

**STATEMENT OF  
CHAIRWOMAN JESSICA ROSENWORCEL**

Re: *Promoting Telehealth in Rural America*, Order on Reconsideration, Second Report and Order, Order, and Second Further Notice of Proposed Rulemaking, WC Docket No. 17-310 (January 26, 2023).

What do we bring with us beyond the pandemic? It is a question we are asking in every sector of the economy, in every corner of this country. Our experience with this virus has transformed so much. It has changed where we live, how we work, and what we value in our lives. It also has deepened our dependence on communications. You see this across the board, but especially in healthcare.

That's because telemedicine has moved into the mainstream. Getting an appointment online, checking in with your provider, and having a practitioner diagnose at a distance are all now more common than ever before—and we have embraced the power of telehealth like never before.

This technology, however, is not all new. For more than a quarter of a century, the Federal Communications Commission has been supporting telemedicine. Our groundbreaking Rural Health Care programs have long been a force for good, bringing affordable care to some of the most remote areas of the country by using communications technology to connect patient and provider.

The oldest part of our Rural Health Care Program is known as the Telecom Program. It offers support to rural healthcare providers for the difference between the rates they are charged for communications and those they would pay for the same facilities in urban areas. This program has been a quiet dynamo, helping some of the furthest-flung places in this country stay connected to first class care. I know, I have seen it in action in some of the most isolated communities in Alaska and Montana. This program is a lifesaver.

But a few years ago, here in Washington, this agency got ahead of itself. It tried to “fix” the Telecom Program by setting up a series of databases designed to tell communities exactly what communications services should cost. But this “fix” was littered with anomalies. For instance, in Alaska the database featured a rate for a dedicated transmission service in the Extremely Rural tier that was lower than the rate for the same service in the Less Rural tier. In California, the database showed that a 50 Mbps connection was cheaper than a 20 Mbps connection. Rural healthcare authorities, the providers serving them, and members of Congress spoke up. They pointed out what should have been obvious: this database had serious flaws. More than that, they noted that using it could lead to real problems sustaining connections essential for healthcare in some of the most remote locations in the United States.

So for the last two years the Commission has waived the use of this database. Today, we fix it for good. In fact, we bid it goodbye and return to the earlier system that worked for providers and helped grow this telemedicine program into what it is today. We also continue to allow participants to use already-approved rates for an additional two funding years, to ensure smooth operation of the program. Finally, we take steps to simplify our invoicing rules and reduce funding delays and we ask questions about how to improve the program going forward.

This is good news. The Rural Health Care Program is one of the great gems of this agency. It was early to demonstrate the power of telemedicine and its value in rural communities. And now those communities are no longer outliers when it comes to telehealth technologies. Because the pandemic has demonstrated just how vital they are for everyone, everywhere.

Thank you to the staff responsible for this effort, including Matt Baker, Phil Bonomo, Bryan Boyle, Cheryl Callahan, Callie Coker, Adam Copeland, Chas Eberle, Jodie Griffin, Trent Harkrader, Avis Mitchell, Kiara Ortiz, Hayley Steffen, and Helen Zhang from the Wireline Competition Bureau; Valerie Hill, Richard Mallen, William Richardson, Derek Yeo, and Chin Yoo from the Office of General Counsel; Stacy Jordan, Eugene Kiselev, Paulo Lopes, Alec MacDonnell, Eric Ralph, Don Stockdale,

Shane Taylor, and Stephen Tolbert from the Office of Economics and Analytics; and Cara Grayer and Joy Ragsdale from the Office of Communications Business Opportunities.