



SOUTHERN UTE INDIAN TRIBE

November 30, 2018

Hon. Brendan Carr, Commissioner
Federal Communications Commission - Wireline Competition
445 12th Street SW
Washington, D.C., 20554

Re: Connected Care Pilot Program ([FCC-18-112 WC Docket. No. 18-213](#))

Dear Commissioner Carr:

On behalf of the Southern Ute Indian Tribe, I am writing to provide comments to the Federal Communications Commission (FCC) on the Notice of Inquiry for its Connected Care Pilot Program (the Pilot Program). We commend the FCC for its efforts to increase accessibility to health care services to tribal communities, most of whom are low-income and rural in nature and largely unable to access “brick and mortar” health care facilities.

While we support the FCC’s initiative to establish a pilot program for the deployment of telehealth services in rural areas of the country, we believe it is imperative that the Pilot Program be deployed on Indian tribal lands.

Increasing Broadband Deployment in Unserved and Under-served Areas

The Notice of Inquiry for the Connected Care Pilot Program recognizes that rural and tribal areas lag greatly in broadband deployment and that the FCC is committed to crossing the digital divide to narrow the gaps in accessibility. Telemedicine is often neglected on tribal land as a result of the high costs associated with accessing broadband.¹ With most tribes geographically dispersed in rural areas, the grant funds would allow for the extension of broadband services to tribal land, allowing for increased access to telehealth technologies.

A recent report from the U.S. Government Accountability Office found greater than expected barriers in accessing broadband services on tribal land. The study also found that less than 1% of funding for broadband programs was awarded to tribes.² An FCC commitment to provide funding for at least one pilot program on tribal lands would offer greater access to broadband and subsequently telehealth services, which would enable a portion of the rural AI / AN population to improve their health outcomes and accessibility to care.

¹ Kruse CS, Bouffard S, Dougherty M, Parro JS. Telemedicine Use in Rural Native American Communities in the Era of the ACA: a Systematic Literature Review. *J Med Syst.* 2016;40(6):145. Citing: Roh C. Telemedicine: What it is, where it came from, and where it will go. *Comp. Technol. Transf. Soc.* 2008;6(1):35–37. doi: 10.1353/ctt.0.0002.

² Tribal Broadband: FCC's Data Overstate Access, and Tribes Face Barriers Accessing Funding. *U.S. Government Accountability Office.* Available at: <<https://www.gao.gov/products/GAO-19-134T>>.

Improving Health Outcomes Through Broadband Access

The Indian Health Care Improvement Act expresses the sense of Congress that the federal government has an obligation to ensure the highest possible health status for the American Indian / Alaska Native (AI/AN) population, as well as to provide the resources necessary to effect that policy.³ Despite advances made in recent years, most tribal communities lack the resources necessary to better their health status and should be considered for the Pilot Program.

According to a Journal of Medical Systems article entitled *Telemedicine Use in Rural Native American Communities in the Era of the ACA: a Systematic Literature Review*, the AI / AN communities “demonstrate the highest prevalence of type 2 diabetes in the world, fight cardiovascular disease as the leading cause of mortality, demonstrate the highest rate of substance abuse and dependence in the nation, and possess the greatest mortality rates from alcoholism, tuberculosis, accidents, homicide, and suicide than all other Americans.”⁴

The deployment of telehealth has a demonstrated and positive effect on addressing these illnesses, and the impact of a telehealth program on tribal land could help further alleviate some of these issues.

Eligible Health Care Providers

Modest telehealth initiatives have been introduced in the AI / AN communities, either targeting specific geographical areas or diseases. In 2016, a telehealth program was introduced in the Great Plains Area, which provides services to the seven brick and mortar hospitals in the region.⁵ The addition of Pilot Program grant funding would allow for these services to reach beyond physical hospitals and assist those members of the AI / AN communities that receive health care in their homes.

A nation-wide tele-ophthalmology program was developed to ensure diabetic patients receive an annual eye exam in order to prevent complications leading to blindness. This program, established in 2000, has completed 70,000 tele-ophthalmology screening for AI / AN patients, reducing the high rates of diabetic blindness in the community.⁶ Given that the IHS has already

³ Indian Health Care Improvement Act. *Indian Health Service: The Federal Health Program for American Indians and Alaska Natives*. Available at: <<https://www.ihs.gov/ihcia/>>.

⁴ Kruse CS, Bouffard S, Dougherty M, Parro JS. Telemedicine Use in Rural Native American Communities in the Era of the ACA: a Systematic Literature Review. *J Med Syst*. 2016;40(6):145. Citing: Wells, J.B., Increasing access, improving care: BWH doctors volunteer at IHS hospitals. *Brigham and Women's Outreach Program*. Winter, 2010.

⁵ IHS seeks proposals to expand telehealth services in Great Plains. *Indian Health Service: The Federal Health Program for American Indians and Alaska Natives*. Available at: <<https://www.ihs.gov/newsroom/index.cfm/pressreleases/2016pressreleases/ihs-seeks-proposals-to-expand-telehealth-services-in-great-plains/>>

⁶ IHS-Joslin Vision Network Tele ophthalmology Program. *Indian Health Service: The Federal Health Program for American Indians and Alaska Natives*. Available at: <<https://www.ihs.gov/teleophthalmology/>>.

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implemented telehealth programs, structures for implementation already exist and would allow tribal lands outside of the Great Plains area to receive access to telehealth services.

Deploying the Pilot Program on tribal land offers an ideal testing location for it, due to the fact that it allows for testing within an organized community where dispersal of telehealth technologies could be more easily managed.

We appreciate the opportunity to comment on the Pilot Program and urge the FCC to consider implementing part of the Pilot Program on tribal land. Thank you for the opportunity to submit these comments. If you have any questions, please contact David Smith at dasmith@southernute-nsn.gov or (970-563-2140).

Sincerely,

A handwritten signature in black ink that reads "Christine Sage". The signature is fluid and cursive, with the first name "Christine" and the last name "Sage" clearly distinguishable.

Christine Sage, Chairman
Southern Ute Indian Tribal Council