Federal Communications Commission
Washington, D.C. 20554

In the Matter Of	)	
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Promoting Telehealth in Rural America	)	WC Docket No. 17-310
	)	
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REPLY COMMENTS OF THE
SCHOOLS, HEALTH & LIBRARIES BROADBAND (SHLB) COALITION

The Schools, Health & Libraries Broadband (SHLB) Coalition respectfully submits these reply comments in response to the Federal Communications Commission's (Commission) Third Further Notice of Proposed Rulemaking and Order (*Third FNPRM*) regarding the Rural Health Care (RHC) Program.[1] SHLB filed comments earlier in this proceeding offering recommendations aimed at streamlining the application process and ensuring that program support continues to best meet the needs of rural healthcare providers (HCPs) nationwide.[2] We appreciate the Commission's efforts to ensure that RHC program support remains efficient and accessible to rural communities, and take this opportunity to reply directly to other comments.

In the following replies, we reaffirm our previous comments and provide additional recommendations which support the transparent and efficient administration of the RHC program. Specifically, we offer the following recommendations:

- The Commission should establish a flexible eligible services list that offers program participants greater clarity and understanding of product eligibility.
- Rather than distinguishing secondary services from primary services by requiring use of lower cost alternatives or certain technologies, the Commission should remain

[1] *Promoting Telehealth in Rural America*, WC Docket No. 17-310, Third Further Notice of Proposed Rulemaking and Order, FCC 26-54 (rel. Aug. 7, 2026) (*Third FNPRM*).

[2] Comments of the Schools, Health & Libraries (SHLB) Coalition, *Promoting Telehealth in Rural America*, WC Docket No. 17-310 (filed Sep. 30, 2026) (*SHLB Comments*).

technology-neutral when adopting rules regarding eligibility for secondary services and continue to allow HCPs flexible discretion to choose their primary and secondary services.

- The Commission can take various measures to enhance transparency in RHC program administration. This includes providing applicant visibility into the review process, establishing performance metrics that promote timely and accurate decision-making, and implementing an "intent to deny" process.

- The Commission should evaluate the current RHC program funding cap and consider making necessary adjustments to meet growing demand.

I. THE COMMISSION SHOULD CREATE AN ELIGIBLE SERVICES LIST THAT PRESERVES FLEXIBILITY TO MEET HCP NEEDS.

SHLB supports the Commission's proposal to establish an eligible services list (ESL) for the RHC program, and we are pleased that other commenters lend support for this plan. Filers agree with SHLB that an RHC-specific ESL would provide greater clarity about the products and services that are eligible for program support. This would not only better assist HCPs when they develop their funding requests, but would also facilitate the timely processing and administration of funds. For example, Alaska Communications states that "[t]he ESL has been beneficial for participants in the E-Rate Program and its adoption in the RHC Program should provide helpful clarity in that program as well."[3] The Connected Health Initiative likewise suggests that an ESL would help smaller rural providers before they begin competitive bidding, and "bring the RHC Program in line with the approach the Commission already takes in E-Rate and in its other connectivity support programs."[4]

The American College of Obstetricians & Gynecologists (ACOG) further suggests that "[a]n eligible services list would make it much easier for RHC Program participants to understand which services and equipment are accessible to them, likely leading to increased technological and Internet access in rural areas aided by this program."[5] We agree that greater

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[3] Comments of Alaska Communications, *Promoting Telehealth in Rural America*, WC Docket No. 17-310, 8 (filed Sep. 30, 2026); *see also* Comments of USTelecom – The Broadband Association, *Promoting Telehealth in Rural America*, WC Docket No. 17-310, 5 (filed Sep. 30, 2026) (*USTelecom Comments*) (recognizing that the ESL could offer a familiar framework to "provide applicants and providers with greater certainty about eligibility before they enter the application and competitive bidding processes.").

[4] Comments of the Connected Health Initiative, *Promoting Telehealth in Rural America*, WC Docket No. 17-310, 2 (filed Sep. 30, 2026).

[5] Express Comment of the American College of Obstetricians & Gynecologists, *Promoting Telehealth in Rural America*, WC Docket No. 17-310 (filed Sep. 30, 2026); *see also* Comments of Intuitive Surgical Instruments, *Promoting Telehealth in Rural America*, WC Docket No. 17-

clarity and understanding of product eligibility can help expand access to broadband services in rural areas by ensuring that eligible products and services are more readily identified and efficiently supported through the program.

When designing the ESL, filers caution the Commission against unintentionally restricting HCPs' flexibility to determine the products and services that best meet their needs. The Ad Hoc Broadband for Rural Health Group states that providing clarity via an ESL "should not alter the 'broad and flexible' definition of eligible services in the HCF which the Commission enacted in 2012."[6] NCTA – The Internet & Television Association (NCTA) similarly urges the Commission that, should it create an RHC-specific ESL, it should ensure to "retain a broad, flexible definition of 'eligible services' as the need for flexibility that stakeholders raised when the Commission initially declined to adopt an eligible services list remains."[7] SHLB shares these concerns and, as we stated in our initial comments, we recommend that an ESL should not be a static or exhaustive list that replaces an HCP's broad and flexible discretion to make individual decisions regarding network support.[8] Rather, as other commenters recommend, any RHC-specific ESL should remain "sufficiently flexible and

310, 2 (filed Sep. 28, 2026) ("This transparency will enable provider pursuit of funding to enable delivery of remote surgical services.").

[6] Comments of the Ad Hoc Broadband for Rural Health Group (BRHG), *Promoting Telehealth in Rural America*, WC Docket No. 17-310, 6 (filed Sep. 30, 2026) (*BRHG Comments*).

[7] Comments of the NCTA – The Internet & Television Association, *Promoting Telehealth in Rural America*, WC Docket No. 17-310, 2 (filed Sep. 30, 2026).

[8] *SHLB Comments* at 17.

technology-neutral to accommodate emerging connected health care applications and evolving communications requirements"[9] and focus on functionality rather than terminology.[10]

Additionally, we reiterate that the ESL should function as a helpful resource with the goal of improving an HCP's overall understanding of the scope of RHC-eligible equipment and services.[11] To accomplish this, we agree with the New Mexico Telehealth Alliance's recommendations that the ESL should explain conditional eligibility and cost allocation through practical examples and explain which components qualify under each program and which are outside its scope.[12] We further agree with NMTHA that "[e]ligibility decisions should identify the governing rule or published guidance and explain how it applies to the requested item."[13]

II. THE COMMISSION SHOULD NOT DISTINGUISH SECONDARY SERVICES FROM PRIMARY SERVICES BY REQUIRING THEM TO BE LESS EXPENSIVE OR TO REPRESENT SPECIFIC TECHNOLOGIES.

In our initial comments, we urged the Commission to recognize that secondary service connectivity must be able to meet the same reliability and performance standards of an HCP's primary connection, which is often dependent on many factors specific to that HCP.[14] GCI

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[9] Comments of Sovato, *Promoting Telehealth in Rural America*, WC Docket No. 17-310, 3 (filed Sep. 30, 2026); *see also* Comments of the Utah Education and Telehealth Network (UETN), *Promoting Telehealth in Rural America*, WC Docket No. 17-310, 1 (filed Sep. 30, 2026) (*UETN Comments*) (supporting an RHC ESL "provided that the list maintains broad, technology-neutral eligibility standards.").

[10] *See BRHG Comments* at 7 ("An RHC eligible services list should focus on underlying functionality and not on the name of the service as designated by service providers.").

[11] *SHLB Comments* at 18.

[12] Comments of the New Mexico Telehealth Alliance (NMTHA), *Promoting Telehealth in Rural America*, WC Docket No. 17-310, 4 (filed Sep. 30, 2026).

[13] *Id*.

[14] *SHLB Comments* at 8–10.

reiterates this premise, noting that "the level of capacity, latency, security, and bandwidth required for back up services varies significantly by HCP," which can "depend on the number and type of services the HCP provides, the medical equipment in use, where the medical providers are located (some entities use external organizations for radiology reads, as an example), and where applications are hosted."[15] Federal Funding Group, LLC likewise states that "[a]pplicants should have the flexibility to select and deploy connectivity solutions that best meet their operational, clinical, and network resiliency needs."[16]

Given potential variations in HCP network and connectivity needs, commenters agree with SHLB that the Commission should remain technology-neutral when adopting rules regarding eligibility for secondary services, and to continue to allow HCPs flexible discretion to choose their primary and secondary services.[17] Specifically, Alaska Communications states that "[t]he Commission should continue its technology agnostic approach with respect to secondary services to allow HCPs flexibility in determining their service needs," and that "HCPs should be able to determine how best to protect their networks against failure and disruption that could affect potentially life-saving health services."[18]

Finally, commenters also suggest that making cost-effective choices for secondary services does not necessarily mean choosing the *lowest cost* option and, by requiring decisions to be based solely on cost, you risk overlooking critical considerations about reliability,

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[15] Comments of GCI Communication Corp. (GCI), *Promoting Telehealth in Rural America*, WC Docket No. 17-310, 41 (filed Sep. 30, 2026).

[16] Comments of the Federal Funding Group, *Promoting Telehealth in Rural America*, WC Docket No. 17-310, 1 (filed Sep. 28, 2026).

[17] *SHLB Comments* at 10–12.

[18] *Alaska Communications Comments* at 8; *see also USTelecom Comments* at 3 (supporting a technology-neutral approach).

functionality, and predictability of that service. For example, Elisity, Inc. states that "[a] lower-cost service is not necessarily functionally equivalent if it cannot satisfy the network requirements necessary to support safe and reliable health care operations."[19] USTelecom agrees, stating that "cost alone should not require an applicant to select a service that does not provide the functionality necessary to serve as a meaningful backup to its primary connection."[20] We agree that while cost is an important consideration, HCPs should be able to make service determinations based on additional factors that align best with their geography, budget, existing network capabilities, and future networking needs. Accordingly, we agree with commenters who strongly caution against the Commission adopting rules that would require HCPs to distinguish secondary services from primary services, such as by requiring they be lower cost alternatives or represent specific technologies.

III. STREAMLINING MEASURES SHOULD ENSURE APPLICANT VISIBILITY AND PERFORMANCE BENCHMARKS THAT PROTECT ACCURATE DECISION-MAKING. THE COMMISSION SHOULD ALSO CONSIDER INCORPORATING AN "INTENT TO DENY" PROCESS.

Commenters share SHLB's support for efforts to streamline RHC program administration, including ways to ensure greater visibility into the status of pending application forms.[21] For example, we commend UETN's suggestion that "[a]pplicants may benefit from additional visibility into where an application stands in the RHC review process" and likewise "encourag[e] USAC to provide applicants with clear, meaningful status updates throughout the

[19] Comments of Elisity, *Promoting Telehealth in Rural America*, WC Docket No. 17-310, 3 (filed Sep. 30, 2026); *see also UETN Comments* at 2 ("UETN supports the continued eligibility of secondary connectivity services but urges the Commission not to equate the 'most cost-effective option available' with the lowest-priced technology.").

[20] *USTelecom Comments* at 2–3.

[21] *SHLB Comments* at 20.

review process."[22] Regarding performance metrics, we reiterate our support for the Commission and USAC to establish benchmarks to complete application, invoice, information request, and appeal review processes[23] while agreeing with USTelecom that, while it would be beneficial for USAC and the Commission to determine performance metrics that ensure timely application reviews, "[p]erformance metrics should not create incentives to resolve applications prematurely if the practical result is an increase in erroneous denials, payment holds, or subsequent recovery actions."[24] Rather, we agree that "[a] successful performance framework should promote both timely processing and accurate decision-making, reducing rather than shifting the administrative burdens imposed on program participants."[25]

Additionally, both UETN and CHA Broadband Services (CHABS) recommend that the Commission should consider implementing an "intent to deny" process into the RHC program.[26] Generally speaking, this process would provide an applicant with notice that USAC has

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[22] *UETN Comments* at 3; *see also USTelecom Comments* at 5–6 ("The Commission should consider public processing targets, information regarding the age of pending requests, and clearer status information that allows participants to understand where an application stands and whether additional information is needed.").

[23] *SHLB Comments* at 23.

[24] *USTelecom Comments* at 6.

[25] *Id*.

[26] *UETN Comments* at 3–4 ("Providing applicants with early notice of significant review concerns, where appropriate and a reasonable opportunity to address those concerns before a final denial is issued may improve application quality, reduce avoidable appeals, and support consistent program administration."); Comments of CHA Broadband Services (CHABS), *Promoting Telehealth in Rural America*, WC Docket No. 17-310, 9–10 (filed Sep. 29, 2026) (recommending that "USAC issue an information request identifying any expense item it proposes to deny or reduce, and the eligibility concern at issue or identify what specific defects exist with the application, before issuing a denial, with a reasonable period to respond. This would give applicants and service providers the chance to explain the function of an item before a decision is made or cure specific defects with the application, which would reduce appeals and resolve many terminology-based concerns at the outset.").

identified a concern with a pending application that would merit a denial, and allow the applicant an opportunity to respond and address the issue. SHLB members note that, in certain instances during the review process, an HCP will provide an answer or additional documentation to a pending request for information, but will later find that the application is denied. This becomes a point of frustration when the applicant believes they are providing all of the additional information a reviewer requests but is unaware that there are other insufficiencies or points of clarification that exist that are grounds for a denial. As such, we support UETN and CHABS' recommendation, agreeing that an intent to deny process could provide better transparency, communication, and understanding between the HCP and reviewer up front, and could reduce the amount of appeals.

IV. THE COMMISSION SHOULD EVALUATE THE CURRENT RHC PROGRAM CAP.

Several commenters take the opportunity to recommend that the Commission evaluate the current RHC program funding cap, and whether it needs to be adjusted to accommodate current demand.[27] For example, UETN suggests that the Commission should "evaluate whether the current funding cap and its inflation adjustment remain sufficient to support the Program''s long-term objectives and the growing connectivity needs of rural healthcare providers."[28]

SHLB agrees that the Commission should evaluate current program demand and whether adjustments should be made to the RHC program cap. While funding for healthcare clinics and telemedicine are a vital part of universal service, the RHC program remains the smallest of the

[27] Additionally, we note that the Commission likewise raised questions about raising the RHC program funding cap in the Third FNPRM. *See Third FNPRM* Appendix B at 24, para. 3.

[28] *UETN Comments* at 3.

USF programs, although demand continues to grow.[29] Given that demand will likely continue to rise, we are concerned that many HCPs would go without adequate funding to support their critical network services. Raising the cap could better support advanced network infrastructure and telemedicine services for current participants, and allow for expanded access to additional healthcare sites that could benefit from participating in the program.

V. CONCLUSION

SHLB appreciates this opportunity to offer reply comments responding to recommendations made in the *Third FNPRM* to streamline RHC program administration and implementation.

Respectfully submitted,

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[29] For funding year 2025, the Commission announced the program funding cap to be $723,892,841, while the estimated total program demand was $823.08 million. Wireline Competition Bureau Announces the Availability of Unused Funds to Fully Satisfy Demand for Rural Health Care Program Funding for Funding Year 2025, WC Docket No. 02-60, Public Notice, DA 25-547 (rel. June 25, 2025). For funding year 2026, the Commission announced the program funding cap to be $744,161,841, while the estimated total program demand was $911.25 million. Wireline Competition Bureau Announces the Availability of Unused Funds to Fully Satisfy Demand for Rural Health Care Program Funding for Funding Year 2026, WC Docket No. 02-60, Public Notice, DA 26-562 (rel. June 8, 2026).