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May 15, 2019

VIA ELECTRONIC FILING

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-B204
Washington, DC 20554

Re: Ex Parte Notice in WC Docket Nos. 02-60, 17-310

Madam Secretary:

In accordance with Section 1.1206 of the Commission's rules¹ we hereby provide notice of the following oral *ex parte* presentations in connection with the above-captioned proceedings. On Friday, May 10, 2019, John Windhausen, Executive Director of the Schools, Health and Libraries Broadband (SHLB) Coalition, met with Wireline Competition Bureau (Bureau) staff as part of a larger group that included: New England Telehealth Consortium, Connections Telehealth Consortium, and ADS Advanced Data Services, Inc., represented respectively by undersigned counsel; Alaska Communications, represented by Richard Cameron; OCHIN and the California Telehealth Network, represented by Robert Bradner of Holland & Knight, and Eric Brown, President of CTN; North Carolina Telehealth Network, represented by John Graham; Telehealth Funding Connection, represented by Camelia Rogers; and The Evangelical Lutheran Good Samaritan Society, represented by Joe Rubin. Attendees from the Bureau included Deputy Bureau Chief Trent Harkrader, Deputy Division Chief Elizabeth Drogula, Assistant Division Chief Bill Layton, and staff attorney Johnnay Schreiber. Some of our group also had separate respective meetings with: Arielle Roth, Wireline Legal Advisor to Commissioner O'Rielly; Randy Clark, Acting Legal Advisor for Wireline and Public Safety to Commissioner Starks; and Jamie Susskind, Chief of Staff for Commissioner Carr.

During these meetings we discussed the SHLB Coalition's continuing concerns about the delayed release of funding year (FY) 2018 commitment decisions for upfront costs and multi-year requests in the Healthcare Connect Fund (HCF), the resulting need for an extension of the FY 2019 filing window, the difficulty of complying with the Commission's urban and rural rate rules for the Telecommunications Program, and other issues outlined in SHLB's March 15, 2019 letter

¹ 47 C.F.R. § 1.1206.

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to Chairman Pai and Radha Sekar, CEO of USAC.² We also discussed the scope and status of the current Rural Health Care program open rulemaking.

John Graham from NCTN highlighted one particular situation where only one rural hospital remains to serve three very rural counties in North Carolina. As a result, the health department for these three counties needs to transition to tele-mental health counseling to address diseases of despair; such as drug abuse, suicide, and chronic conditions that result from poor life-style choices, that are tearing through these rural communities. Unfortunately, as a result of the FY 2018 funding delays affecting NCTN and the desperate needs in these communities, the health department must continue to deploy the tele-mental health program without HCF discounts for the needed broadband connectivity. They made the difficult decision to suspend various clinical and preventative services, which are also critical to these rural communities, until the discounts are available. The many groups represented at this meeting are seeing similar stories played out in the rural areas they serve.

Lastly, we wish to draw staff's attention to a recent GAO report that has recognized \$560 million in expected cost savings to Medicare Advantage participants over ten years as a result of a pending Centers for Medicare & Medicaid Services rule change that will require increased use of telehealth and telemedicine.³ GAO found these savings to patients will be offset by only \$80 million in new coverage costs.⁴ A robust and well-funded Rural Health Care program is needed to fully realize these and similar savings possible through increased use of telehealth.

Please let us know if you have any questions.

Respectfully submitted,

/s/

Jeffrey A. Mitchell
Fletcher Heald & Hildreth

² See <https://ecfsapi.fcc.gov/file/103152923226388/SHLB-RHC%20Ltr%20to%20FCC-USAC%20-%20March%202019%20-%20Final.pdf>.

³ See Eric Wicklund, *GAO: Telehealth Changes to MA Plans Will Save Roughly \$500 Million*, MHEALTH INTELLIGENCE, MAY 6, 2019, <https://mhealthintelligence.com/news/gao-telehealth-changes-to-ma-plans-will-save-roughly-500-million>; see also <https://www.gao.gov/assets/700/698923.pdf>.

⁴ See *id.*