

SHASTA CASCADE HEALTH CENTERS

MCCLLOUD HEALTHCARE CLINIC | DUNSMUIR COMMUNITY HEALTH CENTER | MCCLLOUD DENTAL CENTER

May 14, 2018

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

Received & Inspected

MAY 21 2018

FCC Mailroom

Re: Rural Health Care Program: Request to Promptly Approve Emergency Petition for Waiver of the Funding Cap Pending Conclusion of the Open Rulemaking

Dear Ms. Dortch,

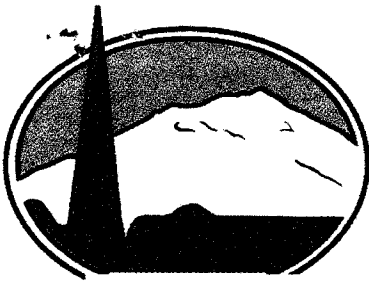
Shasta Cascade Health Centers is writing to strongly urge the Commission to approve the Emergency Petition for Waiver of the Rural Health Care Program (RHCP) Funding Cap Pending Conclusion of the Open Rulemaking, which was recently filed by the Schools, Health & Libraries Broadband (SHLB) Coalition.

We rely on this funding to help us utilize an electronic health record, a requirement of our 330 grant funding. We also are trying to provide telemedicine from our clinics in order to increase access to needed specialties, such as psychiatric care. We are struggling to provide this service on existing internet infrastructure and we need this RHCP funding to bring fiber optic service to our rural areas.

Shasta Cascade Health Centers strongly urges the FCC to promptly approve the Emergency Petition for Waiver of the RHCP Funding Cap Pending Conclusion of the Open Rulemaking, for the following reasons:

- The reductions in FY2017 RHCP payments to rural FQHCs are in direct contradiction to Congress' and HHS' long-standing efforts to expand EHRs and telehealth in rural communities.
- The reductions in FY2017 RHCP payments to rural FQHCs are significant, unexpected and largely retroactive – and particularly difficult for small safety-net providers to absorb.
- Given the size of the FY2017 reductions – and the unpredictability of future payment amounts – many rural FQHCs are considering giving up activities that require broadband access, despite significant pressure from Congress and HHS to engage in these activities.

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- Both the \$400 million cap and FCC oversight of the RHCP are outdated, and rural safety-net providers should not be penalized while waiting for the FCC to complete its updates of both.
 - Given that rural providers and carriers are presently determining if -- and under what terms -- they will participate in the RHCP in FY18, the FCC should approve the emergency waiver promptly.

Thank you for your attention to this request, and for your efforts to increase access to care for medically underserved patients in rural areas. Please feel free to contact me directly if you would like additional information.

Sincerely,

James Proffitt CHFP
Chief Executive Officer