

**OPENING STATEMENT OF SENATOR CONRAD BURNS  
RURAL HEALTH CARE IMPACTS OF TELEMEDICINE  
SEPTEMBER 15, 1999**

I'd like to start by thanking Senator Frist for holding this hearing today. I'm especially proud knowing that Montana is home to the 11<sup>th</sup> largest Telemedicine network, the Eastern Montana Telemedicine Network. This is especially amazing considering that the EMTN was only created in 1993. It's grown from the small network of 5 hospitals to an extensive association of 11 sites. These sites have connected to other networks throughout the country and even internationally.

So, what impact does telemedicine have on rural health care? In Montana, it has made a huge difference. A rancher injured up in Glasgow, Montana now has the same access to specialists that a resident of Billings would have. Glendive Medical Center Personnel can now attend classes and learn about the latest medical techniques through their videoconference connection. Colstrip Medical Center administrators can coordinate their operating plans with the other 10 administrators on the network, allowing greater efficiency in health care. All of these opportunities are critical to providing the best possible health care to all of Montana's rural communities.

The volume of traffic over the network is a good indicator of how Doctors view the effectiveness of this capability. In the last three years alone, traffic has increased 65% on the EMTN. Again, in 1996, it was rated as the 11<sup>th</sup> most active telemedicine network nationwide. The number of participants has increased from 525 people in 1995 to almost 17,000 participants annually

by 1997. People believe in the benefit from this system, and I expect that usage will continue to grow in the coming years.

But before I go too far in boasting about how wonderful this system is for Montana, I want to quickly touch base on what I believe is holding it back from its maximum benefit. The single greatest cost of running this system is in the data network cost. We were lucky in getting a Rural Electrification Administration grant in 1993 to get this thing started, and the Office of Rural Health Policy helped expand the network in the last few years, but the monthly telephone bill with US West runs into the thousands each month. That's even after taking a network discount into effect. To really keep this thing going, we need to make sure that the high data rate connections are cost effective. That's what holds telemedicine back nationwide; easy, cheap, local access to a broadband backbone. We were lucky to get some assistance in developing ours. Other regions haven't been as fortunate. I think this committee owes it to our rural citizens to find ways to bring enabling technologies like broadband access to local communities. This, in turn, will help stimulate development of capabilities like the telemedicine networks. It's a great example of leveraging technology to directly improve the health care of people who would otherwise be overlooked by the big health care affiliates.

So again, has telemedicine made a difference in rural life? I'm sure you can tell by now that I believe it has. I'm personally committed to try to keep expanding telemedicine networks nationwide by whatever means possible. I've included broadband access in my digital agenda to try to expand inexpensive access to everybody who wants it. Eastern Montana has certainly benefitted by having the EMTN through their local

hospitals. Others deserve the same chance.

Thank you, Mr. Chairman. I look forward to hearing from the panelists.