STATEMENT OF
CHAIRMAN BRENDAN CARR

Re: *Promoting Telehealth in Rural America*, WC Docket No. 17-310, Third Further Notice of Proposed Rulemaking and Order (August 6, 2026).

If you drive about two hours north of El Paso, Texas, you will find the Mescalero Apache Reservation, which spreads out along the eastern slopes of New Mexico's Sacramento Mountains. When I visited, I had the chance to meet with the talented team at the Mescalero Indian Hospital. That's where community members can now have one-on-one video sessions with mental and behavioral health specialists that are located over 200 miles away in Albuquerque, thanks to a high-speed Internet connection supported by the FCC's Rural Health Care (RHC) Program. Without this type of hub and spoke model of remote care—the very type of telehealth supported by the Program since 1997—mental and behavioral health care would be out of reach for many people on the reservation.

And this story of success is not unique. During my visits to hospitals, community health centers, and rural clinics across the country, I have seen the ways in which connectivity has transformed Americans' access to affordable and high-quality health care, particularly in rural communities.

With rural hospitals closing, a lack of specialists in many remote communities, and the challenges and costs of traveling long distances for care, we must continue to support this form of telehealth in a predictable, sufficient manner. That's why today's item is focused on promoting those core program goals. Specifically, we are asking important questions based on feedback from program participants and rural Americans, including ones focused on how we can lessen the burdens resulting from the cost studies option of determining rural rates, possible ways to promote use of lower-cost backup services, and on the establishment of an eligible services list similar in concept to that in place for the E-Rate program. We are also building on some of the proposals from the *Delete, Delete, Delete* proceeding to ensure that the program is effective and that scarce universal service dollars are spent responsibly and efficiently.

Thank you to staff for their hard work on this item, including Joseph Calascione, Allison Baker, Matt Baker, Philip Bonomo, Bryan Boyle, Kate Dumouchel, Joanna Fister, Paul Lafontaine, Maciej Wachala, Malena Barzilai, and Richard Mallen.