

**STATEMENT OF  
COMMISSIONER MIGNON L. CLYBURN**

Re: *Promoting Telehealth in Rural America*, WC Docket No. 17-310.

When a patient is presenting symptoms of a stroke, physicians have a saying: “time is brain.” Minutes can make the difference between full recovery and severe, permanent damage. That is why the University of Virginia Hospital System has put telestroke functionality in ambulances. By ensuring life-saving treatment can begin immediately, the program ensures that strokes are caught at the absolute earliest possible time. This advanced technology would not have been deployed organically, according to the system’s Director of Telehealth. As the Director stated just a few months ago, “[a]bsent the Rural Healthcare program, our ability to provide these services would be severely constrained.”

Whether it is telepsychiatry solutions for individuals in need of help, or the enabling of remote radiology readings to promote and speed the quality of healthcare, the FCC’s Rural Healthcare program has been a key plank undergirding the modernization of healthcare delivery.

Unfortunately, as the FCC’s own Connect2Health Task Force has found, “[m]ost of the counties with the worst access to primary care physicians are also the least connected.” And this holds true both in urban and rural areas: that vulnerable urban grandmother who spends over two hours on the local bus system to see a doctor can benefit just as much from telehealth as her rural counterpart. We need to do better as a country, and that can start with a fresh look at our Rural Healthcare program.

Everyone stands to benefit if our Rural Healthcare program matches the needs of healthcare providers with the patients who rely on them. That means looking at everything from top-line funding levels to the nuts and bolts of program administration. The potential here is huge if we simultaneously reduce healthcare expenditures and improve patient outcomes, but we must get it right.

That is why I am pleased my colleagues agreed to include further lines of questioning in the Notice of Proposed Rulemaking. We expand the inquiry to seek comment on how we can incorporate what we have learned from our Connect2Health Task Force.

We look at how best to improve transparency, and on how to equitably administer the program in the event funding requests cause us to hit the cap again. And, we look to understand whether and how to support remote monitoring consistent with our statutory mandate.

I always say that we need to make the business case for each and every one of our policies. This Rural Health Care Program is one where making the business case is incredibly easy. The program saves lives, reduces costs, and results in a healthier nation. Telemedicine consults with high-risk mothers result in an almost 40% reduction in the amount of infant days in the NICU, and it is here, especially, where the value proposition is both precious and crystal clear.

This item has my enthusiastic support.

Thanks to the Wireline Competition Bureau for your thoughtful work on reforming the Rural Healthcare Fund. I look forward to continuing to engage with you as we move towards developing an Order that will be a major driver in improving access and outcomes when it comes to healthcare in America.