

Received & Inspected

April 19, 2018

APR 25 2018

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, SW
Room TW-A325
Washington, D.C. 20554

FCC Mail Room



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RE: Promoting Telehealth and Telemedicine in Rural America, WC Docket No. 17-310

Dear Ms. Dortch,

I write in support of the Emergency Waiver Petition filed by the Schools, Health & Libraries Broadband (SHLB) Coalition on April 3, 2018. This Petition asks the FCC to waive Section 54.675(a) of its Rules and fully fund qualified applications for Rural Health Care (RHC) funding starting with Funding Year 2017, until the Commission completes the open rulemaking in WC Docket No. 17-310. I also write in support of tribally filed Waiver Requests (filed two weeks ago by BBAHC and CATG) that challenge the RHC funding cap, seeking similar relief to the SHLB challenge. It is Maniilaq's intent to file a parallel Waiver Request once we receive a Funding Commitment Letter (FCL) from USAC.

The RHC program funding cuts of 15 to 25 percent were much larger than anticipated and are effectively retroactive because they were not announced by USAC until more than eight months after the start of the funding year, much later than was reasonable or reasonably expected. As a result, health care providers across the nation that entered into contracts for eligible services effective at the start of FY 2017 (July 1, 2017) face immediate and significant financial hardship.

Maniilaq is an Alaska Native nonprofit organization that provides health, social and tribal government services in Northwest Alaska. Maniilaq is also a Tribal Organization as defined by the Indian Self-Determination and Education Assistance Act (ISDEAA, 25 U.S.C. § 5304). Headquartered in Kotzebue, Alaska thirty miles above the Arctic Circle, Maniilaq is the sole health and social services provider in an area spanning about 38,000 square miles, which is approximately the size of Indiana. The population of our service area is about 8,400, with 83 percent being Alaska Native – primarily of Iñupiat descent. The population in each of our member villages ranges from 74% to 96% Alaska Native. Our service area is extremely remote, with no roads connecting the communities we serve. Travel is accomplished by snow machine in the winter, boat in the summer, and bush plane year round, weather dependent. The economy of Northwest Alaska is a mixed cash-subsistence economy. Our area is rich in a variety of subsistence foods that contribute to the health and welfare of our communities, including whales, seals, caribou, moose, multiple species of fish, berries, and greens.

Through an ISDEAA compact with the United States Indian Health Service (IHS) and supplemented by various grants, Maniilaq delivers comprehensive, culturally informed health care at our critical access hospital in Kotzebue, and at clinics in each of the eleven villages in our service area. Maniilaq relies heavily on internet connectivity to provide services in these villages. The extreme

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Kotzebue Okiqtagrak Ambler Ivisaappaat Buckland Nunatchiaq Deering Inatchiaq Kiana Katyaak Kivalina Kivaliniq
Kobuk Iagvik Noatak Nautaaq Noorvik Noorvik Point Hope Tikigaq Selawik Akuligaq Shungnak Isinaga

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remoteness of our hospital and clinics results in punishingly high costs of infrastructure for internet connectivity required for telemedicine, electronic health records, and other mission critical services. Maniilaq depends on the reimbursement provisions of the RHC program to pay for these costs.

Reduced RHC funding will immediately put Maniilaq in an emergency budget situation that will result in program cuts, layoffs, and a disruption of mission critical services that will unquestionably result in injury and loss of life. There is no alternative health care available in our vast service area, so patients cannot simply choose a different health care provider.

Thank you for carefully considering our support of SHLB's emergency petition, as well as your consideration of the tribally filed Waiver Request. While we hope long-term solutions to improve the Rural Health Care Program come from the open rulemaking docket, we must also urge the Commission to act to alleviate the more immediate problems being caused by the recent funding delays and shortages.

Sincerely,



Tim Gilbert
President/CEO

CC:

The Honorable Senator Murkowski
The Honorable Senator Sullivan
The Honorable Congressman Young