandemic has changed so much in our lives. As a nation, we moved so many things online. We converted all kinds of activities from physical to digital. We expanded the ways we communicate and have made it a priority like never before to connect all.

But among the most revolutionary changes we have seen during this period have been in healthcare. You see it clearly in the heroism of medical professionals across the country, the development of new vaccines, and the expansion of telemedicine that has changed so much in healthcare, so fast.

After all there was a time, not that long ago, when telemedicine technologies were strictly for remote communities. But this pandemic has changed all that. It has moved virtual appointments into mainstream medicine—for urban America, rural America, and everything in-between.

We've seen this upfront at the Federal Communications Commission, where we have worked since the start of the pandemic to support healthcare providers with resources for video visits, remote monitoring, and online counseling. In fact, our new COVID-19 telehealth programs have distributed nearly \$450 million in support since the pandemic began.

Now we turn to a check up on our oldest telemedicine program—the Rural Health Care Program. For more than 25 years it has been a force for good, supporting telehealth services before it was trendy—or easy—to do so. I have witnessed the power of this program in pre-pandemic days—in village clinics in Alaska and rural hospitals in Montana. The creativity of the medical professionals and the gratitude of the patients stays with you when you see it up close.

Today we are going to build on that and address some glitches that have ailed this program in the recent past. To be clear, we are talking about the oldest part of the Rural Health Care Program, which is known as the Telecom Program. Under the Communications Act this program provides support to rural healthcare providers for the difference between the rates they are charged for communications and those they would be charged for comparable service in urban areas.

In practice, the Telecom Program is a lifeline that supports telehealth efforts in some of the most remote parts of this country, so we have to get our reforms right. But I think the FCC got some of its reforms to this program wrong during the past few years. It set up a database of urban and rural rates that used tiers to determine what the Telecom Program would support. But this database had problems. For example, in Alaska, the database featured a rate for a dedicated transmission service in the Extremely Rural tier that was lower than the rate for the same service in the Less Rural tier. And in California, the database showed that a 50 Mbps connection was cheaper than a 20 Mbps connection. This doesn't make sense. So for the last two years of this program, the FCC waived the use of this database. Now I think we need to fix it for good. So we offer a number of different options in this rulemaking, including a revised database of rural and urban rates, a regression model developed by our Office of Economics and Analytics, and other ideas. But the bottom line is that we need a system that works for the communities that depend on the Telecom Program because it provides essential healthcare in places that need it most.

While we are at it, in this rulemaking we also ask questions about other changes to the Rural Healthcare Program, including revisions to our funding cap and ways to streamline the process for providers.

We take these steps because we want the Rural Health Care Program to thrive—not just in the past, not just during the pandemic, but in the future.

Thank you to the staff worked on this rulemaking: Bryan Boyle, Callie Coker, Adam Copeland, Charles Eberle, Jodie Griffin, Kris Monteith, Kiara Ortiz, Hayley Steffen, and Helen Zhang of the

Wireline Competition Bureau; Keaton Cobble, Stacy Jordan, Eugene Kiselev, Eric Ralph, Donald Stockdale, and Shane Taylor of the Office of Economics and Analytics, and Valerie Hill, Richard Mallen, Linda Oliver, and Bill Richardson of the Office of General Counsel.