

January 26, 2018

Marlene H. Dortch, Secretary
Federal Communications Commission (FCC)
445 12th Street, S.W.
Washington, DC 20554

Submitted electronically via www.regulations.gov

RE: Promoting Telehealth in Rural America – WC Docket No. 17-310

Dear Secretary Dortch:

OCHIN and The California Telehealth Network (CTN) appreciate the opportunity to comment on the Commission's Notice of Proposed Rulemaking and Order released on December 18 that would fortify its work to improve rural health care in America.

OCHIN is a 501(c)(3) nonprofit community-based health information technology (HIT) collaborative based in Portland, OR. OCHIN receives support from the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA), and is a HRSA-designated Health Center-Controlled Network (HCCN). OCHIN's mission is to pioneer the use of health information technology (HIT) in caring for the medically underserved. As such, OCHIN serves community health centers (CHCs) including Federally Qualified Health Centers (FQHCs), rural and school-based health centers, safety-net providers and public health and correction facilities across the nation.

OCHIN is one of the largest and most successful health information and innovation networks, serving hundreds of organizations comprised of more than 10,000 clinicians nationwide. Our Health IT solutions improve the integration and delivery of health care services across a wide variety of practices—with an emphasis on delivering high speed broadband services supported through the Federal Communications Commission (FCC) Rural Health Care Program.

Over the last five years, OCHIN has acquired two (2) FCC funded broadband consortium organizations – Oregon Health Network (OHN) in 2013 and California Telehealth Network (CTN) in 2017. Between OHN (now branded as OCHIN Broadband Network Services) and CTN, hundreds of healthcare partners receive HCF services and/or medical grade broadband services to ensure the highest quality healthcare delivery possible.

The OCHIN/CTN consortia have used the Rural Health Care Program to connect over 800 health care providers over the last seven years. We understand the unique needs of rural broadband health care providers and the challenges in affordably meeting their broadband needs to support applications like hosted electronic health records and telehealth. Our partners include hospitals, community colleges, federally qualified health centers, mental health clinics, and rural and tribal clinics.

OCHIN/CTN Comments on Expanded Rural Health Care Program (RHCP) Funding

During the last two funding years, the Program has been oversubscribed at the \$400 million level, requiring proration of support available. As noted in the Proposed Rule, technology and telemedicine are assuming an increasingly critical role in healthcare delivery as such, we urge the Commission to increase the \$400 million annual allocation for the RHCP, which has remained the same since the

program's inception in 1997. Doing so will support further expansion of broadband enabled health care delivery in rural and underserved communities across America.

While progress has been made to ensure rural and underserved communities have access to broadband and telehealth services, every week we are presented with situations that indicate there is still much work to be done. As the nation's largest HCCN working to support technical assistance of community health partners throughout the US, we continue to seek viable solutions to provide reliable broadband to support hosted EHR and live video consultations over broadband to communities that are isolated from major medical centers.

Additionally, we would like to offer the following observations in support of our recommendation:

1. The \$400 million cap was established well before the HITECH Act and the implementation of "Meaningful Use" requirements which expanded the need for broadband to support hosted services and the secure exchange of patient information. The widespread use of hosted applications like electronic health records and telehealth will continue to drive the need for robust, reliable broadband in rural and medically underserved urban communities.
2. Today, the Universal Service Administrative Company (USAC) and HRSA have the information needed to determine the total number of eligible institutions and the appropriate funding to support safety net hospitals and clinics nationally in accordance with the principles of the National Broadband Plan. The FCC should engage the Rural Health Care Program stakeholders, USAC and other relevant parties to properly determine what funding levels are appropriate going forward.
3. Recent trends indicate other Universal Service Programs, such as eRate and Lifeline, may not be fully utilized going forward, which could potentially free up funding for the Rural Health Care program without increasing the total size of USF.
4. The continued success that OCHIN and CTN can deliver by way of deploying broadband, middle mile and last mile infrastructure that can be leveraged for schools, libraries and communities, again fueling and furthering education and business opportunities in communities that without the core broadband infrastructure being built may suffer in our world that is so heavily reliant on internet access.

We respectfully ask the commission to substantially increase funding for this important program to ensure high quality healthcare will be available in rural and underserved communities throughout America.

We appreciate your consideration of our view points on this important proposal. Please contact Jennifer Stoll at stollj@ochin.org should you have any questions.

Respectfully submitted,

Jennifer Stoll

VP, Government Relations

OCHIN