

residents of the United States Virgin Islands (“USVI”), an insular area with a substantial low income population.

I. ATN Supports a Preference for Targeting Tribal Lands

ATN agrees with those commenters who suggest the proposed Pilot Program should have a greater focus on serving Tribal areas.² Tribal areas are prime candidates to benefit from support for tele-health operations – they are generally very low-income, not densely populated, and have long distances between where patients live and where health-care services are available. Tribal lands are precisely the areas where, in the absence of federal support, tele-health service will not be economically feasible.

In general, Tribal lands are already on the wrong side of this nation’s digital divide, with many Tribal residents lacking access to high-speed broadband services. Access to high speed broadband service could be a critical tool in solving the lack of access to health care and higher rates of opioid or alcohol dependence on Tribal lands. These maladies are the types of maladies that can be ameliorated via tele-health solutions, where the patients live many miles from the nearest health-care provider.

ATN agrees with the NPRM’s proposal, at ¶59, to require a tele-health provider to certify that its service will be provided on Tribal lands.

II. There Should Also Be a Preference for Remote, Insular Areas

In addition to Tribal areas, the Pilot Program should also provide a preference for proposals to serve the remote insular areas of the USVI, rural Alaska (*i.e.*, outside metropolitan Anchorage), and rural Puerto Rico (*i.e.*, outside metropolitan San Juan and Ponce) (the “Insular Areas”). As with Tribal lands, these Insular Areas are characterized by low income and limited

² See, e.g., Comments of Seneca Nation of Indians; Comments of Swinomish Tribe.

access to health care. As with Tribal lands, these Insular Areas are in great need of tele-health services and are not likely to see such services introduced unless there is federal support.

Indeed, the USVI, where ATN operates, is one of the lowest-income areas of the United States. Additionally, the USVI is still in the process of recovering from the 2017 hurricanes Irma and Maria.³ This area is desperately in need of tele-health services, but to implement such services without government support is just not economically feasible.

Accordingly, the Program should provide a substantial preference for health-care providers proposing to serve these Insular Areas.

CONCLUSION

ATN supports creation of the Connected Care Pilot Program but urges the program focus on rural Tribal lands and Insular Areas. These are the types of areas where deployment in general lags behind the rest of the country, and where there is already an absence of health-care options available to residents. The Commission should focus this program on those areas where, either due to the low population density and great travel distances, or to the lack of transportation infrastructure, obtaining health-care services locally is not always feasible.

Respectfully submitted,
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³ Indeed, the fact that all supplies must come from the mainland via the sea is a major factor in the obstacles to rebuilding from these hurricanes, for all three islands.