July 1, 2019

The Honorable Chairman Pai
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

The Honorable Commissioner O'Reilly
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

The Honorable Commissioner Carr
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

The Honorable Commissioner Rosenworcel
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

The Honorable Commissioner Starks
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Federal Communications Commission
RE: *In the Matter of Universal Service Contribution Methodology*, WC Docket No. 06-122
Submitted electronically via: regulations.gov

Dear Commissioners,

OCHIN appreciates the opportunity to comment on the *Matter of Universal Service Contribution Methodology* and evaluate the allocation of finances to the four Universal Service Fund (USF) programs.

OCHIN is a 501(c)(3) not-for-profit community-based health information technology (HIT) collaborative based in Portland, Oregon. We operate two national broadband consortia utilizing the Federal Communications Commission (FCC) Rural Health Care (RHC) Program. This program is foundational for the services we deliver to health care providers who serve our nation's most vulnerable patients. OCHIN operates the Oregon Health Network, California Telehealth Network, and the California Telehealth Resource Center, all advancing virtual care and telehealth within the safety net. The patients OCHIN members care for critically rely on the expansion of broadband infrastructure and subsidies provided for continued connectivity, as much of this population resides in rural and geographically remote areas and are often medically underserved.

OCHIN accesses the critical funds of the Universal Service Fund to expand health information exchange, telehealth, virtual care, and health IT using the RHC to bring our members the rapidly evolving technology that transforms their health care delivery process and helps them provide better care and improves access and patient outcomes. The Commission's efforts to improve and promote telehealth and virtual care have made an enormous impact and its continuation will transform rural health care across the nation. OCHIN's experience with this program allows us to have a well-educated lens through which to offer recommendations and suggested improvements to continue to meet its goals with increased efficiency. Below, we outline our concerns with the program currently and recommend some practical improvements to make it more efficient and sustainable and better meet the needs to program participants.

Current Issues:

OCHIN members are delivering health care in underserved communities and require support to continue to afford their broadband. Specifically, OCHIN has seen a rapid rise in demand for quality, secure, reliable broadband in these communities as the need for broadband delivery of services continues to grow, but the broadband capacity has not met the need. The United States has a rapidly ageing population, veterans in need of primary and behavioral care, a growing demand for virtual care, and expanding use of electronic health records (EHR). These requirements are not currently being accommodated by broadband expansion efforts.

According to the FCC's own Broadband Deployment Report, broadband connectivity in rural and tribal American communities continues to lag deployment levels in urban America. OCHIN believes the disparities are much worse than reflected in the most recent report. This restricted access could be overcome by expansions of broadband paired with telehealth programs. OCHIN is supportive of any efforts by the FCC to expand funding opportunities for innovation in telehealth to help fill these gaps.

We have a nation that does not have enough clinicians to meet our health care needs. The clinicians we do have are generally not located where the highest patient demands for those services are needed and clinician shortages are expected to worsen. OCHIN believes now is the time to increase funding support for broadband connectivity and telehealth programs in rural and medically underserved areas. In addition, with the deployment of EHR and other IT applications, it is increasingly important that patients have adequate broadband access from their homes.

Specifically, patients need access to their medical records and have the opportunity more than ever to communicate with their providers. Virtual care and remote patient monitoring programs via secure access to broadband is critical to this movement. With the deployment of electronic health records and other hosted health IT applications nationally it is increasingly important that patients have adequate broadband to access their patient records and communicate with their health care providers via secure chat or email from home. Additional USF support through funding is needed to ensure these rural and medically underserved communities are not left behind.

Funding Reallocation or Increase to Resolve Inefficiencies:

We urge the FCC to ensure balance between the budget and demand for the RHC Program, as well as the E-Rate Program, Lifeline Program, and Connect America Fund (CAF).

- Ensure budget meets demand.
  - o The RHC Program was established in 2007, with the FCC arbitrarily setting funding at $400 million. This funding remained unchanged until 2017, when it was increased to $571 million, and then in 2019 to $581 million, to reflect inflation – not national need. The current demand for the RHC program, despite recent reports from the FCC, surpasses the current budget. The economics and technological landscape reflect a growing demand and insufficient funding supply, indicating the need to increase funding for this use case.

- Allow for administrative flexibility.
    - With the growth of EHRs, telehealth, virtual care, and remote patient monitoring, the need for a rise in the funding for the RHC program is at a critical point. The independent program caps must be removed as funding flexibility is needed between these programs. Allow the budget to respond to the need rather than reducing the efficiency of this program by placing arbitrarily imposed limits on support for public health and welfare.
- Respond to national need.
    - OCHIN suggests prior to applying a cap to these programs that the FCC determine national broadband funding needs. It should not be the previous year's disbursements that determine annual budget limits, the FCC should instead reach out directly to states, counties, tribal communities, and other vital stakeholders for a proper analysis of budget needs (or application assistance needs), as there are extensive areas that remain without broadband connectivity. The goal of this program and the allocation of funding should be equity. There should be equity in both broadband access and funding to support this access.

Administrative Difficulties:

The USF and particularly the E-Rate and RHC programs have been plagued by administrative difficulties since its inception. These issues discourage program participation, directly reflected by the low demand reported by the FCC. These administrative deficiencies require the FCC's immediate attention for this program to comply with Congressional intent.

OCHIN suggests the following to overcome administrative issues:

- Process current consortia applications.
    - Over the past two years the RHC program HCF applications were forced to wait ten to eleven months to receive funding commitment decisions. Taking into consideration that broadband deployments of new sites in rural areas can conservatively take six to nine months to complete once funding is secured, rural and safety net clinics and hospitals seeking RHC funding can easily wait at least two years from the time they submit an application until their broadband circuits are installed and operational. These long and uncertain funding approval timelines have introduced a consistent level of uncertainty that is discouraging the rural and safety net clinics and hospitals that need HCF support the most from participating in the program.
- Create consistent guidelines.
    - Inconsistent guidance on site eligibility requirements often leaves those previously approved for funding later rejected with no advanced warning or announcement of changes to RHC eligibility guidelines. When applicants are denied funding after a common delay, there is often no indication of how these sites could meet eligibility requirements or how quickly it could be resolved. These applicants, especially those located in rural areas with exorbitant connectivity costs, are left with large balances and costly contract terms with no resolution from USAC. Applicants are then hit with the need for additional staff resources and legal costs to address the lack of funding issue, taking away from patient care.

- Reopen the bidding for administrative contracting.
  - o The FCC should consider reopening the administrative contract for bid for the organization that would administer the Universal Services Fund. The FCC should take the opportunity to reexamine the current role of USAC and the USAC Board in administering this program. The USF and particularly the E-Rate and RHC programs have been plagued by administrative difficulties since its inception. Program applicants have continually faced lengthy delays in obtaining funding decisions and a lack of transparency and communication with regards to program policy and administrative changes.

Please contact Jennifer Stoll at stollj@ochin.org should you have any questions.

Sincerely,

Jennifer Stoll
EVP, Government Relations and Public Affairs