

**STATEMENT OF
COMMISSIONER MICHAEL J. COPPS**

Re: Rural Health Care Support Mechanism; WC Docket No. 02-60

Once again, I am pleased to see an item on the agenda that takes another step toward achieving the goals of the National Broadband Plan. Since I came to the Commission, I have pointed out the unfortunate truth that rural America lags behind the rest of the country when it comes to access to first-rate health care. That's bad news for such a prosperous nation as ours. To help remedy this, I have encouraged the Commission to be more proactive in putting the Universal Service Fund's rural health care dollars to work by bringing advanced telecommunications to health care facilities across America. I have seen first hand the difference that telemedicine and telehealth can make in improving the quality of life in rural communities by providing patients in remote areas with access to services that would otherwise have been unavailable. Now, in areas that have the funding and knowhow to access and use it, telecommunications infrastructure provides access to desperately needed services such as patient-diagnostic services, patient follow-up care, educational offerings for rural health care professionals, and the dissemination of all sorts of critical health-related information, to name a few. When it comes to the well-being of our citizens who live hundreds of miles from the nearest hospital and are in need of medical care, telemedicine can be life altering, and sometimes life-saving.

So, I am happy to support today's item, which seeks to move forward with the National Broadband Plan's vision of expanding the reach and use of broadband connectivity to and by health care providers. We've known for some time that the existing rural health care program has not been living up to its potential. With a set-aside of \$400 million per year, we disburse less than twenty percent of that amount—sometimes far less than that—annually. In 2007, the Commission established the Rural Health Care Pilot Program, which has been an eye-opening experience for the Commission, showing us first-hand the need for a health infrastructure support program and demonstrating what we need to do to make such a program work. To date, the Pilot Program has made funding commitments of up to \$216 million for 29 projects that will link hundreds of hospitals regionally in 24 states. An additional 36 projects are under review. This is a good start, but we have a long way to go to meet the infrastructure needs of health care facilities in rural areas.

In the NPRM, we seek comment on creating a permanent fund for the build-out of much-needed health infrastructure in rural areas. It poses many questions in an effort to cover all the bases, from expanding the list of eligible recipients, to awarding support to applicants with the most efficient proposals, to providing safeguards against waste, fraud and abuse, and everything in between. In addition, we seek comment on reform of the existing health care fund to provide support where needed for access to telecommunications and broadband services. We must keep in mind that the basic task is to get a high speed, high capacity broadband network to these institutions—and we must make sure this process is accessible to eligible applicants. As we have learned from our current Rural Health Care Program and the Pilot Program, any such program needs outreach and a user-friendly application process. The Rural Health Care Program is as strong as the community that knows about it. And, while any funding program must seek to deter waste, fraud and abuse, the complexity of the process must not deter worthy applicants. I recognize that this is no easy task, and I appreciate today's detailed inquiry. I have high hopes that the Notice brings forth a fully developed record from a broad spectrum of interested parties, and I am pleased that the item specifically encouraged input from Tribal governments.

Access to healthcare is so vitally important—this program deserves to be empowered so that, at the very least, healthcare providers can have access to the health IT services available, and patients can get the health care they need, no matter where they are in this great country. I thank my colleagues for their support of the Rural Health Care Program, and I want to express my gratitude to the Bureau for its hard work on this item. I look forward to moving forward to actions that will make this a hugely successful program.