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UNITED STATES FEDERAL COMMUNICATIONS COMMISSION

CONNECT2HEALTHFCC TASK FORCE
VIRTUAL LISTENING SESSION -
RURAL AND CONSUMER ISSUES FORUM

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P R O C E E D I N G S

OPERATOR: Ladies and gentlemen, thank you for your patience in standing by. Welcome to the Connect2Health conference call. At this time all of our lines are fully interactive for a brief rollcall. We do ask that you use the mute button when not speaking so we can ensure the best audio quality. Also, just a reminder, today's conference is being recorded.

Do we have the line of Connie Beemer with Alaska State Hospital and Nursing Home Association?

MS. BEEMER: Hi, I'm here.

OPERATOR: Thank you. Do we have the line of Daniella Dean of National Conference of State Legislatures?

MS. DEAN: Yes, I'm here.

OPERATOR: And Darryl Cooper with FCC Disability? Darryl Cooper, do we have your line?

MR. COOPER: I'm here.

OPERATOR: Thank you. David and Nikki with CSD Communications for the Deaf?

MS. SOUKUP: Yes, we're here.

OPERATOR: Douglas Waite, Children's Village?

MR. WAITE: Yes, I'm here.

OPERATOR: And Elaine Gardner with the FCC?

MS. GARDNER: Yes, I'm here.

OPERATOR: Everette Bacon with National Federation for the Blind?

MR. BACON: Here.

OPERATOR: Haley Nicholson of State Legislators?

MS. NICHOLSON: Here.

OPERATOR: Jon Zasada with APCA?

MR. ZASADA: I'm here, thank you.

OPERATOR: Joshua Seidemann of NTCA-Rural Broadband?

MR. SEIDEMANN: Present.

OPERATOR: Margaret Nygren of AAIDD? Margaret Nygren, do we have your line?

Do we have Michele Ellison with Connect2Health FCC?

MS. ELLISON: Yes.

OPERATOR: Preston Wise of the FCC?

MR. WISE: I'm here.

OPERATOR: Ryan Hutchinson of CSD?

MR. HUTCHINSON: Yes, I'm here.

OPERATOR: Thank you. Do we have the line of Suzy Singleton from FCC?

MS. SINGLETON: Yes, I'm here. Hi.

OPERATOR: Do we have the line of Tracy Brewer of Altacare.

MS. BREWER: I'm here.

OPERATOR: And Verné Boerner of Alaska Native Health Board? Ms. Boerner, do we have your line?

Thank you. Now I would like to turn the conference call over to our host, Ben Bartolome.

MR. BARTOLOME: Greetings. Thank you very much, Justin. My name is Ben Bartolome and I serve as Special Counsel on the FCC's Connect2Health Task Force. I will be moderating today's virtual listening session which is focused on rural and consumer issues. On behalf of the

Task Force, thank you all for joining this virtual listening session, which is related to the Commission's April 24, 2017, Public Notice on Broadband Health Technology.

As we previously stated, among other reasons, these sessions are being held to better accommodate non-traditional stakeholders and those based outside the Washington, D.C. area by providing them as well as any interested parties an opportunity to provide immediate input and comment on the issues raised in the Broadband Health Public Notice. I think we've accomplished that objective today. We're thrilled to attract a large and diverse group of stakeholders, at least in terms of the RSVPs. We have folks who are already on the phone or may be in the process of calling in from as many as 16 different states across four different time zones, and representing a variety of stakeholder groups. So, thank you all for taking time from your busy schedule to join this session.

Let me now provide you with a brief

overview to serve as a level set for today's session and also go over some basic ground rules for this call before we proceed with the questions and your comments and input. As we previously informed you, and as Justin reminded us, this session is being recorded and the recording will be transcribed. The transcript, once completed, will be made publicly available on our website, www.fcc.gov/health. It will also be a part of the official record in GN Docket No. 16-46, which is the FCC's Broadband Health docket.

I'm hoping that all of you had an opportunity to read the April 24th Public Notice or at least have read the summary of the notice that we previously sent you. Through the public notice and these virtual listening sessions we are seeking input as well as data on a broad range of regulatory, policy, and infrastructure issues related to broadband-enabled health technology, solutions, and services, and ways in which we can foster their availability and adoption, especially for those living in rural and remote areas and on

Tribal lands.

Among other things, the public input we receive -- and that means your input today and anything you submit in writing in the docket -- will be used by the Task Force in making recommendations to the Commission, and they will also serve to inform the Task Force with respect to future initiatives we might pursue. So, it's really important that we hear from all of you today to get your input on some very important issues.

In terms of format, we will proceed with me asking questions, and I will be asking most of the questions that we sent you in advance. After each question is stated I will open up the floor, if you will, for comments from you. Again, this is a listening session and we're here to take notes and listen to you on the issues.

If you wish to make a comment, as Justin mentioned, in response to a question, please press * and then the number 1 on your phone and that will put you in queue and our AT&T operator will

announce the next person in queue and then open their line to speak. When it's your turn to speak, it would be great if you can tell us -- when you're speaking for the first time during the session -- from which state you are calling and perhaps a little bit about your company or organization, or if you're not affiliated with any feel free to just tell us about your interest in the issues that we're discussing today.

Please be aware that we have a sign language interpreter on this call to assists a couple of our participants who are deaf, so please make sure to speak clearly.

At any time during this session if you experience any technical difficulties, as a reminder please press *0 to reach an AT&T operator for assistance.

After we go through the list of questions I will then open the session to anyone who has any additional comments or statements they wish to make. It could be a reaction to any of the comments made by other participants, it could

be comments or thought unrelated to any of the questions raised, but basically we want to make sure that we provide all of you an opportunity to speak and provide input.

If time permits, we will open the lines to allow for some free-flowing discussion between and among participants and myself. During that segment, I may also be directing specific questions to some of you.

So, let's begin. As I mentioned, earlier this week we sent you a list of proposed questions for this session related to the six areas we want to cover for this session. I will basically follow the same topic organization which I'm hoping will allow us to maintain an organized and focused discussion. The six subject areas of topics are, number one, broadband health availability and accessibility; two, broadband health adoption; three, the FCC's Rural Healthcare Program; four, accessibility issues for people with disabilities; five, broadband health projects and initiatives at the state and local levels as

well as on tribal lands; and six, a focused or further discussion on telehealth and telemedicine.

So, we'll discuss each of these topics in turn. Although these topics are related, please do your best to focus your comments on the specific question or questions raised at the time so that we can maintain a clear record that's easier to follow, particularly for those parties who cannot join the session but plan to read the transcript.

So, topic 1, broadband health availability and accessibility. As you know, closing the digital divide, including in broadband health, is a key focus of the Commission, especially given the reality as many medical and other experts have informed the Task Force that the future of modern medicine is increasingly reliant on connected health. As such, we want to engage in efforts that will better ensure that broadband-enabled healthcare technology, solutions, and services, such as telehealth, telemedicine, electronic health records, remote

sensor monitoring, mHealth technologies, wireless-based medical devices, et cetera, are available and accessible to everyone.

So, as an initial matter we want to hear from you and learn, based on your experience and perspective, about the variety of issues, whether they be technical, non-technical, legal, environmental, cultural, anything unique in your particular area, et cetera, that are impeding the availability and accessibility of broadband health technologies, and especially in rural and remote areas of the country and on tribal lands.

In addition, we would like to know do you have any suggestions or recommendations with respect to any actions or initiatives that the FCC and/or its Task Force could pursue to address any of these issues? Or do you think perhaps some of these issues are best addressed at the state or local level or another federal agency?

With that, please press *1 now to get in queue to provide your comments with respect to this subject area and the questions raised.

OPERATOR: It looks like the first person here in queue is the line of Dr. Douglas Waite of Children's Village. Your line is open.

DR. WAITE: Hi, thanks for hosting this. I appreciate you initiating this as a physician and pediatrician. There are so many kids that have developmental issues that are not being able to be served because of their location, and that certainly includes kids in the tribal areas, especially in fetal alcohol spectrum disorders. I think the main thing as a physician is having available a platform that has some standardization and also complies with HIPAA and various confidentiality concerns. Those are the main things I would highlight.

MR. BARTOLOME: Dr. Waite, at least based on your experiences, what sort of challenges have you found with respect to using telemedicine with the patients you're serving in these underserved communities?

DR. WAITE: I think a lot of it is access on the other side, although more and more

people have computers. I guess the other piece is just getting suitable platforms to do this with. A lot of times it ends up being something simple like just facetime just because people don't necessarily have access.

MR. BARTOLOME: I see. Do you have any additional comments with respect to this subject matter that we're focused on at the moment?

DR. WAITE: That's it for now.

MR. BARTOLOME: Thank you very much, Dr. Waite. Justin?

OPERATOR: Our next line is Tracy Brewer with Altacare. Your line is open. Tracy Brewer, your line is open. If you could please check your mute button here for us.

The next questioner here in queue for comment, we have the line of Joshua Seidemann from the NTCA-Rural Broadband. Your line is open.

MR. SEIDEMANN: Thank you very much, and thanks for convening this call. This is of special importance to us. Just as an introduction to NTCA-The Rural Broadband Association, we have

about 850 members who are facilities- based broadband communications providers living in rural areas. Our companies average anywhere from 5,000 to 20,000 customers in population densities of about one-and-a-quarter person per square mile. 87 percent of our members are able to offer speeds of 10 meg and above to at least part of their customer base and 10 to 13 megabits per second is really what you want for streaming video which is useful in telehealth.

I think that, for us, when we look at this and we look at our members, some of the issues we see of course are the needs for federal policies to support network and infrastructure development and deployment and maintenance, but then also the issue of getting the medical community to support this and I think that support is growing. And I think particularly in rural areas what we have from our members is that many of the patients they still need to be convinced of this. They still need to understand that this is really -- we've reached the inflection point where

I think everyone in the medical community and policymakers understand that this is the next wave of medicine and maybe there's a point where we don't talk about telemedicine anymore because now it's just medicine. But we've got to bring the patients along as well. Thank you.

MR. BARTOLOME: Joshua, if I may, you mentioned 80 percent at 10 meg. Let me ask you about broadband speed. Are all of your member rural carries providing the current 25/3 standard that the Commission announced a year ago?

MR. SEIDEMANN: No. That's actually what I would call a thorny policy hurdle to get over. The interesting thing is that the Commission has defined broadband as 25/3, but for purposes of demonstrating that you're in compliance of obligations when you receive high-cost funding from the Commission, you are only required to provide 10/1. That risks almost setting up by design a rural infrastructure that won't be as robust as the Commission has defined at 25/3 standard.

MR. BARTOLOME: Okay. And for those rural carrier members that actually provide services for healthcare systems or other healthcare facilities, do you know what broadband speeds they are requesting or are requiring in order to be able to provide the variety of broadband-enabled health services that they're offering their patients?

MR. SEIDEMANN: Most of the case studies that we have accumulated from our members that are actively engaged in telehealth are probably using a fiber deployment. But, again, with these they've got such things as connected health carts in schools that connect to retail medical facilities, they're doing elder care. Again, the sky is the limit on this stuff, we just need the network there to be the baseline for it.

MR. BARTOLOME: I guess one final question for you, at least for now, because it's really helpful to get your perspective on behalf of a lot of the rural carriers because there's still some gaps in terms of infrastructure and

services in rural areas. So, from your perspective do you think that consumer health needs can serve as a sufficient market incentive for telecommunications companies to build and provide broadband service, and therefore enable the availability of broadband health technologies and services in currently unserved areas?

MR. SEIDEMANN: I'll answer that with a phrase I only learned recently, and we always look for silver bullets but I think sometimes we need to recognize the usefulness of silver buckshot. We are encouraging our members to look at telehealth and we encourage them to look at this not just as a revenue stream for their own market needs but also to better their community and to make sure that their customers have what they need. I think that telehealth can be an incentive to deploy the network.

Do I think it is the only be-all incentive, no. But I do believe that between the Veterans Administration and Health and Human Services and the Federal Communications Commission

there are so many federal bodies that have a real interest in this topic. I think that we can use this to push forward a collection of polices that will enable better broadband and better medical care.

MR. BARTOLOME: Great, thank you very much, Joshua. Justin, can you please announce the next participant in queue?

OPERATOR: Certainly. Next for comment or input we have the line of Danielle Dean who is the Policy Director at National Conference of State Legislatures. Your line is open.

MS. DEAN: Hi, thank you. So, a little bit about the National Conference of State Legislatures. We represent all 50 states and the territories, the state legislators and legislative staff. We have reached out to legislators who are very interested in this topic and this legislative session introduced legislation specifically around rural access. We came up with a few points that are commonalities from the responses that we received.

The first is understanding who is impacted by the digital divide and where legislators should focus resources. The mapping programs have been something that every single legislator has brought up. The National Association of Regulatory Utility Commissioners just came out with a report in June that highlighted that all 50 states and D.C. have created broadband maps under NTIA's program, but the study shows that many of the broadband mapping programs expired with the end of the BTOP funding.

So, for example, Oregon has looked at the -- Mississippi state has a digital divide index that looks at county level index scores with which communities are not receiving internet access. And in Georgia they held a series of public hearings. And so you're finding legislators who still need access to that information but looking at other ways of finding basically who are these people that need the access and how they can focus their resources more efficiently.

Another thing that has come up is looking at rural area decline. For example, 115 of Georgia's 159 counties are underserved by broadband, and all but one of those 115 counties are rural. As south Georgia continues to lose population, hospitals in those areas are continuing to close.

Another issue that we're seeing is what does telehealth mean and how is it currently being used? I thought it was interesting, our Georgia representative has held -- he serves on the Rural Development Council and he held five sets of two-day public meetings throughout rural areas in Georgia. They were specifically looking at lack of adequate broadband, and what they found was that even though there is a community health center in every county in Georgia and every one of those centers have broadband connectivity and equipment, some of the healthcare professionals were using the term telehealth and telemedicine but in reference to old technologies like doing telephone consultations, faxing files, or scanned

photos.

Also, and what I would like to echo from what I heard a previous participant say, you really need to look at access in an individual patient's home. We see a lot of resources getting spent at getting broadband access in anchor institutions like schools and libraries and hospitals and not so much on an individual's home. When you look specifically at telehealth, the legislator's vision of what that means is a healthcare professional from his or her office consulting with and diagnosing patients over the internet in a person's actual home.

I think that's where I'll stop right now. I also have a bunch of research of state legislation, but for now that's where I'll stop. I also have a bunch of research on state legislation.

MR. BARTOLOME: That's very helpful. Thanks very much, Danielle. Whatever research that you think would be helpful to us for any other information please feel free to send it to

us in the docket or email it to us and we'd be happy to receive it. Thanks very much.

Justin, can you please announce the next person in queue?

OPERATOR: Certainly. Next we'll go to the line of Connie Beemer, Director of Alaska State Hospital and Nursing Home Association. Your line is open.

MS. BEEMER: Hi, can you hear me?

MR. BARTOLOME: Yes. Hi, Connie.

MS. BEEMER: Great. Thanks for taking time to hear from us today. I appreciate the opportunity. First, the Alaska State Hospital and Nursing Home is an association, we represent

of the 28 hospitals in the state of Alaska. We've been around for 60 years. Seven of those hospitals are tribally-owned facilities. I serve on the Alaska Collaborative for Telehealth and Telemedicine and also on our state Health Information Exchange Board of Directors.

We have at ASHNHA been advocating for adequate funding of the Universal Services Support

Rural Healthcare Fund that is critical to our members and to our state. Alaska, I believe, receives about 25 percent of that funding, and the funding hit the cap this year. Right now I believe in the regulations Alaska is designated as rural and there may be potential to change it as a nation to frontier. Many of our facilities are not accessible via road so the only way to get in is either via plane or a boat. Many of them are off the road system once you get outside of the Anchorage bowl. So, it's really a lot more rural than some of the places in the lower 48.

Telehealth is used in our state. We have a robust tribal network. But it will only work if we continue to have adequate access to these funds. So, I just wanted to express our members' concerns with the proration and the capping and the uncertainty that these funds will not be available in the future. I think that's all I have for now.

MR. BARTOLOME: Thank you very much for your comments, Connie. We'll further explore the

issues or any concerns with respect to the Rural Healthcare Program as part of our third topic for today. But thank you.

MS. BEEMER: I also want to mention that our state through our Medicaid redesign -- just released a Medicaid redesign telehealth stakeholder workgroup report that gives a pretty good snapshot of where we're at in the state of Alaska in terms of telemedicine and the barriers that we're facing. That might be good for the workgroup to have. Thank you.

MR. BARTOLOME: Thank you very much.

OPERATOR: Next we have Verné Boerner, President and CEO of Alaska Native Health Board. Your line is open.

MS. BOERNER: Thank you. My name is Verné Boerner, I'm the President and CEO for the Alaska Native Health Board. We serve the Alaska Tribal Health System as an official involuntary agreement between the tribes in Alaska, serving under a single compact that has referral patterns from the village level to regional hubs to the

state level, including over 180 village clinics and regional hospitals. Then we also work with the broader healthcare network in Alaska as a whole. We have over 158,000 American Indians and Alaskan natives that we serve, and even beyond that the Alaska Tribal Health System is a critical component of the Alaska public health system.

In many cases the Tribal Health System is the only point of access to care in the communities, so we have a number of duly funded programs through HRSA and through the IHS. We also have tribal sharing agreements set with the Alaska Veterans Affairs providing access to care for both native and non-native veterans alike. So, we serve a large component of the Alaska healthcare system overall.

The broadband health availability and accessibility is something that is certainly a challenge within the state of Alaska. In many cases we do not have access to broadband and are utilizing satellite and microwave technology in order to have the connectivity. The FCC's own

reports have indicated that 81 percent of rural Alaska do not have access do not have access to highspeed broadband, so that does impact the overall adoption of utilization of broadband in health and healthcare management.

One of the points that I had raised before was if you don't have the critical mass -- in many cases our programs are required to provide patients with access to their own records, but on the one side of the fence the access and the systems are being developed but the patients themselves have a lack of access to care. So adopting those technologies in the home, as had been shared by others providing comments, that is one of the barriers to overall adoption, is getting the broader community involved. They have found that if you're able to access care at earlier stages you have better outcomes and lower costs overall.

With regards to the Rural Healthcare Program I would like to thank Connie Beemer for her comments and state that the Alaska Tribal

Health System and the Alaska Native Health Board are in support of the comments that she had shared overall. The state of Alaska has over 650,000 square miles and over 300 villages in towns that are defined by the Census counting system. I think it was only 61 had a population greater than 1,000.

As someone else had stated, in most rural areas we are similar as a state as a whole where we have about 1.21 person-per-square mile in the state. But in the vast majority of the state, we have less than 1 person per square mile. So, the Rural Healthcare Program is critical to our operations.

Some of the challenges that we see are the slower connectivity that we have with the different types of technology transmitting data has also different reliability levels as well, so being able to transmit EKGs and radiology data requires a great deal of bandwidth. The biggest problem that we have from our tribal health providers is latency issues, and often

interrupting transmission requires a restart of sending the data. And that's not just for telehealth itself or those sort of commonly thought of issues with radiology or EKGs but it even goes beyond to operations where a lot of our billing programs require manual data entry inputs. There are a number of different systems that don't necessarily communicate with one another, especially if a facility is dually funded. So, a lot of the data is manually inputted which requires a great deal of time. If there's an interruption in that process in many cases the individuals have to begin at the start as well so it affects that.

There are the compliance issues that had been mentioned before as well. That, again, goes more to operations not necessarily thought of. If you're not able to be compliant then you're not able to provide the services or be reimbursed for the services, and if you're not able to be reimbursed for the services it limits access to care overall.

So, there are just a number of issues with regard to having that access. And the Rural Healthcare Program has been a way to help bridge the digital divide that we have experienced, and it also has encouraged investment into developing infrastructure systems. If you have that stability and predictability that the program provides overall then you're more willing to be able to attract investment to help support and build the capacity of the overall program.

The proration of the cap has done a great deal to destabilize that and it threatens our operations and our ability to provide care overall. So, we really hope that we can work towards answering this issue from a sort of multidisciplinary level from the providers to the tribes, the communities, and the internet providers overall.

Some of the other initiatives that have been discussed are promising. But one thing that I wanted to point out that we've heard is while the 5G technology seems great in Alaska without