



Center for  
**Rural Strategies**

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Federal Communications Commission  
445 12<sup>th</sup> Street, S.W.  
Washington, D.C. 20554

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

To Whom It May Concern:

The National Health Law Program (NHeLP) and the Center for Rural Strategies appreciate the opportunity to comment on the Federal Communications Commission (FCC) Proposed Rule on Promoting Telehealth in Rural America published on January 3, 2018. Founded in 1969, NHeLP advocates, litigates, and educates at the federal and state levels to protect and advance the health rights of low-income and underserved individuals. Consistent with this mission, NHeLP works to ensure that all people in the United States – including those living in rural communities – have access to comprehensive health services, including family planning services and treatment for individuals with substance use disorders. The Center for Rural Strategies works to support policies and programs that connect rural America and other marginalized communities in ways that create cultural inclusion, racial justice, and economic opportunity, especially for low-income families.

We support the FCC's commitment to helping health care providers deliver quality health care and improve health outcomes in rural communities. People living in rural areas experience some of the starkest health and health care disparities in the nation.<sup>1</sup> Telehealth technologies and services have the potential to help fill the gaps in rural health care access, while also curbing health care costs and improving quality of care.<sup>2</sup> As such, we support the FCC's overall intent to increase funding for the Rural Health Care Program (RHC Program), and offer the following recommendations.

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<sup>1</sup> Centers for Disease Control and Prevention, *Rural Americans at Higher Risk of Death from Five Leading Causes* (Jan. 12, 2017), <https://www.cdc.gov/media/releases/2017/p0112-rural-death-risk.html>. See also Robin Warsaw, *Health Disparities Affect Millions in Rural U.S. Communities*, ASSOCIATION OF AMERICAN MEDICAL COLLEGES NEWS (Oct. 31, 2017), <https://news.aamc.org/patient-care/article/health-disparities-affect-millions-rural-us-commun/>.

<sup>2</sup> American Hospital Association, *Issue Brief: Telehealth: Helping Hospitals Deliver Cost-Effective Care* (April 22, 2016), <https://www.aha.org/2016-04-25-issue-brief-telehealth-helping-hospitals-deliver-cost-effective-care>

## Telehealth and telemedicine are critical for delivering health care to rural communities

In 2017, the American Medical Informatics Association sent a letter to the FCC arguing that access to broadband internet service is a social determinant of health.<sup>3</sup> Indeed, patients and providers increasingly rely on the internet to connect with the care continuum and support provider electronic health records (EHR) infrastructure development.<sup>4</sup> By providing online connections to providers, health coaches, or patient support groups, broadband access helps patients manage chronic diseases such as diabetes, heart disease, and other long-term conditions.<sup>5</sup> Additionally, broadband internet services could increase access to treatment and support for individuals with opioid and substance use disorders.<sup>6</sup>

The importance of telehealth and telemedicine is more pronounced in rural areas where people struggle for access to health care via traditional means.<sup>7</sup> Approximately 20 percent of Americans live in rural areas and do not have easy access to primary care or specialist services.<sup>8</sup> In these communities, the nearest medical center may be over twenty miles away.<sup>9</sup> Accessing these medical centers becomes difficult due to travel expenses or lack of transportation. Moreover, Medicaid enrollees in rural areas, who already experience limited travel options, have even more challenges in states that have received approval from the Centers for Medicare and Medicaid Services (CMS) to waive the Medicaid requirement to cover non-emergency medical transportation. With Medicaid covering nearly a quarter of nonelderly individuals in rural areas, accessing providers could become increasingly difficult. With such barriers to health care, it is not

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<sup>3</sup> Jennifer Bresnick, *AMIA: Consider Broadband Access a Social Determinant of Health*, HEALTHIT ANALYTICS (May 25, 2017) <https://healthitanalytics.com/news/amia-consider-broadband-access-a-social-determinate-of-health>.

<sup>4</sup> *Id.*

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

<sup>7</sup> “Medicare regulations cover a range of “telehealth” services, such as the use of telecommunications and information technology (IT) to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance... Medicaid views telemedicine as a cost-effective alternative to the more traditional face-to-face way of providing medical care.” American Hospital Association, *The Promise of Telehealth for Hospitals, Health Systems and Their Communities*, Trendwatch (January, 2015) <https://www.aha.org/system/files/research/reports/tw/15jan-tw-telehealth.pdf>.

<sup>8</sup> American Hospital Association, *The Promise of Telehealth for Hospitals, Health Systems and Their Communities*, TRENDWATCH, 1, 4 (2015) <https://www.aha.org/system/files/research/reports/tw/15jan-tw-telehealth.pdf>.

<sup>9</sup> John Rehm, *Telemedicine: The Cost-Effective Future of Healthcare*, AMJC (Dec. 6, 2016) <http://www.ajmc.com/contributor/john-rehm/2016/12/telemedicine-the-cost-effective-future-of-healthcare>.

surprising that individuals in rural households have higher rates of mortality, disability, and chronic disease.<sup>10</sup>

Telehealth and telemedicine can help fill the gaps in health care access for rural communities. Additionally, various provider organizations including the American Academy of Pediatrics, the American Hospital Association, and the American Medical Association support the use of telemedicine to address disparities in care.<sup>11</sup> Furthermore, the federal Medicaid program encourages states to use the flexibility inherent in federal law to create innovative payment methodologies that incorporate telemedicine technology.<sup>12</sup> Providing greater access to telehealth and telemedicine would be a great step towards removing barriers to health care for low-income people living in rural communities.

The RHC Program has the potential to make a greater impact on expanding health care and broadband access in rural areas

As noted in the proposed rule, there is a critical need for more technology infrastructure and telemedicine services in rural communities. These areas face health care workforce shortages that have worsened in recent years. Although 20 percent of the U.S. population lives in a rural area, only 9 percent of physicians practice in rural areas.<sup>13</sup> Across all states, the Department of Health and Human Services (HHS) has designated 844 counties as primary care shortage areas.<sup>14</sup> More than 60 percent of the shortage areas in each health practice arena are in rural areas.<sup>15</sup> Due to the shortage of specialists, rural physicians are required to not only perform a greater number and greater variety of procedures than are urban physicians, but they also must achieve and maintain a broad range of competencies despite isolation from learning opportunities and colleagues.<sup>16</sup>

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<sup>10</sup> Debra Miller, *Health Care Workforce Shortages Critical in Rural America*, THE COUNCIL OF STATE GOVERNMENTS, 1, 1  
[http://knowledgecenter.csg.org/kc/system/files/Health\\_Care\\_Workforce\\_Shortages\\_Critical\\_in\\_Rural\\_America.pdf](http://knowledgecenter.csg.org/kc/system/files/Health_Care_Workforce_Shortages_Critical_in_Rural_America.pdf).

<sup>11</sup> See *AAP Issues Recommendations on Telemedicine in Pediatric Health Care*, AMERICAN ACADEMY OF PEDIATRICS, <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/aap-issues-recommendations-on-telemedicine-in-pediatric-health-care.aspx>; *Telehealth*, AMERICAN HOSPITAL ASSOCIATION, <https://www.aha.org/telehealth>; *Telemedicine and Mobile Apps*, American Medical Association, <https://www.ama-assn.org/delivering-care/telemedicine-mobile-apps>.

<sup>12</sup> *Telemedicine*, Medicaid.gov <https://www.medicaid.gov/medicaid/benefits/telemed/index.html>.

<sup>13</sup> Debra Miller, *Health Care Workforce Shortages Critical in Rural America*, THE COUNCIL OF STATE GOVERNMENTS 1, 1  
([http://knowledgecenter.csg.org/kc/system/files/Health\\_Care\\_Workforce\\_Shortages\\_Critical\\_in\\_Rural\\_America.pdf](http://knowledgecenter.csg.org/kc/system/files/Health_Care_Workforce_Shortages_Critical_in_Rural_America.pdf)).

<sup>14</sup> *Id.*

<sup>15</sup> *Id.*

<sup>16</sup> *Id.*

While increasing access to broadband services and broadband-enabled technologies is not a fix for health care workforce shortages, initiatives such as the RHC Program can help overcome some of the gaps in health care access and delivery in rural communities.

### Restoring net neutrality is essential for telehealth

As the FCC has noted, “the future of modern health care appears to be fundamentally premised on the widespread availability and accessibility of high-speed connectivity.”<sup>17</sup> Indeed, a robust and effective telehealth infrastructure requires quality, reliable, and affordable broadband for all. To that end, we recommend the FCC reverse its December 14, 2017 vote to repeal net neutrality and, instead, ensure universal connectivity for all Americans, including health care providers and their patients.

Restoring net neutrality will ensure small, public, and not-for-profit health systems, clinics, community health centers, and other providers in rural areas can access the same broadband bandwidth as large, private hospitals and health systems in urban settings. Equal broadband access allows smaller providers to stay competitive and provide quality telehealth care services to underserved communities.

Further, the FCC’s recent action to rescind net neutrality will hamper the success of the RHC Program. We believe the loss of universal coverage will lead to a tiered system of broadband connectivity that will limit the use and stifle the expansion of telehealth services in the communities the RHC Program seeks to assist. As a result, the higher costs associated with using high-speed internet may chill provider interest in providing telehealth care to rural residents. Even with ample funding, the communities that would benefit the most from RHC Program grants have the least access to affordable broadband and are the least able to pay for high-speed internet. Technology-based patient communication tools, EHRs, and remote-monitoring technologies require robust broadband connections between patients and providers. Yet, thirty-nine percent of rural residents currently lack access to a broadband provider (compared to four percent of urban residents), and a significant percentage receive their broadband services from a sole provider.<sup>18</sup> These rural households will lose internet access altogether if their broadband provider decides to shift to paid prioritization. If internet service costs become too prohibitive for low-income patients or struggling providers, rural health disparities will worsen.

Thus, to ensure successful expansion and use of telehealth services in rural communities, the FCC should couple its efforts to improve the RCH Program with similar commitments to expand the Lifeline Program. For telehealth services to be

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<sup>17</sup> *Public Notice*, FEDERAL COMMUNICATIONS COMMISSION (April 24, 2017), [https://apps.fcc.gov/edocs\\_public/attachmatch/FCC-17-46A1.pdf](https://apps.fcc.gov/edocs_public/attachmatch/FCC-17-46A1.pdf).

<sup>18</sup> *2016 Broadband Progress Report*, FEDERAL COMMUNICATIONS COMMISSION (Jan. 29, 2016), <https://www.fcc.gov/reports-research/reports/broadband-progress-reports/2016-broadband-progress-report>.

effective, there must be equal connectivity opportunities for both health care providers and low-income, rural consumers.

### Prioritization based on rurality or remoteness

Because of challenges to accessing providers, people in rural areas struggle with greater mortality, disability, and chronic disease.<sup>19</sup> The FCC should prioritize funding to providers who provide care to these areas through telehealth and telemedicine services. Increasing resources to rural areas could improve the overall health of the many people who lack easy access to traditional brick-and-mortar medical clinics and centers.

Federal agencies have used various definitions of “rural,” but the three most common definitions come from the Department of Commerce’s Bureau of the Census, the Office of Management and Budget (OMB), and the United States Department of Agriculture’s Economic Research Service.<sup>20</sup> The Census Bureau divides areas into Urbanized Areas of 50,000 or more people, Urban Clusters of at least 2,500 people, but less than 50,000 people, and rural areas consisting of all population, housing, and territory not included within an urban area or urban cluster.<sup>21</sup> The OMB designates counties as Metropolitan, Micropolitan, or Neither.<sup>22</sup> A Metropolitan county contains a core urban area of 50,000 or more; a Micropolitan county has an urban core of at least 10,000, but less than 50,000.<sup>23</sup> The Department of Agriculture Economic Research Service differentiates metropolitan counties from nonmetropolitan counties.<sup>24</sup> Nonmetropolitan counties include Urban Areas of 2,500 to 49,999, rural towns with populations of less than 2,500, and open countryside.<sup>25</sup> The definition of rural towns is consistent with the Census definition of “rural.”

The FCC should prioritize funding to providers who treat patients in rural areas, as defined by the Census Bureau. All of these agencies use various ways of defining different areas of the United States, however, the FCC should utilize a definition of “rural” that best captures the number of people with the least amount of access to health care, and prioritize funding to health care providers who can service these areas. With the Census definition of rural areas, there is a risk of over-capturing rural areas, such as

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<sup>19</sup> Debra Miller, *Health Care Workforce Shortages Critical in Rural America*, THE COUNCIL OF STATE GOVERNMENTS, 1, 1

[http://knowledgecenter.csg.org/kc/system/files/Health\\_Care\\_Workforce\\_Shortages\\_Critical\\_in\\_Rural\\_America.pdf](http://knowledgecenter.csg.org/kc/system/files/Health_Care_Workforce_Shortages_Critical_in_Rural_America.pdf).

<sup>20</sup> Rural Information Center, *What is Rural?*, UNITED STATES DEPARTMENT OF AGRICULTURE, <https://www.nal.usda.gov/ric/what-is-rural>.

<sup>21</sup> *Urban and Rural*, THE UNITED STATES CENSUS BUREAU, <https://www.census.gov/geo/reference/urban-rural.html>.

<sup>22</sup> *Defining Rural Population*, HEALTH RESOURCES & SERVICES ADMINISTRATION, <https://www.hrsa.gov/rural-health/about-us/definition/index.html>.

<sup>23</sup> *Id.*

<sup>24</sup> Rural Information Center, *What is Rural?*, UNITED STATES DEPARTMENT OF AGRICULTURE, <https://www.nal.usda.gov/ric/what-is-rural>.

<sup>25</sup> *Id.*

suburban communities.<sup>26</sup> However because the OMB sets definitions based on urban cores within counties, there are instances where remote communities in large counties would be considered metropolitan and excluded as “rural.”<sup>27</sup> Using the Census definition of rural area would better capture the population of people who lack access to health care providers. While it may at times over-capture areas as rural, access to health care providers is vital to health and well-being, the Census definition is better than the OMB definition which may exclude some who live in remote locations, but are considered as living in metropolitan counties.

#### Targeting support to type of service provider

While the proposed rule does not specifically seek comments on whether the FCC should prioritize funding requests based on type of health care provider, NHeLP and the Center for Rural Strategies urge the FCC to conduct outreach about the RCH Program to family planning centers and outpatient mental health and substance abuse centers serving rural communities, and to consider prioritizing requests from these types of providers if demand reaches the cap.

More than 28 million women 18 and older – almost one in four – live in a rural community.<sup>28</sup> More than 4 million of these women have a disability, and more than 3.7 million are African American, Hispanic/Latina, or American Indian.<sup>29</sup> Rural women experience greater health and health care disparities than their urban counterparts. For example, rural women have a higher prevalence rate for diabetes, obesity, and heart disease than urban women.<sup>30</sup> Women in rural communities are greatly affected by the lack of access to specialty care services, including obstetric and gynecological services. As a result, they receive few preventive services such as breast and cervical cancer screenings.<sup>31</sup>

Reproductive health services are in high demand and short supply in rural communities. Nine out of the top 14 states with the highest percentage of reproductive aged (13-44 years) women in need of publicly funded contraceptive services and supplies also have significant rural populations (exceeding 1/3 of the state’s population).<sup>32</sup> Yet, less than half of the health care providers that provide publicly funded family planning services have clinic sites in mostly rural locations, and the majority of these are health

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<sup>26</sup> *Defining Rural Population*, HEALTH RESOURCES & SERVICES ADMINISTRATION, <https://www.hrsa.gov/rural-health/about-us/definition/index.html>.

<sup>27</sup> *See id.*

<sup>28</sup> American College of Obstetricians and Gynecologists, *Committee Opinion: Health Disparities in Rural Women* (Feb. 2014), <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co586.pdf?dmc=1&ts=20180126T2148228174>.

<sup>29</sup> National Rural Health Association, *Rural Women’s Health* (Jan. 2013).

<sup>30</sup> American College of Obstetricians and Gynecologists, *Committee Opinion: Health Disparities in Rural Women* (Feb. 2014), <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co586.pdf?dmc=1&ts=20180126T2148228174>.

<sup>31</sup> *Id.*

<sup>32</sup> *Id.*

departments and Federally Qualified Health Centers.<sup>33</sup> In 2008, only 6.4 percent of obstetrician-gynecologists practiced in rural settings.<sup>34</sup> There is an even greater shortage of abortion providers in rural areas; 90 percent of U.S. counties have no identifiable abortion provider, and almost 40 percent of women live in a county with no abortion provider.<sup>35</sup>

Timely access to reproductive and maternal health care is essential to improving the health outcomes of rural women. For example, prescription birth control is the most common contraceptive method, and requires consistent and uninterrupted use to be effective at preventing pregnancy. Gaps in use put women at risk of unintended pregnancies. Forty-one percent of the unintended pregnancies that occur each year result from inconsistent use of contraceptives.<sup>36</sup> Telehealth can play a significant role in closing that gap by removing geographic and time barriers to providers. Telehealth services are also ideal for women with privacy concerns or lack transportation or childcare options.

The United States is also struggling with an opioid epidemic. In October of 2017, acting Secretary for HHS, Eric Hagan, declared a public health emergency.<sup>37</sup> In 2016, more than 64,000 Americans died of drug overdoses.<sup>38</sup> For Americans under the age of fifty, drug overdose is the leading cause of death.<sup>39</sup> Rural communities are especially hard hit by the opioid epidemic. Prescription drug abuse and heroin use is contributing to the rising mortality rate among working-aged adults, creating a decline in the overall rural population.<sup>40</sup> According to the Centers for Disease Control and Prevention, people in rural communities are more likely to overdose on prescription pain medications than

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<sup>33</sup> *Id.*

<sup>34</sup> American College of Obstetricians and Gynecologists, *Committee Opinion: Health Disparities in Rural Women* (Feb. 2014), <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co586.pdf?dmc=1&ts=20180126T2148228174..> See also Dina Fine Maron, *Maternal Health Care Is Disappearing in Rural America*, SCIENTIFIC AMERICAN (Feb. 15, 2017), <https://www.scientificamerican.com/article/maternal-health-care-is-disappearing-in-rural-america/>

<sup>35</sup> Jones, R. K. and Jerman, J. (2017), *Abortion Incidence and Service Availability in the United States, 2014*, *Perspect. Sex Repro H*, 49: 17–27. doi:10.1363/psrh.12015

<sup>36</sup> Guttmacher Institute, *Contraceptive Use in the United States*, September 2016, <https://www.guttmacher.org/fact-sheet/contraceptive-use-united-states#16>.

<sup>37</sup> Eric D. Hagan, *Determination That a Public Health Emergency Exists*, DEPARTMENT OF HEALTH AND HUMAN SERVICES, (Oct. 26, 2017) <https://www.hhs.gov/sites/default/files/opioid%20PHE%20Declaration-no-sig.pdf>.

<sup>38</sup> German Lopez, *Drug overdose deaths skyrocketed in 2016 – and traditional opioid painkillers weren't the cause*, Vox, (Sep. 5, 2017) <https://www.vox.com/policy-and-politics/2017/9/5/16255040/opioid-epidemic-overdose-death-2016>.

<sup>39</sup> *NIH Initiative to Help End the Opioid Crisis*, NATIONAL INSTITUTES OF HEALTH, <https://www.nih.gov/opioid-crisis>.

<sup>40</sup> Anne Hazlett, *Rural America and the Opioid Epidemic: A Call for Partnership*, Farm Bureau News, (Jan. 24, 2018) <https://www.fb.org/viewpoints/rural-america-and-the-opioid-epidemic-a-call-for-partnership>.

people in cities.<sup>41</sup> Moreover, the rate of opioid-related deaths in non-metro counties is forty-five percent higher than in metro counties.<sup>42</sup>

Medication-Assisted Treatment (MAT) is considered a science-based effective treatment for opioid addiction that significantly reduces the need for inpatient detoxification services.<sup>43</sup> MAT combines behavioral therapy and medications, such as buprenorphine, to treat substance use disorder (SUD).<sup>44</sup> Buprenorphine is currently the only medication available by prescription to treat opioid dependency.<sup>45</sup> However, only qualified prescribers can offer buprenorphine for opioid dependency.<sup>46</sup> The Comprehensive Addiction and Recovery Act expanded the types of practitioners allowed to dispense buprenorphine to nurse practitioners and physician assistants.<sup>47</sup> HHS recently released a Final Rule increasing the maximum number of patients a practitioner may treat using buprenorphine from one hundred patients to two hundred and seventy-five patients.<sup>48</sup> Though the law has expanded the ability for more providers to treat more patients with buprenorphine, rural areas require providers who are easily accessible, either physically or via telehealth and telemedicine.

The FCC should prioritize funding to providers authorized to prescribe buprenorphine and are willing to provide MAT treatment to patients in rural communities. Offering this service via telehealth and telemedicine removes the factors that make practicing in rural areas unattractive: remote locations, small and dispersed populations, and unstable economic structures.<sup>49</sup> Telehealth and telemedicine make it possible for providers to treat rural patients and prescribe them buprenorphine while being able to live and work in their preferred locations. Mitigating fees associated with telehealth and telemedicine may incentivize more providers to treat individuals with SUDs in rural communities.

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<sup>41</sup> Doug O'Brien, *Overcoming Opioid Overdose in Rural America*, THE WHITE HOUSE PRESIDENT BARRACK OBAMA, (Sept. 21, 2015), <https://obamawhitehouse.archives.gov/blog/2015/09/21/overcoming-opioid-overdose-rural-america>.

<sup>42</sup> *Id.*

<sup>43</sup> See *Medication and Counseling Treatment*, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, <https://www.samhsa.gov/medication-assisted-treatment/treatment>, and *Effective Treatments for Opioid Addiction*, NATIONAL INSTITUTE ON DRUG ABUSE, <https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction>.

<sup>44</sup> *Medication-Assisted Treatment*, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, <https://www.samhsa.gov/medication-assisted-treatment>.

<sup>45</sup> *Buprenorphine*, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, <https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine>.

<sup>46</sup> *Id.*

<sup>47</sup> Comprehensive Addiction and Recovery Act, Pub. L. 114-198, §303, 130 Stat. 695, 721 (2016).

<sup>48</sup> 42 C.F.R. § 8 (2018).

<sup>49</sup> National Rural Health Association, *Health Care Workforce Distribution and Shortage Issues in Rural America*, NATIONAL RURAL HEALTH ASSOCIATION BRIEF, <https://www.ruralhealthweb.org/getattachment/Advocate/Policy-Documents/HealthCareWorkforceDistributionandShortageJanuary2012.pdf.aspx?lang=en-US>.



Increasing access to buprenorphine could reduce opioid related overdoses and save lives.

### Prioritization based on Economic Need or Health Care Professional Shortages

Both economic need and health care professional shortages should be prioritized when allocating funding for telemedicine and telehealth services. Poverty and a lack of access to health care providers contribute to poor health. These two issues are prevalent in rural communities.

There are many factors as to why poverty and poor health are connected.<sup>50</sup> These factors include lack of care, the high cost of health care, unemployment, and unfavorable living and workplace conditions.<sup>51</sup> Poorer people are generally most susceptible to psychosocial conditions and material factors that lead to poor health.<sup>52</sup> Historically, there has been more economic need and poverty in rural areas of America.<sup>53</sup> Nearly one-fifth of rural working household families have incomes less than 150 percent of the poverty line.<sup>54</sup> The lack of job growth in rural areas contributes to the economic need in these communities.<sup>55</sup> As poverty is a factor of poor health, rural America should be prioritized for funding resources in telehealth and telemedicine.

In addition to poverty, rural areas in the U.S. struggle with professional health care shortages. More than 60 percent of health care shortage is in rural areas of America with only 9% of physicians practicing in these locations.<sup>56</sup> Increasing access to telehealth and telemedicine providers may address the health care shortage in rural communities. Statistics indicate that plenty of rural areas have access to internet connectivity.<sup>57</sup> In these communities, the internet may serve as a gateway to health care services via telehealth and telemedicine.<sup>58</sup>

By prioritizing funding for providers who plan to use telehealth and telemedicine services to provide health care to rural communities, the FCC would be supporting

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<sup>50</sup> *Poverty Fact Sheet: Poor and In Poor Health*, INSTITUTE FOR RESEARCH ON POVERTY, <https://www.irp.wisc.edu/publications/factsheets/pdfs/PoorInPoorHealth.pdf>.

<sup>51</sup> *Id.*

<sup>52</sup> *Id.*

<sup>53</sup> Brian Thiede, Lillie Greiman, Stephan Weiler, Steven C. Beda, and Tessa Conroy, *Six charts that illustrate the divide between rural and urban America*, PBS NEWS HOUR (Mar. 17, 2017) <https://www.pbs.org/newshour/nation/six-charts-illustrate-divide-rural-urban-america>.

<sup>54</sup> *Id.*

<sup>55</sup> *See id.*

<sup>56</sup> Debra Miller, *Health Care Workforce Shortages Critical in Rural America*, THE COUNCIL OF STATE GOVERNMENTS 1, 1 ([http://knowledgecenter.csg.org/kc/system/files/Health\\_Care\\_Workforce\\_Shortages\\_Critical\\_in\\_Rural\\_America.pdf](http://knowledgecenter.csg.org/kc/system/files/Health_Care_Workforce_Shortages_Critical_in_Rural_America.pdf)).

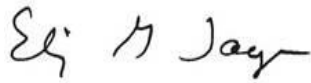
<sup>57</sup> *Mapping Broadband Health in America*, FEDERAL COMMUNICATIONS COMMISSION, <https://www.fcc.gov/health/maps>.

<sup>58</sup> *See id.*

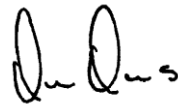
communities that experience income inequality and lack of professional health care services.

In conclusion, we thank the FCC for the opportunity to provide comments on promoting telehealth in rural America. If you have any questions, please contact Priscilla Huang ([huang@healthlaw.org](mailto:huang@healthlaw.org)), Corey Davis ([davis@healthlaw.org](mailto:davis@healthlaw.org)), or Marty Newell ([marty@ruralstrategies.org](mailto:marty@ruralstrategies.org)).

Sincerely,



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