



September 9, 2022

SUBMITTED ELECTRONICALLY VIA ECFS

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
45 L Street, N.E.
Washington, D.C. 20554

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

Dear Ms. Dortch:

Pursuant to the Federal Communications Commission's ex parte rules, I hereby submit the following summary of our September 7, 2022, conversation with various members of the Wireline Competition Bureau (WCB), to discuss the current Further Notice of Proposed Rulemaking in the above-listed docket,¹ as well as certain points made in the Comments and Reply Comments of the Schools, Health & Libraries Broadband (SHLB) Coalition filed in this proceeding.²

The following individuals participated in the call along with the undersigned:

- Adam Copeland, Associate Bureau Chief, WCB;
- Bryan Boyle, Deputy Division Chief, Telecommunications Access Policy Division, WCB; Charles Eberle, Assistant Division Chief, Telecommunications Access Policy Division, WCB; Jodie Griffin, Division Chief, Telecommunications Access Policy Division, WCB;
- John Windhausen, Jr., Executive Director, SHLB Coalition; and
- Jeffrey Mitchell, Principal, Mitchell Law, PLLC.

¹ *Promoting Telehealth in Rural America*, WC Docket No. 17-310, Further Notice of Proposed Rulemaking, FCC 22-15 (Feb. 22, 2022) (*Further Notice*).

² See Comments of the Schools, Health & Libraries Broadband Coalition, WC Docket No. 17-310 (Apr. 14, 2022) <https://www.fcc.gov/ecfs/search/search-filings/filing/104150125127386> (*SHLB Comments*) and Reply Comments of the Schools, Health & Libraries Broadband Coalition, WC Docket No. 17-310 (May 16, 2022) <https://www.fcc.gov/ecfs/search/search-filings/filing/10516257736972> (*SHLB Reply Comments*).

The participants on the call made the following points:

- SHLB is encouraged by the launch of the Further Notice and the questions raised by the Commission. We look forward to any future momentum and action the Commission is considering with regard to the questions that were presented and comments that were filed.
- In its Comments and Reply Comments, SHLB proposed eliminating the rates database approach to determining urban and rural rates for the Telecom Program. SHLB is open to working with the Commission to develop alternative rate determination methods for the Telecom Program.
- Separately, SHLB proposed adopting a tiered discount approach for the Healthcare Connect Fund where an entity would receive different discount levels depending on the level of its “rurality.” For example, health care providers in non-rural areas would receive the current 65 percent discount, those in less rural areas would receive a 75 percent discount, those in rural areas would receive an 85 percent discount, and those in extremely rural areas would receive a 95 percent discount. We did not suggest that this would eliminate the need for the Telecom Program, but that this would complement it. We recognized that this, along with our proposal regarding the broader definition of rurality and eligibility (next bullet), should not be adopted without increasing the RHC cap, which we continue to strongly support.
- SHLB supports extending the eligibility of the program to include additional healthcare providers. We suggest that this could be accomplished if the definition of “rurality” is expanded. We have heard concerns from our members that Rural Healthcare Program applicants located in a rural area may not be treated as such. We commend the Commission’s recommendation in the Report on the Future of the Universal Service Fund that Congress consider revisiting the list of entities defined as “health care providers” in Section 254(h)(7)(B)(vi).³
- SHLB notes that the State of Alaska maintains a significant presence in the Telecom Program. We noted that some commenters suggested the Commission engage with Alaska native groups prior to moving forward with the proceeding.
- Many of SHLB’s members have shared positive stories about the Telecom and Rural Healthcare Program, especially during the COVID-19 pandemic. In addition, the pandemic drove a massive increase in the use of telehealth and telemedicine and has brought many changes to healthcare system that will be lasting. For example, we do not believe telehealth and telemedicine usage will ever go back down to pre-pandemic levels.

³ *Report on the Future of the Universal Service Fund*, WC Docket No. 21-476, Report, FCC 22-67, ¶ 87 (Aug. 15, 2022).

Through the Comments and Reply Comments that SHLB filed, it is looking for ways to make the programs better. SHLB thinks it would be beneficial for members of USAC and the WCB to hear from our members about how the healthcare marketplace has changed.

- SHLB noted the decrease in the amount of improper payment rates for the Rural Healthcare Program and commended the Commission and USAC for its efforts in this area.
- SHLB has noticed improvement in USAC processing of applications. For example, we noted that USAC this time last year made substantial progress processing applications from the prior funding year. This is reflected both in anecdotal reports from SHLB members and in June 30 data reported by USAC to the FCC showing a dramatic decline in funds reserved for pending program applications.⁴ While we recognize that great progress has been made, SHLB members continue to report that they receive duplicative information requests and suggest that moving toward an electronic back-office system would help continue to improve the operations of the program.

Sincerely,



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⁴ Compare [USAC, Federal Universal Service Support Mechanisms Fund Size Projections for Fourth Quarter 2022](#), at 26 (filed Aug 2, 2022) (reserve for FY 2021 Pending Applications \$0.64 million) with [USAC, Federal Universal Service Support Mechanisms Fund Size Projections for Fourth Quarter 2021](#), at 24 (filed Aug 2, 2021) (reserve for FY 2020 Pending Applications \$123.40 million).