



February 02, 2018

Chairman Ajit Pai
Commissioner Mignon Clyburn
Commissioner Michael O'Rielly
Commissioner Brendan Carr
Commissioner Jessica Rosenworcel
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: In the Matter of Promoting Telehealth in Rural America, WC Docket No 17-310

Dear Chairman Pai and FCC Commissioners:

Chugachmiut is a consortium of seven Alaska Native tribes with a service area spanning 5,300 miles located between the Prince William Sound and Lower Cook Inlet in Alaska.

Chugachmiut provides a myriad of services, foremost among them is primary care, behavioral health and emergency medical care. Chugachmiut thanks the FCC for supporting its efforts through the Rural Health Care (RHC) program which seeks to assure that rural Americans have access to adequate and advanced healthcare through telehealth services.

The RHC program is a significant component in assisting Tribal Health Organizations (THO) such as Chugachmiut to resolve the immense challenges we face in the delivery of adequate and advanced care. This valuable program makes a monumental difference in the lives of Alaskan residents. The Commission's demonstration of support for the RHC program by opening rulemaking and ordering a review of the RHC program to ensure all Americans have access to advanced telehealth services regardless of where they live is greatly applauded.

By making telehealth and telemedicine services more affordable, the RHC program significantly improved healthcare in rural Alaskan communities while lowering overall health care costs. Nevertheless, the current \$400 million Rural Health Care Universal Service Support budget is inadequate to sustain the gains realized years ago. Instead, a budget that is fixed at the initial 1997 level despite two decades of inflation, advances in technology, and increased demand for services impedes an already disparate system.

We urge the FCC to increase the budget for the rural health care support mechanisms to reflect inflation over the past two decades and expand the level of support available from those mechanisms. Additional increases are also needed for technology and telecommunication demands secondary to our HIPAA legal obligations as well as advances in telemedicine capabilities, changes in patient expectations and standards of care, and new demands from skilled nursing facilities. First and foremost, this network capability has enabled healthcare teams to save lives in many rural Alaskan communities. In this region, during life threatening situations healthcare teams are able to connect via video and have direct access and support to



the emergency room physicians at the Alaska Native Medical Center in Anchorage, Alaska. This would not be possible with the support of the RHC program.

In December 2016, Chugachmiut joined over 30 Tribal Health Organizations (THOs) that provide medical services to community members and visitors regardless of race, in utilizing a shared Electronic Health Record (EHR). The EHR not only enables our healthcare system to share and view real time patient information, it enables community members to manage and take control of their health via access to a health portal, ultimately benefiting those we serve.

Telemedicine has allowed THOs to dramatically improve access to care, accelerate diagnosis and treatment, avoid unnecessary medivacs, and expand local treatment options. It has also helped reduce travel and Medicaid costs. Telemedicine services are used daily to provide care to the people we serve. A cut or lack of increase to the RHC budget will be catastrophic, and in turn, lead to cuts in other areas of healthcare services that we provide.

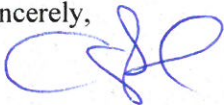
The types of benefits and costs savings we have experienced are replicated in many ways across rural Alaska. It is also worth noting that Alaska is America's largest state, comprising roughly one-sixth the nation's total land area, yet has only about two tenths of one percent of America's population with 99.95% of the state being rural – a greater percentage than any other state in the nation. Several hundred of our communities are not reachable by road and are not connected to middle mile infrastructure. The distance to the nearest medical facility is often several hundred miles that can only be travelled by air or sea. Because of our unique geography and rural nature, our rural clinics and hospitals urgently need assurance that additional RHC support will be available beginning in Funding Year 2018.

Growing evidence indicates that access to telehealth services also lowers healthcare costs in rural communities by saving money at the local, state and national levels. For example, the Alaska Native Tribal Health Consortium estimates that access to telehealth services saves rural Alaskans \$10 million annually in travel costs alone. At the national level, the Veterans Health Administration (VHA) estimated that the annual cost in 2012 to deploy its telehealth program was \$1,600 per patient per year in comparison to over \$13,000 for traditional home-based care and \$77,000 for nursing home care. Telehealth was also associated with a 25 percent reduction in the number of bed days of care, and a 19 percent reduction in hospital admissions, across all VHA patients utilizing telehealth services.

The impact from cuts to the Rural Health Care Program are far reaching, and will be devastating to our organization and the people we serve.

Thank you for taking steps to ensure the long-term viability of the Rural Health Care Program to meet the increased demand for telemedicine services both in Alaska and across the country.

Sincerely,



Angela J. Vanderpool
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CC: The Honorable Senator Lisa Murkowski
The Honorable Senator Dan Sullivan
The Honorable Congressman Don Young