



August 28, 2020

Chairman Ajit Pai
Commissioner Mike O'Rielly
Commissioner Brendan Carr
Commissioner Jessica Rosenworcel
Commissioner Geoffrey Starks
Federal Communications Commission
445 12th St. SW
Washington, DC 20554

Re: Ex Parte Submission

Request for Schools to Receive FY 2020 E-rate Funding for Purchases of Additional Internet Bandwidth Needed for Educational Instruction during COVID-19:

WC Docket No. 13-184;

In the Matter of Rural Health Care Universal Service Support Mechanism and Schools and Libraries Universal Service Support Mechanism,

WC Docket No. 02-60, CC Docket No. 02-6.

Dear Chairman Pai and Commissioners:

The Schools, Health & Libraries Broadband (SHLB) Coalition writes in support of the letters submitted by the State E-rate Coordinators' Alliance (SECA),¹ the American Library Association (ALA),² and the Consortium for School Networking (CoSN) and State Educational Technology Directors Association (SETDA)³ asking for emergency measures to allow schools and libraries to obtain E-rate support for immediate increases in bandwidth necessary to handle the growth of on-line learning due to the COVID-19 crisis. The SHLB Coalition also asks the Commission to adopt similar measures for participants in the Rural Health Care (RHC) program to support the expansion of telehealth services.

Regarding the E-rate program, school and library systems are facing an unprecedented demand on their networks as a result of the health crisis. Many teachers are streaming video lessons in real-time from the classroom to students attending remotely. Students that are attending school virtually are now using their school-provided laptops and tablets from home,

¹[https://ecfsapi.fcc.gov/file/10803249666167/SECA%20Ltr%20to%20FCC%20re%20COVID%20Relief%20\(08.03.2020\).pdf](https://ecfsapi.fcc.gov/file/10803249666167/SECA%20Ltr%20to%20FCC%20re%20COVID%20Relief%20(08.03.2020).pdf).

² <https://ecfsapi.fcc.gov/file/108141363121294/FCC-WC-13-184-ByALA-Aug14.pdf>.

³<https://ecfsapi.fcc.gov/file/10817230460624/CoSN%20SETDA%20E-rate%202020%20Window%20as%20Filed.pdf>.

moving schools instantly to a 1:1 student:computer ratio which requires far more bandwidth than when children were physically present on the school grounds. Even when teachers and students are participating in remote instruction and learning from home, their school-provided devices are engineered to route traffic through the school's network (VPN) to comply with filtering requirements. The increasing use of tablets and laptops by students at home increases the traffic running over school networks, and schools urgently need to acquire additional bandwidth to avoid congestion and interruptions to online learning. All of this new Internet bandwidth could not have been anticipated when schools competitively bid and requested E-rate funding 6-9 months ago.

In addition, community demand for online services and programming by libraries has dramatically increased as well, adding stress on library broadband networks. Many libraries have reported that students lacking home internet are using the libraries' wifi services outside the library buildings to complete their studies.

For all these reasons, the FCC should waive the current E-rate rules and give flexibility to schools and libraries so that they can increase their broadband capacity immediately. In particular, we encourage the FCC to adopt a streamlined process that allows schools and libraries to obtain additional E-rate support for augmented capacity without going through the traditional competitive bidding process, which would add delay and complexity and would hinder schools' and libraries' ability to increase bandwidth as soon as possible. We also encourage the Commission to establish a reasonable deadline that will give schools and libraries enough time to file for this additional funding while minimizing complications from the start of the FY 2021 funding year. Finally, the Commission should allow schools and libraries to obtain this additional E-rate funding from the initiation of the funding year on July 1, 2020 and through the rest of the 2020 funding year.

The needs of RHC applicants for additional broadband capacity are just as important as the needs of schools and libraries. We are very appreciative that the Commission earlier this year extended the RHC filing deadline and waived some of the competitive bidding rules and administrative deadlines due to the COVID-19 crisis.⁴ But the Commission did not explicitly permit RHC applicants to increase their broadband capacity after their applications had been submitted. All the reasons the Commission previously cited for granting RHC applicants this regulatory flexibility⁵ are even more applicable now that the virus is likely to extend into next year.⁶

⁴ See Rural Health Care Support Mechanism, WC Docket No. 02-60, Order, DA 20-345, (rel. Mar. 26, 2020) (waiving various program deadlines) (COVID RHC Deadline Waiver Order).

⁵ The Commission took these actions "to allow health care providers to focus their attention on their immediate task at hand—addressing the influx of patients associated with the COVID-19 outbreak and maintaining care for existing patients, thereby helping to control the spread of this serious pandemic, without the diversion of near-term RHC Program administrative requirements. See, COVID RHC Deadline Waiver Order, para. 1.

⁶ See, for instance, "We Will Be Living with the Coronavirus Pandemic Well in 2021," <https://www.bloomberg.com/news/features/2020-06-18/we-will-be-living-with-the-coronavirus-pandemic-w>

Several healthcare providers have had to upgrade their capacity to handle the increased demand. For instance, the SHLB Coalition has examples of hospitals in Kansas, Missouri, Arizona that have doubled their Internet bandwidth (we could provide more detail on these examples if it would be helpful.)

In response to Hurricane Maria in 2017, the FCC's Wireline Bureau temporarily waived a variety of rules in the E-rate and Rural Health Care programs on a temporary basis. The near and medium-term effects of the COVID pandemic on our rural health infrastructure warrant similar temporary emergency actions by the FCC to provide additional funding.

On August 3, 2020, President Trump issued an Executive Order (EO)⁷ to expand the availability of telehealth services, noting the "jump" in demand for telemedicine⁸ and calling for increased funding from the FCC for communications infrastructure. In particular, the EO directs the Secretary of Health and Human Services and the Secretary of Agriculture, "in coordination with the Federal Communications Commission . . . [to] develop and implement a strategy to improve rural health by improving the physical and communications healthcare infrastructure available to rural Americans." We urge the Commission to grant this waiver request and establish a reasonable deadline for RHC applicants to seek this additional funding to comply with this Presidential directive and to enable healthcare providers to upgrade their broadband infrastructure as soon as possible to address the pandemic.

Sincerely,



John Windhausen, Jr.

SHLB Coalition

[ell-into-2021](#). ("If, as most experts believe, an effective vaccine won't be ready until well into 2021, we'll all be co-existing with the coronavirus for the next year or longer without a magic bullet. And this next phase of the crisis may require us to reset our expectations and awareness and change our behavior, according to public-health professionals.")

⁷https://www.whitehouse.gov/presidential-actions/executive-order-improving-rural-health-telehealth-access/?utm_source=link.

⁸ The Executive Order says the following:

Internal analysis by the Centers for Medicare and Medicaid Services (CMS) of the Department of Health and Human Services (HHS) showed a weekly jump in virtual visits for CMS beneficiaries, from approximately 14,000 pre-PHE to almost 1.7 million in the last week of April. Additionally, a recent report by HHS shows that nearly half (43.5 percent) of Medicare fee-for-service primary care visits were provided through telehealth in April, compared with far less than one percent (0.1 percent) in February before the PHE [Public Health Emergency]. Importantly, the report finds that telehealth visits continued to be frequent even after in-person primary care visits resumed in May, indicating that the expansion of telehealth services is likely to be a more permanent feature of the healthcare delivery system.