



# Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

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July 24, 2019

Chairman Ajit Pai  
Commissioner Mike O’Rielly  
Commissioner Brendan Carr  
Commissioner Jessica Rosenworcel  
Commissioner Geoffrey Starks  
Federal Communications Commission  
445 Twelfth Street, S.W.  
Washington, D.C. 20554

<https://www.fcc.gov/ecfs/filings>

Re: Promoting Telehealth and Telemedicine in Rural America, WC Docket No. 17-310  
Draft Report & Order

Dear Chairman and Commissioners:

Alaska Native Health Board (ANHB) thanks you for the opportunity to comment on the Draft Report and Order for WC Docket No. 17-310, Promoting Telehealth in Rural America. We also appreciate the Commission’s work to improve the Rural Health Care (RHC) program and want to help ensure there are no harmful unintended consequences from the proposed changes. We hope you will consider our comments before voting on the Order.

Established in 1968, ANHB serves as the statewide voice on Alaska Native health issues. ANHB is a 28-member organization representing tribes and tribal health organizations (THOs) carrying out health services on behalf of the 229 federally recognized Tribes in Alaska. As the statewide tribal health advocacy organization, ANHB assists the Alaska Tribal Health System (ATHS), state and federal agencies with achieving effective communication and consultation. The ATHS is comprised of a voluntary affiliation of over 30 Alaskan tribes and tribal health organizations providing health services to all 229 tribes and over 175,000 Alaska Natives and American Indians (AN/AIs).

- We recommend that the FCC conduct further in-state analysis within Alaska prior to consideration of the Report and Order. ACS has already raised the issue of the wide variations of “rural” areas in Alaska, and that even a category such as “extremely rural” will require, perhaps, additional gradations of remoteness to be accurate. There are substantial differences, for example, between areas of the state that are served by roads vs. those that are not. Those differences play

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HEALTH CORPORATION

CHICKALOON VILLAGE  
TRADITIONAL COUNCIL

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NATIVE ASSOCIATION

COUNCIL OF ATHABASCAN  
TRIBAL GOVERNMENTS

EASTERN ALEUTIAN TRIBES

KARLUK IRA  
TRIBAL COUNCIL

KENAITZE INDIAN TRIBE

KETCHIKAN  
INDIAN COMMUNITY

KODIAK AREA  
NATIVE ASSOCIATION

MANIILAQ ASSOCIATION

METLAKATLA INDIAN  
COMMUNITY

MT. SANFORD  
TRIBAL CONSORTIUM

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OF EKLUTNA

NATIVE VILLAGE OF EYAK

NATIVE VILLAGE  
OF TYONEK

NINILCHIK  
TRADITIONAL COUNCIL

NORTON SOUND  
HEALTH CORPORATION

SELDOVIA VILLAGE TRIBE

SOUTHCENTRAL  
FOUNDATION

SOUTHEAST ALASKA REGIONAL  
HEALTH CONSORTIUM

TANANA CHIEFS CONFERENCE

YAKUTAT TLINGIT TRIBE

YUKON-KUSKOKWIM  
HEALTH CORPORATION

VALDEZ NATIVE TRIBE

out in substantial variations in infrastructure, health, and telecommunications costs.

- Absent additional site-specific analysis within Alaska, there is significant concern that the utilization of a “median” rural rate, as discussed in the Report and Order, could result in price-setting that could have the unintended consequence of reducing, rather than increasing, competition among carriers in Alaska. A “median” rate that is used for determination of RHC funding could create situations where Alaska communities that are nowhere near the conditions that essentially match up with the median rate (i.e. location, geography, climate, accessibility, infrastructure, etc.) cannot attract carriers for RHC services. The Report and Order does not specifically address these types of concerns. We support Alaska Communications’ proposal to sub-divide Alaska’s “extremely rural” tier into three sub-tiers: locations on the road system with access to terrestrial broadband, locations off the road system with access to terrestrial broadband, and locations exclusively served by satellite. The median rate for each sub-tier could then be used.
- While the Report and Order does indicate that prioritization based on degree of rurality could mean that Alaska, as a largely “extremely rural” area can better compete for funding, the concern is that the higher priority could come in combination with a median-defined funding “cap” that would suddenly leave Alaska health organizations and communities on the outside looking in at the RHC program. So, while the concept seems sound in theory, in practice it could cut off the highest cost Alaska locations participating in the RHC program. These are the same communities the FCC notes that are pioneering the use of telehealth and EHR applications, and any sudden jostling of funding could mean massive disruption in health delivery. We agree with Alaska Communications’ comments filed July 19, 2019 that Alaska’s “extremely rural” areas are not alike in geography, cost or service availability.
- The Report and Order should include an analysis of whether a transition period is necessary to move from the way that the RHC program is currently operated and funded to any new regime that would come out of this rulemaking. The Report and Order seem to indicate that the intent is for the FCC to essentially create change in what the level of funding will be from the RHC program to the State of Alaska, as Alaska is mentioned multiple times in the draft in relation to the amounts of funding it receives. If the FCC foresees substantial change occurring at the community level, statewide level, or anywhere on the continuum in between, the Report and Order should build into its analysis any transition period necessary for such change.

Alaska has over 660,000 square miles of land. Yet, Alaska’s population of just 737,438 (2018) is less than that of the state capital of Texas. We have rural communities accessible only by small, Bush planes, and that can only get telecommunications service via satellite. We also have rural communities on the road system, close to major fiber-optic networks. Naturally, the price for telecommunications service varies greatly between an on-road and off-road community, especially when it takes more than one provider to get service to a rural area.

We also agree with Alaska Communications’ comments that advanced telecommunications services, such as MPLS, should be eligible for RHC support under the telecom program. We

respectfully urge the Commission to modify this aspect of the draft Report and Order to clarify that non-telecommunications telehealth transmission services are eligible for telecom program support. As you know, telehealth services have advanced significantly and rely on advanced information services. MPLS is the best available high-speed broadband service that meets our needs for a managed service that is reliable, flexible and secure.

Again, we thank the Commission for the opportunity to add our voice to ensure America's most rural communities continue to benefit from the delivery of telehealth services.

Sincerely,

A handwritten signature in dark ink, appearing to read 'V. Boerner', followed by a long horizontal line extending to the right.

Verné Boerner  
President/CEO  
Alaska Native Health Board

