Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

In the Matter of	)	
	)	
Petition for Waiver of 47 C.F.R. § 54.600(b)(1) for	)	
Tuolumne MeWuk Indian Health Center	)	
	)	
Rural Health Care Universal Service	)	CC Docket No. 02-60
Support Mechanism	)	

PETITION FOR WAIVER

Respectfully submitted,

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August 2, 2016

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SUMMARY

Network Services Solutions, on behalf of Tuolumne MeWuk Indian Health Center ("TMWIHC"), seeks waiver of section § 54.600(b)(1) of the Commission's Rural Health care Program rules. This waiver will allow TMWIHC to continue to obtain the low-cost broadband it needs to furnish vital health and dental care services to tribal and rural residents of Tuolumne County, California, including to hikers and visitors to nearby national parks and forests, including Yosemite National Park. Tuolumne County is large (about the size of the state of Delaware), rural (with a population density equal to the state of Nebraska), and classified by the Department of Health and Human Services as medically underserved.

Although USAC has reclassified TMWIHC as "non-rural" due to the 2010 census, the population of Tuolumne County barely increased between the 2000 and 2010, and the Census Bureau now estimates that 2015 population is lower than the population in both 2010 and 2000. The Commission should grant this waiver request so TMWIHC can continue to provide improved access to health care to tribal and rural residents who have limited access to specialty medical, mental health, and dental care. Doing so is in the public interest because it will avoid reduced health care access for rural tribal and non-tribal residents of Tuolumne County.

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PETITION FOR WAIVER

Network Services Solutions ("NSS") by its attorney and pursuant to § 1.3 of the Commission's Rules ("Rules"), hereby petitions the Federal Communications Commission ("FCC" or "Commission") to waive Section 54.600(b)(1) of its Rules with respect to Tuolumne MeWuk Indian Health Center ("TMWIHC"). Unless this petition is granted, effective July 1, 2016, TMWIHC will no longer be classified as "rural" under Rural Health Care ("RHC") program rules, despite the fact that population in the largely rural county in which TMWIHC resides is estimated by the U.S. Census Bureau to be *lower* in 2015 than it was in both the 2000 and 2010 censuses. With a loss of RHC universal service subsidies, TMWIHC will no longer be able to afford high-speed broadband currently used to provide vital medical and health care services to rural tribal and non-tribal residents, as well as visitors to nearby Yosemite National Park.

In support thereof, the following is respectfully submitted:

I. BACKGROUND

NSS is a leading non-facilities provider of voice and data solutions to companies and professional organizations throughout the U.S. Founded in 1993, NSS designs, deploys and

maintains reliable and secure networking solutions that keep clients connected. Through long-standing and trusted partnerships with major U.S. and regional telecom carriers, NSS provides and supports flexible and dependable network architecture at competitive rates.

TMWIHC has two 60-month contracts with NSS which have received funding commitments from USAC for each of the last four RHC funding years. The first contract, which provides two 3 Mbps connections, expires October 2016; the second contract, which provides a DS-3 (45 Mbps) connection, expires January 2017.[1]

A. TMWIHC and the Tuolumne Band of Me-Wuk Indians

The Tuolumne Band of Me-Wuk Indians is a federally recognized Indian tribe located in the western foothills of the Sierra Nevada in Tuolumne County, California. The Tuolumne Rancheria was purchased on October 26, 1910 and established as one of two local reservations for then landless Indians. The original acquisition consisted of 290 acres. Today the Tuolumne Rancheria consists of over 644 acres. There are approximately 200 residents living on the Rancheria and an additional 200 non-resident members of the Tribe.[2]

In January of 2005 the Tribe opened the Tuolumne Me-Wuk Indian Health Center ("TMWIHC") in the City of Tuolumne. TMWIHC is a non-profit primary care health center, owned and operated by the tribe. TMWIHC provides pediatric, obstetric, psychiatric, general medical care, minor surgery, and general health education. It continues to grow to meet the needs of the community. An on-site pharmacy was opened in September of 2006 and a state-of-the-art

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[1] These circuits are for HCP# 17521, located at 19969 Greenley Rd, Sonora, CA.

[2] *See* https://mewuk.com/cultural/history/.

Dental Clinic opened up in April of 2008 on Greenley Road in Sonora. An additional Tuolumne Me-Wuk Indian Health Center was opened in Sonora on Cedar Road in 2013.[3]

TMWIHC's patient population is made up of approximately 25% Native Americans/Alaskan Natives and 75% non-native patients. Native Americans continue to suffer substantial disparate health outcomes,[4] a situation TMWIHC has only begun to address. The principal site in Tuolumne houses an 11,000 square-foot state-of-the-art facility; has 8 exam rooms and 2 procedure rooms, in-house lab, in-house pharmacy, and a Behavioral Health Department. TMWIHC's Behavioral Health Department consists of a psychiatrist, psychologist, and substance abuse counselors.

In addition to medical services and preventative health, TMWIHC provides dermatological services, certain alternative medicine services (if referred through a primary care provider), pharmacy services, dental services, behavioral health services, ambulatory nursing care, public

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[3] *See* http://www.tmwihc.org/.

[4] *See* Indian Health Services, Disparities, https://www.ihs.gov/newsroom/factsheets/disparities/. As IHS explains:

> The American Indian and Alaska Native people have long experienced lower health status when compared with other Americans. Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality of life issues rooted in economic adversity and poor social conditions.
>
> Diseases of the heart, malignant neoplasm, unintentional injuries, and diabetes are leading causes of American Indian and Alaska Native deaths (2007-2009).
>
> American Indians and Alaska Natives born today have a life expectancy that is 4.4 years less than the U.S. all races population (73.7 years to 78.1 years, respectively).
>
> American Indians and Alaska Natives continue to die at higher rates than other Americans in many categories, including chronic liver disease and cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases.
>
> Given the higher health status enjoyed by most Americans, the lingering health disparities of American Indians and Alaska Natives are troubling. In trying to account for the disparities, health care experts, policymakers, and tribal leaders are looking at many factors that impact upon the health of Indian people, including the adequacy of funding for the Indian health care delivery system.

health nursing, and health education. All patient electronic health records ("EHRs") are hosted on a remote server utilizing EHR services provided by Indian Health Services ("IHS").[5]

All services provided by TMWIHC utilize high-speed internet connectivity that TMWIHC could not afford to purchase but for the RHC subsidies for which it has long been eligible. For example, radiological images, patient referral information, Dentrix data (dental records and images),[6] retinopathy images for diabetes diagnosis (submitted through EyePacs[7]), and prescriptions and other e-pharmacy data – all of this information is received or submitted via TMWIHC's high-speed connection. Access to the remotely hosted IHS EHRs via broadband is necessary to delivering care at all TMWIHC service locations.

In addition, the professional staff at TMWIHC rely on the ECHO program, an interactive collaborative medical education platform that is improving diagnosis and patient care in many rural communities across the country.[8] ECHO programs utilize high-speed broadband to bring local care providers from multiple sites together with specialists to discuss cases in weekly clinics.

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[5] Information on TMWIHC's EHR is available here: http://www.tmwihc.org/ehrinfo.php. IHS provides background on its EHR services in this interactive presentation: http://www.tmwihc.org/ehr/Index_WS_IHS_EHR%20.swf.

[6] *See* http://dentrix.com/products/dentrix.

[7] *See* http://www.eyepacs.com/.

[8] "ECHO" stands for Extension for Community Healthcare Outcomes. *See* http://echo.unm.edu/about-echo/model/:

> The ECHO model™ breaks down the walls between specialty and primary care. It links expert specialist teams at an academic 'hub' with primary care clinicians in local communities – the 'spokes' of the model. Together, they participate in weekly teleECHO™ clinics, which are like virtual grand rounds, combined with mentoring and patient case presentations.
>
> The clinics are supported by basic, widely available teleconferencing technology. During teleECHO clinics, primary care clinicians from multiple sites present patient cases to the specialist teams and to each other, discuss new developments relating to their patients, and determine treatment.
>
> Specialists serve as mentors and colleagues, sharing their medical knowledge and expertise with primary care clinicians. Essentially, ECHO® creates ongoing learning communities where primary care clinicians receive support and develop the skills they need to treat a particular condition, such as hepatitis C or chronic pain. As a result, they can provide comprehensive, best-practice care to patients with complex health conditions, right where they live.

B. Tuolumne County Remains Largely Rural and Medically Underserved

Despite the growth of TMWIHC, Tuolumne County remains largely rural. There is only one hospital in the entire county, no endocrinologist, and very limited specialty care. There is only one grocery store in Tuolumne County, a weekly seasonal farmers market, and a small organic food store. The land area of Tuolumne County is 2,274 square miles,[9] larger than the state of Delaware (1,982 square miles). Population density is 24 per square mile – about the same as the state of Nebraska. By comparison, Delaware's population density is 485, while California as a whole is 251.[10] Tuolumne County is designated a Health Professional Shortage ("HPSA")[11] area for mental health[12] and dental care,[13] and is classified as a Medically Underserved Area ("MUA").[14]

C. TMWIHC's Rural Status Change

In 2004 the Commission changed its definition of "rural" for purposes of the determining which health care providers ("HCPs") were eligible for RHC program support.[15] Starting in 2005, HCPs were "rural" for purposes of the RHC program if they were located in the following:

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[9] *See* Wikipedia entry for Tuolumne County, CA at https://en.wikipedia.org/wiki/Tuolumne_County,_California

[10] *See* https://en.wikipedia.org/wiki/List_of_U.S._states_by_population_density.

[11] HPSA's are administered by the United States Department of Health & Human Services, Health Resources and Services Administration ("HRSA"). More information is available here: http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/index.html.

[12] *See* California Office of Statewide Health Planning and Development ("OSHPD"), Healthcare Atlas, at http://gis.oshpd.ca.gov/atlas/topics/shortage/hpsamh and http://gis.oshpd.ca.gov/atlas/content/report/shortage/hpsa_mh.pdf.

[13] *See* OSHPD Healthcare Atlas at http://gis.oshpd.ca.gov/atlas/topics/shortage/hpsadt and http://gis.oshpd.ca.gov/atlas/content/report/shortage/hpsa_dt.pdf.

[14] MUA's are administered by HRSA. More information is available here: http://www.hrsa.gov/shortage/mua/. *See* OSHPD Healthcare Atlas at http://gis.oshpd.ca.gov/atlas/topics/shortage/mup and http://gis.oshpd.ca.gov/atlas/content/report/shortage/muap.pdf.

[15] *See Rural Health Care Support Mechanism*, WC Docket No. 02-60, Second Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, 19 FCC Rcd 24613, 24619-20, ¶ 11-12 ("*Second Report and Order*"). The Commission was forced to change the method of determining rural because the prior method

- Outside a Core Based Statistical Area ("CBSA") (as determined by OMB);
- Within a small CBSA (one that contains no urban area with a population of 25,000 or more); or
- Within a large CBSA but located in a census tract that does not contain any part of a place or "urban area" with a population greater than 25,000.[16]

Tuolumne County makes up the Sonora CBSA.[17] Almost half of that area is made up of federal lands such Yosemite National Park, Stanislaus National Forest, BLM lands, and Indian reservations.[18] Only 1.4% of Tuolumne County is covered by urban areas, ranking it the 21st most rural county in California by land area out of the 58 counties.[19]

Based on the 2000 Census, the city of Sonora (and surrounding areas) was classified as an "urban cluster," a type of urban area,[20] with a population of around 14,000.[21] Because the total population of the Sonora urban cluster was below 25,000, Tuolumne County was classified by OMB as a small CBSA – meaning that, under the current Rules, all of Tuolumne County was considered "rural" for purposes of the RHC program.

Subsequently, the Sonora urban cluster was enlarged and renamed the "Sonora-Jamestown-Phoenix Lake" urban cluster, encompassing areas with a total population of over

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used statistical definitions that had been discontinued by the Office of Management and Budget ("OMB") and the Office of Rural Health Policy. *See id*. at 24618, ¶ 9.

[16] *See id*. at 24619-20, ¶ 11-12; 47 C.F.R. § 54.601(b)(1).

[17] A United States Census Bureau ("Census Bureau") map of California CBSA's is available here: https://www2.census.gov/geo/maps/metroarea/stcbsa_pg/Feb2013/cbsa2013_CA.pdf

[18] *See* Wikipedia entry for Tuolumne County, CA at https://en.wikipedia.org/wiki/Tuolumne_County,_California.

[19] *See* Census Bureau, Percent urban and rural in 2010 by state and county, available at https://www.census.gov/geo/reference/ua/urban-rural-2010.html (last viewed Jun. 27, 2016).

[20] "The urbanized population is the population contained in the urban area (urbanized area or urban cluster) at the core of the CBSA as well as all other urban areas in the CBSA. Urbanized areas and urban clusters are areas of 'densely settled territory' as defined by the Census Bureau." *Second Report and Order*, 19 FCC Rcd at 24619, n.45.

[21] The 2000 census urban cluster list can be found here: http://www2.census.gov/geo/docs/reference/ua/st2kuc.txt. This link is available at the following Census Bureau webpage: https://www.census.gov/geo/reference/ua/urban-rural-2000.html (last viewed June 27, 2016).

28,000.[22] This redefinition of the relevant urban cluster caused the Sonora CBSA (*i.e.*, all of Tuolumne County), to be reclassified as a "large" CBSA. As a result, the county now contains an "urban area" with a population that exceeds the 25,000 threshold – causing USAC to limit rural classification within the county to a few scattered census tracts. This change for Tuolumne County to non-rural occurred despite the fact that total population increased very slightly – less than 1000 persons – between 2000 and 2010: from 54,501 in 2000 to 55,365 in 2010; and has shrunk significantly since.[23] Indeed, the Census Bureau reports that Tuolumne County's estimated population in 2015 is lower than it was in 2000.[24]

Therefore, even though the population of Tuolumne County declined over the last 15 years – and even though access to health care remains limited – because the Sonora urban cluster boundary was redrawn and expanded, under Commission Rules, rather than the entire county being rural, effective July 1, 2016, only those census tracts that do not contain any part of the Sonora-Jamestown-Phoenix Lake cluster are rural. According to USAC, only three isolated census tracts in Tuolumne County meet that requirement and thus are rural: 42.00, 52.01, and 9852.02 (consisting almost entirely of a state prison).

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[22] The 2010 census urban cluster list can be found here: http://www2.census.gov/geo/docs/reference/ua/ua_list_uc.xls. This link is available at the following Census Bureau webpage: https://www.census.gov/geo/reference/ua/urban-rural-2010.html (last viewed Jun. 27, 2016). A map of the new Sonora-Jamestown-Phoenix Lake urban cluster can be found here: http://www2.census.gov/geo/maps/dc10map/UAUC_RefMap/uc/uc83073_sonora--jamestown--phoenix_lake_ca/DC10UC83073.pdf (last viewed June 27, 2016).

[23] *See* Historical population for Tuolumne County, CA, summarized at https://en.wikipedia.org/wiki/Tuolumne_County,_California.

[24] *See* Census Bureau Quick Facts for Tuolumne County, CA, available at: http://www.census.gov/quickfacts/table/PST045215/06109,00 (last viewed Jun 27, 2016).

II. LEGAL STANDARD

The Commission may waive any of its rules where good cause is shown.[25] Waiver is appropriate where (i) special circumstances warrant deviation from the general rule, and (ii) such deviation serves the public interest.[26] Although waiver is a "high hurdle":

> [A]n application for waiver has an appropriate place in the discharge by an administrative agency of its assigned responsibilities. The agency's discretion to proceed in difficult areas through general rules is intimately linked to the existence of a safety valve procedure for consideration of an application for exemption based on special circumstances.[27]

Such special circumstances include "considerations of hardship, equity, or more effective implementation of overall policy."[28]

The statutory language supporting the RHC Telecommunications Program indicates intended beneficiaries are those HCPs that serve rural residents.[29] Indeed, the Commission has recognized as much when it has previously allowed other "formerly rural" HCPs, to maintain their rural status (through "grandfathering"):

> The record demonstrates that [the] grandfathered facilities, while not located themselves in a "rural area" under current Commission definitions, play a key role in providing health care services to "fundamentally rural" areas.[30]

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[25] 47 C.F.R. § 1.3.

[26] *See, e.g., NE Cellular Tel. Co. v. FCC*, 418 F.2d 1153, 1159 (DC Cir. 1969); *see also Request for Review Bradford Regional Medical Center, Rural Health Care Universal Service Support Mechanism*, Order, DA 10-1022, 25 FCC Rcd. 7221, 7222 n.16 (2010) (citations omitted).

[27] *See WAIT Radio v. FCC*, 418 F.2d 1153, 1159 (D.C. Cir,. 1969) (citations omitted; emphasis added).

[28] *See id.*

[29] Section 254(h)(1)(A) of the Telecommunications Act of 1996 ("the Act") directs the Commission to ensure that "public or nonprofit health care provider[s] that serve[] persons who reside in rural areas in [a] State [have access to telecommunications services] at rates that are reasonably comparable to rates charged for similar services in urban areas in that State". *See* 47 U.S.C. § 254(h)(1)(A) (emphasis added). In holding that HCPs must be located in rural areas, the Commission recognized, as a practical matter, that the urban-rural discount mechanism mandated by statue made sense only if eligibility was limited to HCPs who faced a disparity of cost compared to their urban counterparts. *See Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, 12 FCC Rcd 8776, ¶ 641 (1997).

[30] *See Rural Health Care Support Mechanism*, WC Docket No. 02-60, Order and Notice of Proposed Rulemaking, 26 FCC Rcd 9145, 9149-50, ¶¶ 13-15 (2011) (*Rural Grandfathering Order and NPRM*); *see also Rural Health Care*

III. THE COMMISSION SHOULD GRANT THIS WAIVER REQUEST SO TMWIHC CAN CONTINUE TO PROVIDE IMPROVED ACCESS TO HEALTH CARE TO TRIBAL AND RURAL RESIDENTS IN AN AREA WHICH IS MEDICALLY UNDERSERVED AND WHICH HAS LIMITED ACCESS TO SPECIALTY, MENTAL HEALTH, AND DENTAL CARE

As noted, the Commission, in the Rural Grandfathering Order, granted rural status waivers for certain HCPs that were no longer rural under the Rules. In doing so, the Commission recognized the following factors as relevant for determining good cause and special circumstances, some of which were present with respect to each grandfathered entity:

- Not located in large urbanized areas and play a key role in providing health care services to "fundamentally rural" areas;[31]
- Offer "critical services" to their patients and/or located in regions experiencing specialty health care shortages, which they are seeking to remedy via telemedicine;[32]
- Lack access to affordable broadband services affects ability to provide telehealth services to rural areas;
- RHC eligibility would further other federal rural health policy objectives that utilize telehealth.

As discussed below, each of these factors is present for TMWIHC.

Support Mechanism, WC Docket No. 02 60, Report and Order, 27 FCC Rcd 16678, ¶ 68 (2012) (*Healthcare Connect Fund Order*) (making the interim grandfathering granted in 2011 permanent).

[31] *See Rural Grandfathering Order and NPRM* at 9149, ¶ 13 ("The record demonstrates that grandfathered facilities, while not located themselves in a "rural area" under current Commission definitions, play a key role in providing health care services to 'fundamentally rural' areas. These providers are not located in large urbanized areas.") (footnotes omitted).

[32] *Id.* at 9150, ¶ 14 ("The record also provides numerous examples of the critical services that the petitioners and other affected health care providers offer to their patients. . . . In particular, many grandfathered facilities are located in regions experiencing specialty health care shortages, which these facilities are seeking to remedy via telemedicine. Services provided by grandfathered facilities include the following: emergency services, preventative care, interactive video, counseling, specialist consultations, oncology, psychiatry, neurology, tele-trauma, teleradiology, health professional and community education, and other telehealth and telemedicine applications.") (footnotes omitted).

A. **Granting a waiver is in the public interest because it will avoid reduced health care access for rural tribal and non-tribal residents of Tuolumne County.**

TMWIHC is not located in a large urbanized area and provides services to fundamentally rural areas, including the adjacent wildernesses of Yosemite National Park and Stanislaus National Forest. While some of TMWIHC's service locations are located within the city of Sonora, and thus within the Sonora-Jamestown-Phoenix Lake urban cluster, other locations are within the small town of Tuolumne, outside of that cluster.[33] (With a population of only 28,000 the Sonora-Jamestown-Phoenix Lake urban cluster cannot be considered a "large" urbanized area.)

Although TMWIHC does not provide emergency care, many of the services it does provide are critically important to the local community. With Tuolumne County being medically underserved and the county having only one other major health care provider, TMWIHC fills a critical gap in services in a county that is the size of a small state. With Tuolumne County facing recognized shortages of mental health and dental professionals, TMWIHC is helping to address these shortages with its Behavioral Health Department and Dental Clinic.

While broadband is fortunately available to TMWIHC, it remains costly, particularly at the higher bandwidths TMWIHC requires to continue to provide the health services it currently provides. If TMWIHC can no longer obtain RHC subsidies – as will be the case if this waiver is not granted – it will no longer be able to afford the levels of broadband it currently enjoys, much less upgrade to the speeds it will need in the near future. Because so much of the services TMWIHC provides rely on broadband, inability to afford high quality, high bandwidth services, will impact TMWIHC's ability to provide care.

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[33] *See* map at footnote 20, *infra*.

Finally, TMWIHC is happy to be at the forefront of federal initiatives promoted by IHS to promote the increased use of telehealth, including tele-behavioral health, to improve the well-being of its patients and our tribal community.[34] Indeed, as IHS recognizes:

> Serious behavioral health issues such as substance use disorders, mental health disorders, suicide, violence, and behavior-related chronic diseases have a profound impact on the health of American Indian/Alaska Native (AI/AN) individuals, families, and communities. Through its programs, the IHS Division of Behavioral Health addresses these issues and follows the current Indian health care system focus on integrated behavioral health and primary care treatment that respects the balance, wellness, and resilience of AI/AN people.[35]

Accordingly, discontinuance of funding to TMWIHC is not in the public interest because it could reduce the provision of health care to populations with serious health disparities and unmet health care needs.[36]

B. Special circumstances demonstrate good cause for a waiver because the population of Tuolumne County is now less than it was in 2000 when the entire county was classified as rural.

TMWIHC and NSS recognize that many HCPs likely lost their rural status after the 2010 census. However, we encourage the Commission to seriously consider any good faith claim that a specific HCP continues to warrant rural status. In TMWIHC's case, we have shown the impact discontinuance of this funding will have on TMWIHC and the community and patients it serves. Just as importantly, however, we have shown that there is has in fact been little change in the overall population of Tuolumne County to warrant reclassification of this large county to be non-rural. With the population now estimated *lower* than it was in 2000, such a result borders on the

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[34] *See* https://www.ihs.gov/telebehavioral/.

[35] *See* https://www.ihs.gov//communityhealth/behavioralhealth/.

[36] *See Rural Grandfathering Order and NPRM* at 9149, ¶ 15 ("[W]e find that discontinuance of funding could result in serious harm to affected rural health care providers and their patient populations, and such harm would be contrary to the public interest.").

absurd. The fact is Tuolumne County is the same geographic size it ever was, has the same effective population, and still has only one hospital that provides care to this large region. Those facts alone show a very unique situation for TMWIHC that warrants relief.

TMWIHC has demonstrated that factors of hardship and equity are present in its situation, and that granting this waiver will further the ultimate intended goals of the Rural Health Care program – thereby resulting in more effective implementation of Commission policy.[37]

IV. CONCLUSION

WHEREFORE, good cause having been shown, the Commission should grant this petition, waive Section 54.600(b)(1) as it applies to Tuolumne MeWuk Indian Health Center, and allow it to continue to be classified as "rural" for purposes of its eligibility in the Rural Health Care universal service support mechanism.

Respectfully submitted,

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(703) 584-8678

Counsel for Network Services Solutions

August 2, 2016

[37] *See WAIT Radio*, 418 F.2d at 1159.

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	)	
Rural Health Care Universal Service Support Mechanism	)	CC Docket No. 02-60

DECLARATION OF JACOB SMITH

IN SUPPORT OF

PETITION FOR WAIVER OF
RURAL STATUS FOR TUOLOMNE MEWUK INDIAN HEALTH CENTER

My name is Jacob Smith. I am Clinical Applications Coordinator CAC and IT Manager at Tuolumne MeWuk Indian Health Center ("TMWIHC"). My responsibilities include implementation and support of multi-service clinical applications, information technologies, software, and serve as a liaison with IHS California Area Office.

I provide the following Declaration to support the factual statements in the Petition for Waiver on behalf TMWIHC.

Affidavit of Support

I have read the Petition for Review filed by Network Services Solutions seeking waiver of 47 C.F.R. section 54.600(b)(1) on behalf of TMWIHC ("Petition"). Without this waiver, TMWIHC will lose its rural status effective July 1, 2016. My position and responsibilities at

TMWIHC provide me with the requisite knowledge to confirm that factual statements within and attached to the Petition concerning TMWIHC are true and accurate.

I declare under penalty of perjury that the foregoing is true and correct.

Jacob Smith

Executed on August 1st 2016.

SUBSCRIBED AND SWORN BEFORE ME, the undersigned notary public on this the 1st day of ~~July~~ August (CW), 2016, to certify with witness my hand and official seal.

Notary Public in and for the State of California

Commission Expiration: 08/01/2019

CHRISTINA M. MCCOY
Commission # 2120689
Notary Public - California
Tuolumne County
My Comm. Expires Aug 21, 2019

CHRISTINA M. MCCOY
Commission # 2120689
Notary Public - California
Tuolumne County
My Comm. Expires Aug 21, 2019