July 29, 2026

SUBMITTED ELECTRONICALLY VIA ECFS

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

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

Dear Madam Secretary:

Pursuant to Federal Communications Commission's (Commission) ex parte rules, I hereby submit the following summary of three meetings held between members of the Schools, Health & Libraries Broadband Coalition (SHLB) and the Commission offices to discuss the draft *Third Further Notice of Proposed Rulemaking and Order* regarding the Rural Health Care (RHC) Program.[1] Attached as an Exhibit is the list of attendees at the July 27, 2026 meeting with Danielle Thumann, Senior Counsel to FCC Chairman Brendon Carr; the July 27, 2026 meeting with Jonathan Uriarte, Policy and Strategic Communications Advisor to FCC Commissioner Anna Gomez; and the July 28, 2026 meeting with Marcus Maher, Senior Legal Advisor to FCC Commissioner Olivia Trusty.

During the meetings, SHLB members thanked the Commission offices for their continued support of the RHC Program, which reduces broadband and telecommunications costs for eligible healthcare providers, ensuring access to affordable, clinical-grade broadband infrastructure essential to providing critical care in communities with the fewest options available for healthcare services. We reiterated that telehealth remains essential for supporting the health of rural residents and their communities. For example, a dropped call during a specialist consultation, or a monitoring device that can't transmit patient data, isn't an inconvenience–it's a missed diagnosis. And in some cases, it's a matter of life or death. The RHC Program supports the ability for rural healthcare providers to deliver care. Reliable broadband connectivity is essential to care delivery and disruptions in this connectivity result in

[1] *Promoting Telehealth in Rural America*, WC Docket No. 17-310, Third Further Notice of Proposed Rulemaking and Order, Draft on Circulation, FCC-CIRC2608-04 (Jul. 16, 2026) (Draft FNPRM).

service reductions and closures that threaten to leave entire communities without local access to emergency care, behavioral health, or specialty services. It is also critical to fulfilling the mission of promoting universal service.

SHLB members also shared their insights and experiences to demonstrate how the RHC Program has greatly improved access to care in vulnerable communities. Specifically:

- Ms. Gaffney Corriher shared that, in Appalachian Ohio, not every county has a hospital, and in many cases, the entire county is considered a Health Professional Shortage area. Expectant mothers sometimes have to travel 60-90 minutes to a hospital that offers maternity care. If there is a problem or anomaly with the newborn, a neo-natal transport for specialty care may move that newborn one to two hours further away. And depending on the circumstances of the birth, that mother, who is also a patient receiving care, may not be able to travel to that new destination with the child. With reliable and robust connectivity, however, support between rural clinics and urban-based specialists helps reduce such travel, time, costs, and displacement.

- Ms. Gaffney Corriher also shared how essential it is for connections to be physically and carrier diverse in rural areas, especially in 24/7 critical access hospitals. In her region of Appalachian Ohio, for example, there are only two providers for adolescent mental/behavioral health care. Because many patient records are now accessed digitally, if one of these locations loses its connectivity, there is no access to that patient's electronic medical record. This means that providers cannot see diagnoses, medication history, and hospitalization notes, which effectively makes it impossible to hold the appointment and is dangerous to the patient's health and safety.

- Mr. Hiatt shared data highlighting the importance of building healthcare infrastructure and capacity in a community. In South Carolina for example, there have been 296 participating provider sites receiving connectivity support through the RHC Program. Due to that connectivity support, the health care facilities have been able to enhance their care to communities, such as through telehealth service offerings. With additional funding either through private partnerships and/or state proviso funds, providers were able to support 716 telehealth access points and remote patient monitoring services; 2,162 residents have received digital-literacy training; and 2,128 devices have been issued. While provider infrastructure capacity building really began in the 2017-2018 time frame, these combined services began to work together in 2022 and are ongoing today. Based on billing data through Centers for Medicare & Medicaid Services (CMS), the results of these combined efforts found that there have been 11.4 percent fewer emergency department visits, 13.3 percent fewer inpatient covered stays, and 4.8 percent lower hospital readmission rates.

SHLB members also thanked the Commission for seeking feedback in the *Draft FNPRM* on certain ways it can better clarify existing rules and streamline application processing and program administration. For instance, we welcome the Commission's questions about whether the adoption of an eligible services list (ESL) for the RHC Program would promote clarity and consistency regarding eligible telecommunications and broadband services and equipment.

To build out the record on additional ways the Commission could streamline the program, we suggest the following recommendations:

- **Regarding the ESL:** In addition to the questions included in the *Draft FNPRM*, we also believe it is important for stakeholders to offer specific feedback on a draft ESL, including what services and equipment would be identified, what items applicants most require clarification on, and what distinctions from the E-Rate Program's ESL should be made (to name a few). Accordingly, we suggest that the Commission offer stakeholders the opportunity to review and comment on a draft ESL in addition to seeking feedback on the questions included in the *Draft FNPRM*.

- **Regarding performance metrics:** We appreciate the Commission's efforts to seek comment on ways it can support faster and more effective application processing, including on the Sept. 1 deadline and what is a workable application. To ensure that stakeholders can offer various points of feedback and solutions on this topic, we suggest that the Commission include the following additional questions to the *Draft FNPRM*:

    - Are there alternative measures to imposing a September 1 deadline (or any other specific deadline) that would more clearly define and track USAC's administrative procedures during an application review? For example, should the Commission identify the stage of review for a specific application, such that the applicant can identify where the application is in the process?
    - Should the definition of a "workable" or "unworkable" funding request be more clearly defined or outlined? Should there be a mechanism whereby USAC provides verification to the Commission on an application that is considered "unworkable"?
    - If we adopt the tentative conclusion that any applications that are subject to a pending information request from USAC to the applicant are exempt from a processing deadline, should we consider whether USAC should have those questions sent out by a certain deadline? Are there other process controls that would keep the application process moving forward?
    - What other performance metrics concerning application review and program administration should the Commission consider? Should the Commission adopt deadlines, "shot clocks," or metrics regarding other forms and processes? For

example, USAC's website states service substitutions will take a minimum of 90 days to complete. Should the Commission review the completion time for this process and others?
    - Should the RHC Program Open Data dataset include the same information as what is available in the E-Rate program? What information is currently unavailable?
    - Short of adopting metrics, should the Commission track and review certain data around deadlines and timeframes with the idea that this data could assist the Commission and USAC with identifying any areas that are problematic? Is there a reason the generalized data and reports should not be released publicly?
    - In addition to considering performance metrics, data collected, and deadlines, what other ways can the Commission streamline the application process, clarify program rules, ensure effective and timely communication between USAC and applicants, and promote efficient program administration?

  Additionally, we suggest the Commission could add questions like those in paragraphs 11 through 18 of the draft USF Administration NPRM,[2] but specific to the Rural Health Care program.

- **Regarding secondary services:** We look forward to responding to the questions currently included in the *Draft FNPRM* about secondary services, and wish to offer specific considerations on this topic related to RHC-supported networks. Generally, SHLB members expressed the critical need for healthcare sites to maintain network resiliency, which relies on access to robust secondary (or "diverse") services that match those of primary services. To expand on these insights, we suggest that the Commission also include the following questions to the *Draft FNPRM* for stakeholder feedback:

    - What level of capacity, latency, and security is necessary to support healthcare providers and networks?
    - How does the Commission plan to account for the unique nature of healthcare in considering network resiliency and secondary services?
    - What does the current competitive bidding process entail if an applicant is seeking bids for secondary services? How does a provider responding to an RFP qualify that its services meet the applicant's needs in terms of network resiliency, safety, or otherwise?

[2] *Maximizing Efficiencies in Universal Service Administration*, WC Docket No. 26-173, Notice of Proposed Rulemaking, Draft on Circulation, FCC-CIRC2608-02 (Jul. 16, 2026).

Finally, SHLB members note that other stakeholders suggested that the Commission seek comment on a proposal to create an eligible sites list.[3] While we did not discuss this proposal during our meetings, we agree that such a list could provide additional clarity and transparency for applicants and thus encourage the Commission to include the proposal in the *Draft FNPRM* for public comment.

Sincerely,

/s/ Kristen Corra
Kristen Corra
Policy Counsel
Schools, Health & Libraries Broadband (SHLB) Coalition
kcorra@shlb.org

cc via email: Danielle Thuman
Jonathan Uriarte
Marcus Maher

[3] Notice of Ex Parte of the Ad Hoc Broadband for Rural Health Group (BRHG), *Promoting Telehealth In Rural America*, WC Docket No. 17-310 (Jul. 23, 2026).

EXHIBIT

The first meeting took place on July 27, 2026 between SHLB members and Danielle Thumann, Senior Counsel to FCC Chairman Brendon Carr. Attendees in that meeting included:

- Joey Wender, Executive Director, SHLB
- Kristen Corra, Policy Counsel, SHLB
- Kim Gaffney Corriher, Southern Ohio Health Care Network (SOHCN)
- Matt Hiatt, Palmetto Care Connections
- Sarah Bauman, Utah Education and Telehealth Network
- Kelleigh Cole, Utah Education and Telehealth Network
- Gina Spade, Broadband Legal Strategies

The second meeting took place on July 27, 2026 between SHLB members and Jonathan Uriarte, Policy and Strategic Communications Advisor to FCC Commissioner Anna Gomez. Attendees in that meeting included:

- Joey Wender, Executive Director, SHLB
- Kristen Corra, Policy Counsel, SHLB
- Kim Gaffney Corriher, Southern Ohio Health Care Network (SOHCN)
- Matt Hiatt, Palmetto Care Connections
- Sarah Bauman, Utah Education and Telehealth Network
- Kelleigh Cole, Utah Education and Telehealth Network

The third meeting took place on July 28, 2026 between SHLB members and Marcus Maher, Senior Legal Advisor to FCC Commissioner Olivia Trusty. Attendees in that meeting included:

- Joey Wender, Executive Director, SHLB
- Kristen Corra, Policy Counsel, SHLB
- Kim Gaffney Corriher, Southern Ohio Health Care Network (SOHCN)
- Sarah Bauman, Utah Education and Telehealth Network
- Kelleigh Cole, Utah Education and Telehealth Network
- Gina Spade, Broadband Legal Strategies