STATEMENT OF
CHAIRMAN AJIT PAI

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

In Scottsville, Kentucky, a broadband connection with Vanderbilt University's Children's Hospital enables school nurses to give sick students an immediate diagnosis. In Lecanto, Florida and Boise, Idaho, Department of Veterans Affairs health care facilities are using telemedicine to give those who've served in America's armed forces mental health consultations they might not otherwise get. In Staunton, Virginia, a rural hospital called Augusta Health is using telehealth tools to significantly reduce sepsis. In Cleveland, Ohio, the Cleveland Clinic is using telemedicine to dramatically shorten the time it takes to assess and stabilize stroke patients.

These are not hypothetical or unusual cases. I have seen them with my own eyes in each of those communities. They are real evidence that communications technology can make patients healthier and communities stronger. And even with telemedicine's widespread appeal, we're still just scratching the surface of its potential. As former FCC Chairman Newton Minow and I recently put it, "Recent advances in communications technology could enable millions of Americans to live healthier, longer lives."[1]

The FCC has a critical role to play in securing this potential. Our Rural Health Care (RHC) program is designed to help health care providers afford the broadband connectivity they need to deliver vital telemedicine services. But the program has been underfunded. Its annual funding cap of $400 million was set back in 1997 and hasn't been increased since. As a result, demand for funding has exceeded this cap for two years in a row, leading to funding cuts—and financial hardship—for participating health care providers.

With this *Report and Order*, the FCC takes swift and long-overdue action to address this critical funding crisis. We ensure that the RHC program better reflects the needs of and advances in digital health care. Specifically, we raise the annual funding cap by 43%, to $571 million. This new funding level reflects what the cap would be today had it been adjusted for inflation all these years. Importantly, we also apply this increased cap to the current funding year (FY 2017) to give rural health care providers immediate relief from funding cuts. And looking to the future, we give providers more certainty by adjusting the cap annually for inflation and allowing unused funds from previous years to be carried forward.

The end result of these reforms will be profound: Healthier Americans make for a better America. And these reforms come none too soon. As Chairman Minow and I argued, "[i]t's time we integrated communications technology into our health care system just as fully as we have in other parts of our lives." Our decision today brings us closer to that goal.

This result would not have been possible without the hard work of Commission staff. I'd like to thank Dana Bradford, Regina Brown, Cheryl Callahan, Liz Drogula, Trent Harkrader, Avis Mitchell, Kris Monteith, Ryan Palmer, Carol Pomponio, and Arielle Roth from the Wireline Competition Bureau and Malena Barzilai, Rick Mallen, and Chin Yoo from the Office of General Counsel for their efforts to improve the health care options available to rural Americans.

[1] Newton N. Minow and Ajit Pai, "In rural America, digital divide slows a vital path for telemedicine," *Boston Globe* (May 21, 2018), *available at* https://www.bostonglobe.com/opinion/2018/05/20/rural-america-digital-divide-slows-vital-path-for-telemedicine/t8n4ncsfFcUASdf7XLH38J/story.html.