

**SEPARATE STATEMENT OF
COMMISSIONER KATHLEEN Q. ABERNATHY**

*Re: Rural Health Care Support Mechanism, Report and Order, Order on
Reconsideration, and Further Notice of Proposed Rulemaking*

I am extremely pleased to support this Order and its significant improvements to the rural health care support mechanism. While the universal service programs overall have successfully delivered benefits to consumers living in high-cost areas, to patrons of schools and libraries, and to persons of limited means, there is no question that the rural health care mechanism has been underutilized. I am confident that today's action will more faithfully deliver on Congress's promise to lower telecommunications costs for health care providers serving rural communities.

In turn, our action should make telemedicine available for many consumers for whom visits to specialists otherwise would cause great hardships. We often talk about the benefits of broadband services, but telemedicine may be the most important application of them all. Telemedicine has the potential to make it irrelevant whether a patient lives in a downtown urban area or on a mountaintop. I have seen demonstrations of how telemedicine connects patients in remote areas of Alaska to hospitals and clinics hundreds of miles away, often preventing the ordeal (and immense cost) of air transport. I was also privileged to have the opportunity last week to visit the University of Virginia's exemplary telemedicine program, which serves consumers throughout the Appalachian region of the state. It was truly heartwarming to hear testimonials from patients whose lives have been improved by the availability of high-speed telecommunications links throughout rural Virginia. And it was awe-inspiring to listen to a patient's heartbeat or view a cardiac ultrasound in perfect fidelity and clarity from hundreds of miles away. Dr. Karen Rheuban and her colleagues have done an amazing job at UVA, and I hope other states and institutions follow their example.

I also hope that we will find ways in the further rulemaking to fund mobile clinics, such as the satellite-enabled mammography van that Healthcare Anywhere proposes to use to serve women on tribal lands in North and South Dakota. Such innovative ideas not only would bring critical health care services to underserved communities, but also might lower health care costs by making preventive care more widespread.

Finally, while I fully support taking steps that are likely to drive up the demand for universal service funding, I am confident that our rules will continue to ensure that funding needs are met without waste, fraud, or abuse. For example, although we have expanded the program to provide discounts on Internet access for the first time, we have set the initial discount rate for Internet access at a modest 25 percent to prevent excessive fund growth and to ensure that providers have adequate incentives to avoid overpayment. In time, we may decide that additional funding is warranted, but we must balance the tremendous benefits of telemedicine against the significant burdens that are being placed on consumers to fund our various universal service support mechanisms. At this point, the balance clearly tilts in favor of expanding the program, because it has barely begun to fulfill Congress's mandate to establish an effective rural health care support mechanism.

