July 25, 2019

Chairman Ajit Pai

Commissioner Mike O’Rielly

Commissioner Brendan Carr

Commissioner Jessica Rosenworcel

Commissioner Geoffrey Starks

Federal Communications Commission

445 12th Street, SW

Washington, DC 20554

**Re: Comment on WC Docket No. 17-310**

Dear Chairman and Commissioners:

The Alaska Native Tribal Health Consortium appreciates the Federal Communications Commission’s support for prioritizing rural and extremely rural areas in WC Docket No. 17-310. However, we have significant concerns that most of Alaska’s rural areas are designated as a single “extremely rural” area and will have a single median rural rate used for subsidy calculations, despite the vast differences in connectivity cost across the area. While the FCC notes in the docket that connectivity costs are disproportionally higher in extremely rural areas, the costs are far from uniform across that single tier.

Relying on a single median rate calculation may have a disastrous impact on the most rural communities where the costs vastly exceed the median rural rate. For these communities, there may be no business model to support connectivity at a median rural rate. This could certainly lead to a loss of connectivity with disastrous effects on health care – e.g., loss of electronic health record and loss of telehealth.

We have considered how we could propose a clear dividing line for Alaska’s most rural sites. Frankly, Alaska’s most remote locations continue to have a digital divide between those that rely exclusively on satellite connectivity, and those that have terrestrial options (fiber and/or microwave). Rather than using geography or distance to other sites, we believe the most accurate way to classify extremely rural sites is based on the options and technologies available for connectivity.

**We recommend that the FCC consider splitting the “extremely rural” locations into two categories based on the availability of satellite-only, versus satellite with terrestrial options.** The stark reality is that terrestrial connectivity brings much faster performance through reduced latencies, which means we can support remote-hosted EHRs for physicians and much better videoconferencing capability for telehealth.

We are not necessarily suggesting a change to the prioritization of one group over the other – as both types of sites rely heavily on connectivity. However, we recommend having different median rural rates for each group to support a business model that will continue to support connectivity to the most remote locations in the United States.

We would also propose that the FCC consider having median rural rates that are appropriate to the service offerings that are critical to health care. Service attributes such as reduced latency, reliability and performance are hugely critical when accessing EHRs and telehealth. Alaska’s tribal health organizations have recognized the significant benefits from shifting towards terrestrial connectivity which has enabled the Alaska Tribal Health System to migrate towards a single shared videoconferencing platform and for 75% of all health care to operate in a single shared EHR system hosted in Kansas City.

Respectfully,



Gerald Moses

Vice President of Intergovernmental Affairs

Cc: Senator Lisa Murkowski

Senator Dan Sullivan

Congressman Don Young