



NEWS

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This is an unofficial announcement of Commission action. Release of the full text of a Commission order constitutes official action.
See MCI v. FCC, 515 F.2d 385 (D.C. Cir. 1974).

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FCC LAUNCHES INITIATIVE TO INCREASE ACCESS TO HEALTH CARE IN RURAL AMERICA THROUGH BROADBAND TELEHEALTH SERVICES

Washington, D.C. – To significantly increase access to acute, primary and preventive health care in rural America, the Federal Communications Commission today dedicated over \$417 million for the construction of 69 statewide or regional broadband telehealth networks in 42 states and three U.S. territories under the Rural Health Care Pilot Program (RHCPP).

Broadband deployment is one of the Commission's top priorities – particularly in rural America. And nowhere is the need for broadband greater than in rural healthcare, where isolated clinics can save lives by using advanced communications technology to tap the expertise of modern urban medical centers.

The Commission's RHCPP will support the connection of more than 6,000 public and non-profit health care providers nationwide to broadband telehealth networks. The health care facilities participating in the Pilot Program include: hospitals, clinics, universities and research centers, behavioral health sites, correctional facility clinics, and community health centers.

Telehealth and telemedicine services provide patients in rural areas with access to critically needed medical specialists in a variety of practices, including cardiology, pediatrics, and radiology, in some instances without leaving their homes or communities. Intensive care doctors and nurses can monitor critically-ill patients around the clock and video conferencing allows specialists and mental health professionals to care for patients in different rural locations, often hundreds of miles away.

The networks will deliver services efficiently, reduce costs and travel time for consumers, decrease medical errors, and enable health care providers to share critical information. Rapid and coordinated responses to public health emergencies, such as bioterrorism attacks, pandemics or disease-related outbreaks, will be expedited through coordination with the U.S. Department of Health and Human Services (HHS), the U.S. Centers for Disease Control and Prevention, and other public health officials during public health emergencies.

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In addition, participants are required to implement, where feasible, health information technology standards as set forth by HHS. This will help advance the President's goal of creating a national system to support patients' electronic health records.

Participants are eligible for universal service funding to support up to 85 percent of the costs associated with the design, engineering and construction of their broadband health care networks. The Pilot Program's requirements complement HHS' nationwide information technology initiatives that support the creation of a nationwide interoperable health information technology infrastructure to improve the quality of health care. These networks may connect to the public Internet or to one of the nation's dedicated Internet backbones: Internet2 or National LambdaRail.

In order to ensure quality and efficiency, all projects must be competitively bid, and are subject to quarterly reviews, and stringent oversight and audits.

Attached is the full list of organizations qualifying for support in the pilot program. Health care providers were selected for participation in the pilot as set forth in the *2006 Pilot Program Order* pursuant to section 254(h)(2)(A) of the Telecommunications Act of 1996.

Action by the Commission, November 16, 2007, by Order (FCC 07-198). Chairman Martin, Commissioners Capps, Adelstein, Tate and McDowell, with Chairman Martin, Commissioners Capps, Adelstein, Tate and McDowell issuing statements.
Docket No.: 02-60

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Rural Health Care Pilot Program Applicants

Further details and contact information for applicants available at <http://www.fcc.gov/cgb/rural/rhcp.html>. A list of applicants sorted by state or region follows.

1. **Adirondack-Champlain Telemedicine Information Network** (New York) – A new fiber optic telemedicine network, connected to Internet2, will connect approximately eight health care facilities in northeastern NY. The new network will enable real-time consultations, sharing of medical image files, and distance education. Maximum support: \$7,648,304.
2. **Alabama Pediatric Health Access Network** – A new network, connected to Internet2 at speeds ranging from 10 Mbps to 1 Gbps, will connect a specialized pediatric emergency department to emergency departments at rural hospitals, as an initial step toward linking all emergency departments statewide. Four facilities connected initially. Maximum support: \$420,316.
3. **Alaska Native Tribal Health Consortium** – Comprised primarily of rural health care practitioners, the consortium will unify and increase the capacity of disparate healthcare networks throughout Alaska in order to connect with urban health centers and access services in the lower 48 states. Approximately 270 facilities will be connected. Maximum support: \$10,425,250.
4. **Albemarle Network Telemedicine Initiative** (North Carolina) – A new network will provide secured information exchange across approximately 65 facilities, enabling computerized physician orders for medical procedures, discharges, transfers, and referrals. Maximum support: \$1,583,076.
5. **Arizona Rural Community Health Information Exchange** – New OC-3 fiber connections to an existing network and Internet2 connection will link approximately 15 healthcare facilities to an existing centralized hub. The network will provide multidisciplinary telemedicine, distance learning, and technology assessment services. Maximum support: \$4,237,718.
6. **Arkansas Telehealth Network** – Four existing networks will be consolidated and expanded using T1-grade connections to encompass approximately 245 non-profit sites, enabling better patient care, including electronic records management, and coordinating responses to major public health incidents. Maximum support: \$4,217,688.
7. **As One-Together for Health** (Mississippi) – A new statewide non-dedicated telehealth network will connect approximately 260 facilities through web-based conferencing tools running on commodity Internet and Internet2 connections. This will improve patient care, and enable effective responses to disasters and other major incidents. Maximum support: \$1,912,964.
8. **Association of Washington Public Hospital Districts** (Washington) – Six existing telehealth networks will be connected and enhanced to reach approximately 120 facilities, using videoconferencing and web portals to offer distance education, improve clinical practice, facilitate collaborative research, and