

JUDSON H. HILL, ESQ.

October 10, 2019

BY ECFS

Marlene Dortch, Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: Sage Telecom Communications, LLC and Telscape Communications, Inc. d/b/a
TruConnect Notice of Oral Ex Parte Presentation; WC Docket No. 18-213.

Dear Ms. Dortch:

On October 8, 2019 I, counsel to Telscape Communications, Inc. d/b/a TruConnect and Sage Telecom Communications, LLC (collectively TruConnect) met with Rashann Duval, Darren Fernandez and Haley Steffen both Attorney Advisors in the Wireline Competition Bureau and with Regina Brown (by telephone) of the Telecommunications Access Policy Division, Wireline Competition Bureau to discuss the Commission's Promoting Telehealth for Low-Income Consumers Notice of Proposed Rule Making.¹

During the meeting I referenced and reminded the Commission of TruConnect's prior filing on this matter and reinforced the ideas and opinions expressed in those comments. I shared TruConnect's support of both the Commission's Rural Broadband and their proposed Telehealth Pilot initiatives plus how critical telecommunications connectivity is to Americans' access to world class healthcare and to emergency first responders. Then I reminded them of the prevalence of poorer health and healthcare in rural America and especially with many low-income Americans and on tribal lands. I shared that in addition often elderly and lower income veterans depend on a Lifeline device to adopt broadband and voice connectivity to serve these needs. I especially emphasized that the success of the Commission's rural broadband and especially the telehealth pilot could very well be jeopardized by the decline of the Lifeline program and or participation due to certain proposed and ongoing Commission changes to that program.²

During my meeting with the Wireline Competition Bureau staff we also discussed the possible focus of the upcoming telehealth pilot and how to not only maximize the likelihood for a successful Pilot but also offered best practices to offer virtual telemedicine care to patients. Essentially, telehealth,

¹ See *Federal Communications Commission Promoting Telehealth for Low-Income Consumers*, released by the Federal Communications Commission WC Docket No. 18-213, FCC 18-112 (rel. Aug. 3, 2018).

² See Wireline Competition Bureau Announces Updated Lifeline Minimum Service Standards and Indexed Budget Amount, DA 19-704 (July 25, 2019); also see, Joint Petition To Pause Implementation of December 2019 Lifeline Minimum Service Standards Pending Forthcoming Marketplace Study, WC Docket No. 11-42 et al. (filed June 27, 2019) ("Joint Petition").

or virtual healthcare services, depends on a patient's ability to use mobile or broadband services to communicate their healthcare issues and concerns with a provider so then they can receive the necessary healthcare advice or assistance without visiting a provider in person or the emergency for routine care.

We further discussed the structure of a successful program and possible eligibility requirements for telehealth Pilot awardees and participants. Having reminded that lower income Americans disproportionately both lack telecommunications connectivity, continuity of healthcare services and are more likely to have chronic health conditions, I recommended focusing on communities that are either under or un-served with telecommunications services. The Pilot's focus should not be too broad. The focus should be on improving patient access, and improved wellness and health outcomes incorporating healthcare providers, available communications systems and devices, and targeted patients' demographics to maximize the chance for success within a limited time and with limited resources. In other words, aim narrowly with the limited time and funding available.

We then discussed ways to refine the Pilot's focus such as only selecting smaller hospitals and hospital systems (maybe 100 beds or less), and not prioritize non-profit hospitals since most hospitals, large and small, are not for profit by creation. I recommended trying to determine whether or not, but for FCC Pilot funding, the hospital system would offer healthcare services or connectivity to the patients the Pilot identifies as most needy or most likely to benefit. I further noted that all healthcare does not come through hospital systems, therefore smaller primary care provider groups and veteran services in more rural areas should be included because they and their patients may benefit the most from the funding.

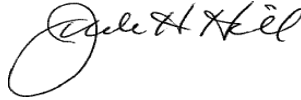
We also discussed that one objective is to increase the quality of the data produced so that later the Commission can determine the type of permanent telehealth program to develop. In other words, temporary funding, especially if the healthcare system is already paying for or offering similar services, may not produce the best data to determine the best design for a permanent program.

I further emphasized that the FCC Lifeline program already exists to give eligible low-income Americans access to telecommunications which can be used to provide telemedicine. I offered that to optimize the Pilot's success, the FCC should allow all existing FCC administered programs, including Lifeline, to participate in the Pilot since the programs already exist and they need no additional financial support so they would help leverage the Pilot funding. Furthermore, I shared that taxpayer moneys should not be wasted creating or duplicating another low-income American focused program, a Telehealth lifeline 2.0 program; nor should the Pilot funds be used to pay for extra communications devices for low income customers when many of these customers already have the telecommunications device and service they need.

We concluded our conversations by expressing a desire to actively and constructively help the Commission achieve their stated objectives with rural broadband adoption, and offered to help explore best methods to deliver telehealth services and create a Pilot that assists the Commission's work to later design a permanent program that can improve the health and healthcare accessibility for Americans.

Pursuant to section 1.1206(b) of the Commission's rules, this letter is being filed electronically.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Judson H. Hill". The signature is fluid and cursive, with the first name "Judson" being the most prominent part.

Judson H. Hill, Esq.

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cc: Rashann Duval, Attorney Advisor in the Wireline Competition Bureau
Darren Fernandez, Attorney Advisor in the Wireline Competition Bureau
Haley Steffen, Attorney Advisor in the Wireline Competition Bureau
Regina Brown (by telephone), Telecommunications Access Policy Division, Wireline
Competition Bureau