

**Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554**

In the Matter of

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|------------------------------|---|---------------------|
| Wireline Competition Bureau |) | |
| Invites Comments on Petition |) | |
| for Rulemaking Filed by |) | |
| Schools, Health & Libraries |) | CC Docket No. 02-60 |
| Broadband Coalition, et al., |) | |
| Seeking Further |) | |
| Modernization of the Rural |) | |
| Health Care Program |) | |

**REPLY COMMENTS OF THE
SCHOOLS, HEALTH & LIBRARIES BROADBAND (SHLB) COALITION**

The Schools, Health & Libraries Broadband (“SHLB”) Coalition¹ continues to support the initiation of a rulemaking proceeding as requested in our Petition for Rulemaking² filed with six other telehealth networks in December 2015. As we discussed in our Petition, it has been over three years since the adoption of the most recent reforms of the Rural Health Care (RHC) Program and the experience of our community is that the rules are not working as intended. The purpose of creating the Healthcare Connect Fund (HCF) was to drive investment to enhance broadband connectivity for health providers across the country. In fact, the HCF rules have been difficult to work with and have stymied efforts to deploy broadband to several health care

¹ SHLB Coalition members include representatives of health care providers and networks, schools, libraries, state broadband mapping organizations, private sector companies, state and national research and education networks, foundations, and consumer organizations. See www.shlb.org for a current list of SHLB Coalition members.

² Wireline Competition Bureau Invites Comments on Petition for Rulemaking Filed by Schools, Health & Libraries Broadband Coalition, et al., Seeking Further Modernization of the Rural Health Care Program, CC Docket No. 02-60, DA 15-1424 (rel. Dec. 15, 2015), (“Petition”).

providers (HCPs). Many organizations have chosen to continue using the legacy Telecommunications Program rather than convert to the HCF.

This view that the RHC program is not meeting its goals is widely shared by the health community; all five health organizations that submitted initial comments support the initiation of this proceeding.³ The Petition was also supported by several broadband providers, including MOREnet, TracFone, and the Utah Telehealth Network. While some telecom organizations opposed the Petition (ITTA and USTelecom), one telecom organizations supported it (OTT). The fourth telecom association – NTCA – did not oppose opening a proceeding. While it disagreed with SHLB on some issues, it agreed on others (such as opening a path for evaluating joint E-rate/RHC applications and making the broadband component of remote patient monitoring services eligible for support). To the extent that some commenters cited the need for more data and factual experience with the operations of the RHC program, we agree. The Commission should use the initiation of this proceeding to conduct a fact-based, data-driven inquiry into the broadband needs of the rural health providers to inform potential solutions.

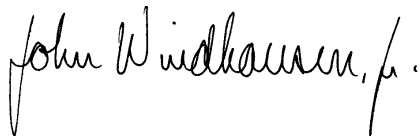
Some of the commenters focus on procedural issues – whether this should be considered an untimely Petition for Reconsideration. But these commenters do not challenge the SHLB Coalition’s central point that rural health disparities remain stark, that they are growing, and that Commission policies are failing to keep pace with technological and economic changes affecting rural health providers. This warrants a rulemaking to consider appropriate universal service policy changes to the Rural Health Care Program in light of this new evidence.

³ See comments of the American Telemedicine Association (ATA), HIMSS, PCHA, the University of Arkansas for Medical Sciences, and the American Hospital Association (AHA).

The parties raise a variety of issues regarding the size of the cap, the definition of rural, the sharing of facilities, the Commission's legal authority, the discount percentage, the eligibility of administrative expenses, and others. These are all issues that should be explored further by initiating a rulemaking proceeding. The proceeding should specifically gather the facts necessary to provide further insight into resolving these questions. For instance, the 2010 census reduced the number of eligible rural HCPs; this and future reductions in the number of rural HCPs will continue to exacerbate the urban-rural health disparities identified by SHLB and warrant reexamination by the Commission. A new examination of the RHC Program will also benefit from the experience of the new E-rate rules adopted in 2014, which were also intended to encourage the deployment of high-capacity broadband.

For all the above reasons, we urge the Commission to open a rulemaking proceeding to modernize the RHC Program as soon as possible.

Respectfully Submitted,

A handwritten signature in black ink that reads "John Windhausen, Jr." with a stylized flourish at the end.

John Windhausen, Jr.
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