

**Before the
Federal Communications Commission Washington, DC 20554**

In the Matter of)
)
Promoting Telehealth for Low-Income Consumers)

WC Docket No. 18-213

**COMMENTS OF THE
TELECOMMUNICATIONS ASSOCIATION OF MAINE**

The Telecommunications Association of Maine (TAM) representing the interests of the Rural Local Exchange Carrier (RLEC) providers in Maine offers the following comments in response to the Notice of Proposed Rulemaking released on July 11, 2019, in the above captioned proceeding (hereinafter “the NPRM”). TAM participated in the development of the comments filed by the State of Maine in this matter and TAM concurs with everything in the State of Maine’s filing with the exception of whether internet service must be provided by an Eligible Telecommunications Carrier (ETC), which will be discussed further below.

It has become generally accepted that broadband is critical for a wide range of issues in rural America. One of the key benefits rural broadband can bring is advances in telemedicine and improving standards of care for individuals in remote areas with a limited ability to travel to health centers for treatment. TAM believes that the proposed pilot program can help demonstrate the real benefits a robust rural broadband network can bring. However, critical to the issue is the recognition that the benefits of broadband spring from having a vibrant network to serve multiple goals. Retaining a silo mentality, where education is its own box, telehealth is in a different box, and economic development is in yet another box, leads to inefficient expenditures of public dollars and ends up pitting special interests against each other in an attempt to secure more support for their box at the expense of support for the other boxes. In deploying the pilot projects envisioned in the NPRM the Commission should ensure that the primary focus is on the patients and the network as a whole.

The NPRM asks whether the broadband providers providing internet access under the pilot projects should be required to be certified as ETCs and whether the internet access should be purchased through a competitive bidding process. These questions seem to be proposing that both the internet access to the health centers involved in the pilot projects and the internet access to the affected patients would be chosen through the pilot project by the entity that is operating the pilot project. To the extent that this is what was contemplated by the Commission, TAM suggests that the Commission adjust the process for the pilot projects to maximize the benefits of the competitive market and to leverage this program to benefit the rural network as a whole. Specifically, TAM suggests that, for the internet access provided directly to the health center, the access provider should be chosen through a competitive bidding process where the winning bidder would have a period of time after winning the bid to become certified as an ETC.

However, for the services provided to the patients, the patients should be permitted to utilize the provider of their choice for internet access, whether the provider is or is not an ETC.

If a provider is receiving federal support to expand access to a health center, then the Commission must have the authority and jurisdiction over the recipient of the funds to ensure that the funds are used appropriately. It is hardly unreasonable to require that an entity accepting funds collected from utility ratepayers in order to provide a specific targeted service agree to being subject to the regulatory oversight of the Commission for the extremely limited purpose of ensuring that the funds are actually used to serve the goals of the Commission. Conversely, funds provided for patient access should not be specific direct connections that only exist for the life of the pilot project. Patient access requires a network capable of providing the required levels of access at an affordable rate. The way to ensure this access is to promote and support the networks that have already been deployed through private investment in order to encourage a sustainable infrastructure. With health care, one cannot simply attempt point to point access between the health center and the patient because the patients will change and there is no way to predict where the patients will be located. The only way to ensure that patients will be able to take advantage of telehealth services is through a robust network that reaches all potential patients.

Utilizing this split approach, the Commission can promote both new access for health centers as well as promoting the natural growth of the networks necessary to support the benefits of telehealth for patients. TAM would propose that any pilot project that offered service directly to customers for which customers require internet access would include provisions that would allow the provider to bill the health center for the patients' access and the health care provider would then be able to receive up to 85% of that amount back from the Commission through the pilot project. Any difference would then be paid either by the health care provider or billed to the patient from the health care provider, depending upon how the specific pilot project is designed. The NPRM raised the question of whether there should be an accounting by patients regarding what portion of their broadband usage was part of the pilot project versus personal use. TAM does not believe there should be any such apportionment because this should be about supporting a network capable of providing telehealth services to patients. Networks are not built as siloes, and support for networks should not be premised on the false assumption that one strand of fiber carries just telehealth and one strand just carries Over The Top video so you can just support the strands in the network that serve the special interest group that is seeking support today. A network is bigger than artificial siloes, and the only way to efficiently and effectively support affordable, universally available internet access service is to support networks in a holistic manner. This program should be viewed as an opportunity to leverage support for a specific project in a way that provides a wider scope of benefits.

At the end of the day, there are limited public dollars available to support the deployment of universally available affordable broadband service. The only way to accomplish this goal is to leverage public dollars to encourage private investment in networks capable of providing all of the services necessary for economic development, health care, education, and all of the other various social benefits that derive from broadband access. Ultimately telehealth is about improving patient care. Telehealth can only fulfil its potential if an affordable robust network

exists for all. Using this pilot project to promote the development of rural networks is the surest way to benefit patients both now and going forward.

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read "Ben Sanborn", with a stylized flourish at the end.

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