



**ASSOCIATION OF
AMERICAN
MEDICAL COLLEGES**

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**Before the Federal Communications Commission
Washington, D.C. 20554**

In the Matter of)

Federal-State Joint Board on)
Universal Service)

)CC Docket No.
)96-45

**Comments of the Association of American Medical Colleges
on the Recommended Universal Service Decision by
the Joint Board**

The Association of American Medical Colleges (AAMC) is pleased to provide the following comments regarding the Recommendation Decision by the Joint Board about Universal Service as contained within CC Docket No. 96-45.

The AAMC represents all of the nation's 125 accredited medical schools, approximately 400 major teaching hospitals, including 75 Veterans Affairs medical centers, the faculty of these institutions through 86 constituent academic society members, and the more than 160,000 men and women in medical education and training.

The Association and its members wish to share with you our support for the health-related provisions of the Telecommunications Act of 1996. Telecommunications technology has advanced tremendously in recent years. Today, in a number of communities across the country, urban medical centers are linked with rural health care providers. These collaborations, where in place, offer a multitude of benefits to the community. Some of the positive contributions currently being made by telemedicine include improved access to health care for rural communities, enhanced medical education for students and residents who are training at rural facilities, and improved access to continuing medical education for health care providers in rural communities.

As the health care and telecommunications industries continue to evolve, appropriate public policy can assist the two industries in harnessing the benefit of the nascent technologies. To this end, the Federal Communications Commission should adopt the recommendations of the Advisory Committee on Telemedicine and Health Care. In particular, we would like to share our support for the following elements of the Advisory Committee's recommendations:

- ▶ Internet access to health care facilities, libraries, and schools in rural communities;
- ▶ transmission speeds equal to 1.54 Mbps; and
- ▶ equitable transmission costs between rural and urban areas.

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To elaborate on each of these three points:

1. It is essential that the health care facilities, schools, libraries, and physicians referenced in the Telecommunications Act of 1996 have access to the Internet at fair, reasonable and affordable prices. We anticipate that the Internet will become progressively more important in the delivery of health care. Patients will communicate with their physicians, with pharmacists, with nurses, and with other members of the health care team by E-mail, by access to the World Wide Web, and through participation in a wide variety of on-line support groups. Patients and their physicians will use the Internet to access information, to learn about ongoing clinical trials and research studies at some of our finest institutions, and to solicit second opinions and consults. Physicians will continue to expand their use of information services such as the Internet Grateful Med provided by the National Library of Medicine of the National Institutes of Health, and other NIH/NLM sponsored services such as CANCERLINE, AIDSLINE, and TOXLINE. The Internet will be essential to the education of physicians, from medical students to residents, fellows to practicing physicians. Progressively, continuing medical education (CME) for physicians will be distributed over the Internet. The Internet will continue to play an important role in the public health, by providing communication among primary care physicians, the medical center, the NIH, the Centers for Disease Control, and state health departments. It is essential that these services be provided on an equitable basis. Indeed, one could argue that access to these technologies is more important in rural areas than in urban areas. In urban areas, the patient may be able to visit another physician, obtain a second opinion, or gain access to a wide spectrum of information. In rural communities, the Internet may be the only practical and affordable link to these sources of information and consultation.

Thus, the Association of American Medical Colleges foresees a veritable explosion of the use of the Internet for most if not all aspects of medical care, including but by no means limited to telemedicine in any of the forms that are now being developed, tested, and accepted.

2. Transmission speeds: It is clear that the required bandwidth will be increasing progressively. We have seen numerous practical examples where speeds of 1.54 Mbps are essential. For full-fledged telemedicine and remote management of the patient (e.g. in a trauma center), we have the need for two-way videoconferencing of the health care providers, an image of the patient, vital signs, X-rays, medical records, electrocardiogram and other physiological monitors, creating a combined bandwidth requiring what might be termed "T1 speeds." However, the regulations should be written in such a manner as not to be restrictive to any particular technology. Instead, the users should have the option to select the specific technology or combination of technologies as appropriate. We recognize that the technologies will be changing progressively: we need to specify functionality.

3. Telemedicine, "distance learning," and on-line continuing medical education for medical practitioners in remote areas of the country, will not become a reality if providers in rural areas are required to pay "inter-LATA" fees, commonly referred to as "long-distance" fees, or if one were forced to pay for services on a "per mile" basis. It is essential that rural health care providers have

equal access to the Internet, to the World Wide Web, to E-mail, and to telemedicine consultation. Therefore, we strongly endorse the legislative intent as specified in the Snowe-Rockefeller amendment, that telecommunications services which are necessary for the provision of health care be provided to rural areas at rates that are reasonably comparable to rates that are charged in urban areas. This policy will have a number of salutary benefits. It will widen the size of the total communication market, and hence help to bring down prices for everyone - rural and urban, by virtue of economies of scale. It will accelerate the day when the benefits of these telecommunications capabilities will be available to everyone. Today, a patient in one of our large cities usually has the choice of many fine medical centers. By virtue of improved telecommunications, patients in rural areas will also have access to the expertise, knowledge, experience, and special facilities available at these nationally and world-renown centers.

The AAMC appreciates the opportunity to comment on this matter.

I, Juanita Griffin, an administrative assistant with the Association of American Medical Colleges hereby certify that on this 19th day of December, 1996, a copy of the Comments of the American Association of Medical Colleges on the Recommend Universal Service Decision by the Joint Board was mailed, first class postage prepaid to the following:

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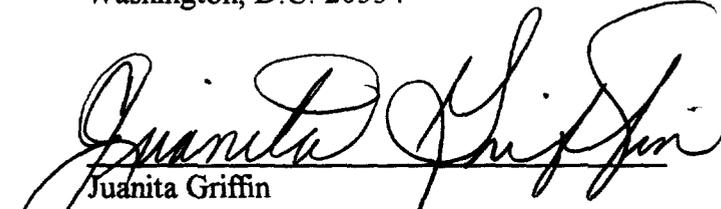
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