February 8, 2021

SUBMITTED ELECTRONICALLY VIA ECFS

Marlene H. Dortch
Secretary
Federal Communications Commission
45 L Street, NE
Washington, DC 20554

Re: Promoting Telehealth in Rural America, WC Docket No. 17-310

Dear Ms. Dortch:

On February 4, 2021, John Windhausen, Jr., executive director of the Schools, Health & Libraries Broadband (SHLB) Coalition; SHLB members Dan Kettwich, Jim Rogers, Rob Jenkins, and the undersigned counsel for SHLB, spoke via conference call with Adam Copeland, associate bureau chief, Wireline Competition Bureau; and Ryan Palmer, Bryan Boyle, Chas Eberle, and Helen Zhang, all of the Telecommunications Access Policy Division. During this meeting, we discussed SHLB’s RHC Waiver Request filed in the above docket on January 25, 2021.1

We discussed the urgency of extending the April 1 deadline for RHC program applications for two months due to the fact that most of the commitments for FY 2020 have not yet been issued. SHLB members explained that health care providers are spending additional time and effort right now on their applications that they probably will not need to spend once the Universal Service Administrative Company (USAC) issues a commitment and decides that they do not have to seek additional bids. A two-month delay in the deadline would be a win-win situation: it would give health care providers more time to juggle the many demands on them due to the pandemic and allow USAC to complete the many tasks it has been assigned by the Commission during the past year.

Similarly, the parties discussed that the Commission should move quickly to postpone the use of the urban and rural rates database. The implementation of the database this year will result in health care providers, on average, paying triple the out-of-pocket costs they did previously for

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the same bandwidths. The anomalies cited by the Bureau in the Alaska Database Order exist in
the rest of the database as well, as the letter discussed.

SHLB provided an example of an urban rate in Alaska where the urban rate is $9,450, increasing
the health care provider’s out-of-pocket costs by 22 times. Below are some additional examples
of where health care providers will face significant out-of-pocket costs, if the database is allowed
to go into effect this year:

- An HCP in Arkansas whose monthly recurring charge (MRC) during FY2019 is $2,510
  will increase to $11,688.75 a month using the rates database.
- An HCP in California whose MRC during FY2020 is $810 will increase to $4,200 a
  month using the rates database.
- An HCP in Louisiana whose MRC during FY2020 is $2,479.88 will increase to
  $7,212.88 a month using the rates database.
- An HCP in Mississippi whose MRC during FY2019 is $2,735.17 will increase to
  $4,452.72 a month using the rates database.
- An HCP in Mississippi whose MRC during FY2019 is $4,545.00 will increase to
  $9,241.84 a month using the rates database.

Health care providers simply cannot bear these additional costs in normal years, much less
during the national health care crisis we currently face. SHLB noted that the urban rate anomalies
 cited in the letter include some urban rates that are higher than rural rates, so those health care
providers cannot participate in the Telecom program. For example, no rural health care provider
in the entire state of Georgia can receive funding from the Telecom program because the
database’s urban rates are all higher than the rural rates— that simply cannot reflect market
realities. In addition, such a result cannot be what the Commission intended and is inconsistent
with the statute. We urged the Commission to postpone the implementation of the database until
it conducts a factual analysis of the impact of the database rates on healthcare providers and to
allow applicants to use rates approved in previous years for the current year.

Please let us know if you have any questions.

Respectfully submitted,

Gina Spade
Counsel for Schools, Health & Libraries Broadband Coalition

cc: Adam Copeland
    Ryan Palmer
    Bryan Boyle
    Chas Eberle
    Helen Zhang
    John Windhausen, Jr.