

**STATEMENT OF
CHAIRMAN KEVIN J. MARTIN**

Re: In the Matter of Rural Health Care Support Mechanism, WC Docket No. 02-60

The Commission's action today is an important step towards the creation of a ubiquitous, nationwide, broadband network dedicated to health care. The deployment of such a network will create numerous opportunities for delivering telehealth services, including telemedicine applications, that have the potential to revolutionize the current healthcare system throughout the nation. This is particularly true in rural and underserved areas, where distance often separates patients from the medical care they need. Under the pilot program we adopt today, patients anywhere on the network will have greater access to critically needed specialists in a variety of specialties. For example, through the use of telemedicine, doctors in urban hospitals can read radiology images of patients in rural trauma centers and provide real-time consultations. This ability to diagnose, treat, and monitor patients from a distance will reduce the length of hospital stays, lower medical expenses, and improve the quality of health care.

A dedicated national broadband healthcare network will also facilitate the President's goal of implementing electronic medical records nationwide. A dedicated network is critical to maintaining security and privacy when transmitting electronic medical records.

Our current rural health care program is greatly underutilized. Although the Commission has allotted \$400 million a year for this fund, only about 10 percent of this amount is ever used. And, despite past Commission efforts to improve the existing program, health care providers, particularly those in rural and underserved areas, continue to lack sufficient access to advanced telecommunications and information services. By taking steps to foster the deployment of statewide and regional broadband networks connecting public and non-profit health care providers, the Commission can best achieve the health care objectives set forth by Congress.

At the same time, however, we are careful to appropriately cap the expenditures associated with this pilot program. Specifically, we limit the funding for this program to an amount that will not exceed the difference between the amount committed under our existing program and 25% of the funds currently allocated for rural health care. By capping the funding, we make sure that rural health care provider telecommunications needs under the existing program are given priority and that the expenditures under the pilot program do not exceed a reasonable level.

I look forward to learning from this pilot program how we can ensure that all Americans, including those in the most remote areas of the country, receive first-rate medical care.