I am a big believer in the power and potential for telehealth to save lives, improve care, and transform the way people interact with doctors and health care systems. I come from a family of doctors and I know what a difference that having the right care and monitoring options available at the right time can make to patients and their families. I’ve seen first-hand the difference that telehealth can make while visiting with Corie Nieto, the director of telehealth services at the Nevada Health Center Clinic in Amargosa Valley, Nevada. This clinic is in a rural community where telehealth technology connects distant doctors with patients, bringing expertise and specialty services that would otherwise be unavailable into the community. I learned, during a recent visit to Winston Salem State University in North Carolina, about LliBott Consultorios Médicos, a group of four primary care clinics focused on serving North Carolina’s Latino community, including through telemedicine visits. I’ve also seen how the Veteran’s Administration is using telemedicine to have distant specialists diagnose stroke victims and provide medicines quickly, during the critical time period in which they can make a life-saving difference.

The Commission’s Rural Health Care program provides essential support to programs like these. It allows rural health care providers to acquire the high-speed internet connectivity they need to bring services to rural America at the same rates that their urban counterparts pay. It provides essential support for networks linking rural and urban healthcare providers. And, the Rural Health Care program isn’t just a good idea that is changing and saving lives, it’s a program that the FCC carries out to meet its obligations under the law.

The order that the Commission is adopting today makes changes to the Rural Health Care program with the stated intent of “reforming the program to promote transparency and predictability, and to further the efficient allocation of limited program resources.” These are laudable goals, as I firmly believe that all of the Commission’s Universal Service programs should be run in a transparent and efficient manner and should be predictable for program participants and beneficiaries. And, some of the changes the order makes are common sense improvements that I support. However, some of the decisions in the order, particularly the adoption of a new method for determining levels of support in the Telecommunications program, will have a profound impact on program participants and on people who depend on telehealth that the Rural Health Care program makes available.

The order does not describe or analyze the expected impact of these changes for health care providers or for the telecommunications providers who provide service to them. I have similar concerns about portions of the order that create a new system of prioritizing support requests and that adopt new rules for healthcare consortia members. For these reasons, I supported my colleague Commissioner Rosenworcel’s request to move parts of the Order into a further notice. Doing so would have allowed the Commission to develop additional information in the record, to learn about the potential impacts of its proposed changes, and to devise solutions to address these impacts. This request was ultimately not accepted and, accordingly, I am dissenting from these portions of the order.

I am not alone in wanting the Commission to take more time and conduct more analysis before adopting this order. Just yesterday, the entire Alaska Congressional delegation sent a letter to the Commission cautioning against “hasty adoption” of an order that contains “numerous prospects for unintended consequences that undermine the stability and sustainability of the program.”1 We received

other letters this week from a bipartisan group of 14 U.S. Senators asking for the Commission to postpone adoption of this order.\(^2\) One of these letters notes that the Order “fails to provide sufficient guardrails of transparency to guarantee confidence that the program will be implemented in a consistent manner.”

I believe that this order, with its shortfalls in consideration of the impact of many of its proposals, is symptomatic of a larger concern of mine that I have consistently voiced - we aren’t doing a good enough job gathering and using data to make decisions and solve problems. For example, one of the major components addressed in today’s order (and also addressed in the letters received from Congress), is how to determine which urban and rural rates to compare in order to establish support levels. This is essentially a data problem, where better information about the problem the Commission is trying to solve would lead to better decisions. I believe that in this case, and in any instance where the Commission faces complex policy choices, it needs to make sure that it has the data necessary to fully understand the problem, the policy options, and the impacts they will have. Only then can it create effective, data driven policy solutions.

However, I do support portions of the order which make changes to the competitive bidding process, to program administration, and to the program’s application processes. I view these changes as good governance measures that improve the overall program.

I thank the staff of the Wireline Competition Bureau for their hard work on this Order and for their ongoing efforts to make the Rural Health Care Program a success in bringing health care and the benefits of telehealth to those in the U.S. who need them the most.