



Reply Comments of the Southern Ohio Health Care Network

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Tom Reid

Project Coordinator – Board Appointed

Tom@SOHCN.org

740-590-0076



Vision of the Southern Ohio Health Care Network (SOHCN)

- Founded in 2006 as a non-profit organization focused on Appalachian providers and patients to:
 - Expand access to world-class care
 - Improve health outcomes
 - Provide professional development for rural health care providers
- Board of Directors appointed from the consortium's rural healthcare provider membership



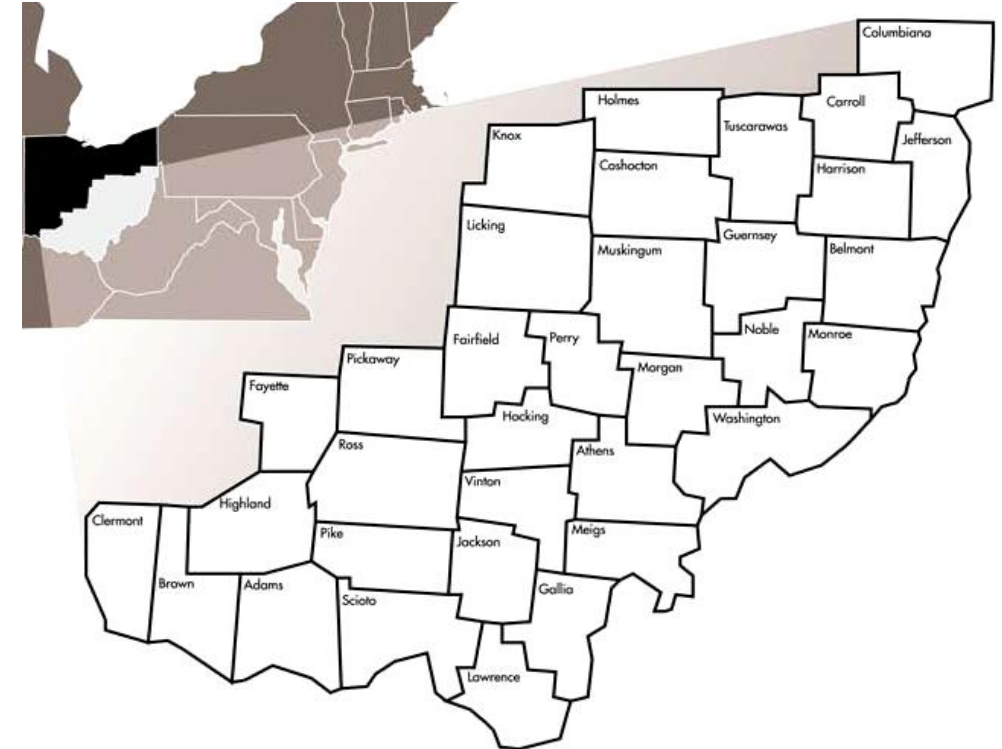
Broadband identified as a key missing ingredient



FCC-Funded Projects



- The SOHCN represents 34 rural Ohio counties
- Rural Health Care Pilot Program
 - \$30 million project in 13 counties
 - \$16 million from the FCC
 - \$10 million from winning carrier – Horizon Telcom
 - \$4 million from Adena Health System – lead health care provider
 - 100+ health care facilities connected
 - Fiber metro-Ethernet over a DWDM backbone
- Expanded to additional 21 counties
- Transitioned to Healthcare Connect Fund with rural membership of >75%





Definition of Rural

Lack of Differentiation

Chillicothe, Ohio (top)

- Population: 32K
- Economically distressed, isolated town
- 45 miles from closest metropolitan area (Columbus, Ohio)



Upper Arlington, Ohio (bottom)

- Population: 35K
- Affluent, metro-connected town
- Adjoining Columbus, Ohio with urban cluster population of 1.4M



Under Existing FCC Definition of Rural

- **No differentiation** between these two towns of very different circumstances
- Both designated as “**urban**”

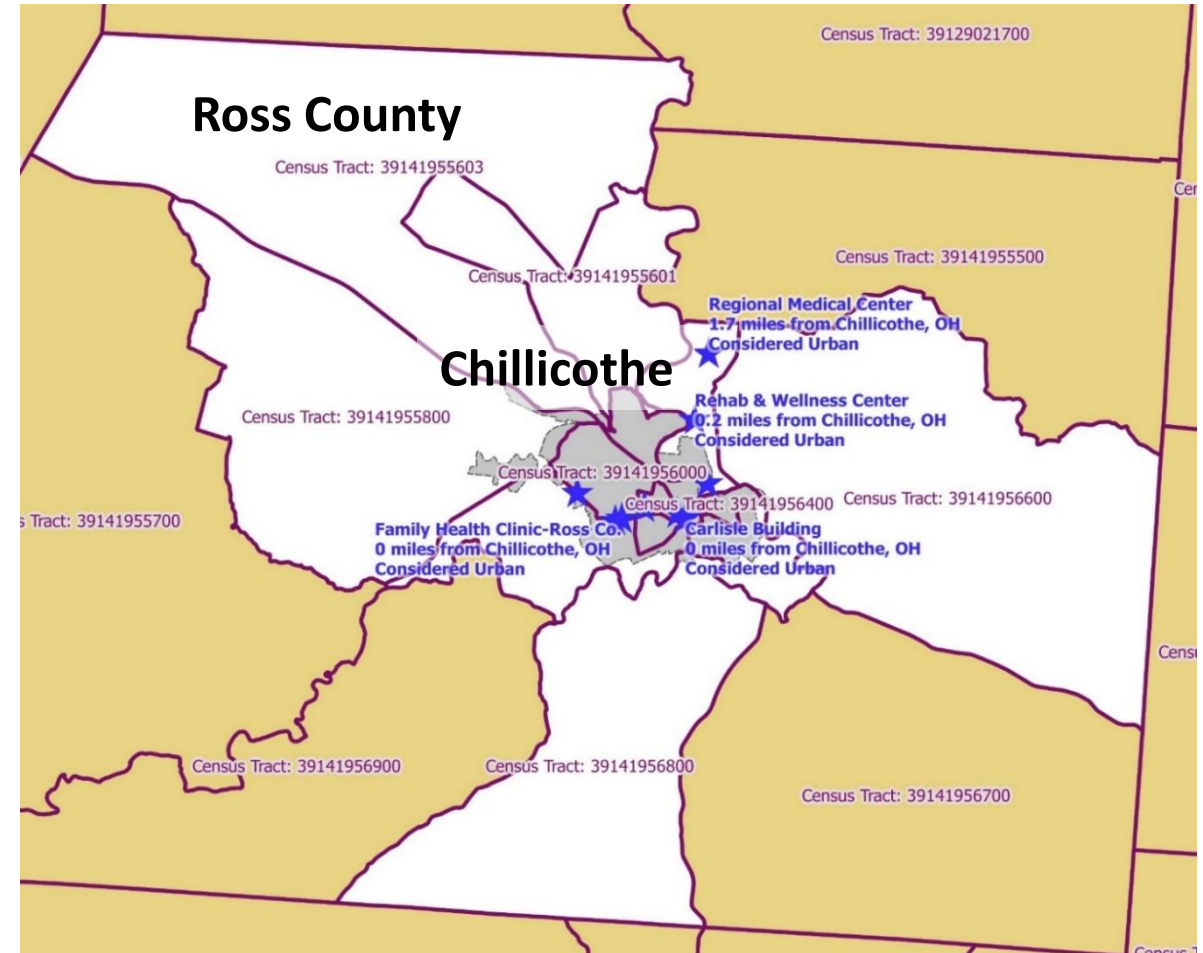


Unintended Consequences Excluding Rural Providers

Chillicothe, Ohio “Urban Cluster”

Population: 32K

- The slightest overlap with the Chillicothe “urban cluster” results in “urban” designations for large rural census tracts (white areas)
- Adena Health System facilities within Ross County, other than the main facility, would not qualify for the HCF subsidy
- Due to being “grandfathered” based on participation in the Pilot Program, these sites will receive subsidy
- Using Chillicothe as an example of a nationwide issue of how “rurality” designations can disqualify deserving provider sites





Switching Definition of Rural to USDA Rural-Urban Commuting Area Codes

Issues to Resolve

1. Definition of rural disqualifying sites that should receive subsidy
2. Minor overlap with an “urban cluster” disqualifies large rural census tracts
3. Conflicting definitions of “rural” across various Federal programs creates confusion

FCC Switching to USDA’s Rural-Urban Commuting Area (RUCA) Codes

- Much better classification of rurality than existing FCC definition (while not perfect – a big step forward)
- First step in coalescing around a single Federal definition of rurality
- RUCA-Based Designations and proposed subsidy tiers in the Healthcare Connect Fund
 - RUCA of 1-3 = Urban 50% Subsidy
 - RUCA of 4-6 = Rural 65% Subsidy
 - RUCA of 7-9 = Remote 80% Subsidy
 - RUCA of 10 = Frontier 95% Subsidy



RUCA Code Accuracy

Chillicothe, Ohio (top)

- Population: 32K
- Economically distressed, isolated town
- 45 miles from closest metropolitan area (Columbus, Ohio)
- **RUCA Codes**
 - **4 in the town**
 - **5 and 6 in surrounding Ross County**



Upper Arlington, Ohio (bottom)

- Population: 35K
- Affluent, metro-connected town
- Adjoining Columbus, Ohio with urban cluster population of 1.4M
- **RUCA Codes**
 - **1 in the town**
 - **1 and 2 in surrounding Franklin County**

