

**STATEMENT OF
COMMISSIONER BRENDAN CARR**

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

Healthcare is moving closer to patients. We recognized this revolution in care last month, when we advanced my proposal to establish the Connected Care Pilot Program. The idea is that by using the latest in-home technology, patients can get more frequent and more affordable care. Health professionals can check up more regularly on patients—especially those with chronic illnesses—and can prevent sickness from getting out of control and resulting in expensive hospital stays. I’ve seen firsthand how telehealth can improve outcomes and reduce costs in addressing diabetes in Mississippi, stroke response in South Carolina, and pain management in West Virginia. Trials by the Veterans Health Administration, among others, give us hope that reliable Internet connections at home can improve Americans’ health.

The challenge we meet in today’s Order is related. It’s the challenge of connecting rural healthcare facilities. They’re the vital link between in-home care and hub hospitals, and they’re where most care happens in rural America. One such facility is in the small town of Lennox, South Dakota, which is surrounded by farmland in the state’s Eastern plains. I visited last year to see for myself how the Internet can power rural care. Lennox’s skilled nursing facility has a connected work station that they call “Johnny 5.” Through a broadband connection, Johnny 5 allows Lennox patients to visit virtually with a doctor in Sioux Falls—or anywhere else. The technology is especially impactful for nursing home patients who often require specialists who just can’t afford to be in Lennox full-time. And virtual visits spare elderly patients the uncomfortable and costly rides in an ambulance between facilities.

The Commission’s telehealth program funds broadband connections to Johnny 5 and other vital technology in rural clinics. But in the past few years, the Rural Healthcare Program has come under some strain. Demand for Rural Healthcare Program funds has exceeded the program’s budget for the first time. And this has resulted in inconsistency and lack of predictability for both healthcare and broadband providers alike.

So the Order adopts a number of reforms that seek to prioritize funding and make the program more efficient. I want to focus on one in particular and thank my colleagues for agreeing to include the reform in our decision today. In previous years, the deadline for applying for program funding has been set too close to the start of the program year. In many cases, this did not give the FCC or program participants enough time to address outstanding issues. So the program year would start and providers would not know whether they would be reimbursed. To reduce the likelihood that we see this type of uncertainty, I asked my colleagues to move up the deadline for applications so that USAC could have 90 days before the start of a program year to process applications. The goal is to provide as accurate a funding number as possible before the private sector starts incurring expenses. This certainty should provide additional stability to the program and lessen the need for across-the-board cuts once the program year has started.

I thank my colleagues for their support of this edit, and I would like to thank the Wireline Competition Bureau for its work on the item. It has my support.