



Alaska Primary Care ASSOCIATION

February 2, 2018

Ajit Pai, Chairman
Mignon Clyburn, Commissioner
Michael O'Rielly, Commissioner
Brenden Carr, Commissioner
Jessica Rosenworcel, Commissioner
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554
Submitted via: <http://apps.fcc.gov/ecfs/>

RE: Comments on WC Docket 17-310 – Notice of Proposed Rule Making – Promoting Telehealth in Rural America

Dear Chairman Pai and FCC Commissioners:

The Alaska Primary Care Association, (APCA) submits these comments in its mandated role of providing support for the Federally Qualified Health Centers (FQHCs) in Alaska. Twenty seven tribal and non-tribal Alaska FQHC organizations operate over 150 sites throughout Alaska that participate in the Rural Health Care program, (RHCP). The total value of the RHCP grants to the FQHC sites in 2016 was over \$82,000,000. These funds provide the broadband back bone that enables rural health providers to care for patients using telehealth tools and modern electronic health record systems, to remain compliant with numerous federal requirements, and meet patient and community expectations.

APCA is pleased that the FCC has released this Notice of Proposed Rule Making, (NPRM), to identify opportunities to make the RHCP more sustainable, accountable, and positioned to address quickly evolving uses and trends in broadband dependent health technology.

APCA provides the following comments:

RHCP Funding Cap:

- **The FCC should raise the \$400 million cap to reflect recent expansions of the program, and to avoid penalizing providers whom Congress explicitly intended to support.**

FQHCs are the core of the rural healthcare safety net and were specifically identified by Congress to benefit from the RHCP. All of Alaska's RHCP FQHCs are enrolled as individual applicants through the rural Telecommunications Program. Any annual proration due to a lack of funds brings unsustainable and unplanned charges to rural health providers who already operate on extremely low margins. The current instability in the program has led some health centers to downgrade their dedicated broadband services and alter the types of services that they provide.

- **Whenever possible, the operational aspects of the RHCP should be aligned with the E-Rate program, including by using GDP-CPI to update the funding cap annually.**

We suggest aligning the RHCP with the E-Rate program whenever possible, to create consistency and predictability across the sister programs. We therefore recommend that the cap amount be increased by the GDP-CPI for the years 1997-2018.

- **In future years, the funding cap should reflect inflation, eligibility expansions, and changes in costs resulting from advances in technology.**

As in E-Rate (and most other Federal programs), in future years the cap should be increased to reflect inflation. In addition, it should be adjusted to reflect expansions that are consistent with the statute, (such as the recent expansion to include Skilled Nursing Facilities), and changes in costs due to changes in services covered, technological advancements, and the resulting need for bandwidth. Without such adjustments, the actual benefit that the RHCP will provide to its intended beneficiaries will erode over time.

- **All unused RHCP funding from previous funding years should be made available in subsequent funding years until fully disbursed.**

As is done in E-Rate, unused RHCP funds committed in one funding year should be rolled over to subsequent funding years until they are fully disbursed. This should include both funds held in reserve for appeals and funds committed to a specific healthcare provider who did not use them. This approach will be consistent with E-Rate, and ensure that funds allocated for RHCP are used for that purpose.

Prioritization Approaches:

- **The current proration approach is inappropriate as it implies that all providers and expenses are of equal merit, despite that fact that some providers are of questionable eligibility and seek a disproportionate share of total RHCP funding.**

Under the proration system applied in FY16-17, all funding requests received after a certain date were subject to the identical percentage reduction. This approach implies that all requests were of equal merit, in terms of both eligibility and the appropriateness of how much funding was requested. Due to the much higher costs of service in Alaska, APCA supports a highly rural prioritization to maximize continued subsidies for very high cost locations.

- **If a second-tier prioritization approach is needed, the FCC should consider using scores for rural Health Professional Shortage Areas (HPSA), as calculated by the Federal Department of Health and Human Services and used in other Federal programs.**

Thank you for accepting comment through the NPRM process. We look forward to actively participating in the upcoming reply period. Please contact me if you have any questions.

Sincerely,

Nancy Merriman
Executive Director

CC: Senator Lisa Murkowski
Senator Dan Sullivan
Congressman Don Young