Docket No. 96-45

Secretary
FCC
Washington, DC 20554
April 2, 1996

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Dear Sirs:

In response to the Notice of Proposed Rulemaking published on March 8, 1996, I would like to make comment. I have taught in the public schools for 21 years and am an active telecommunicator. I am convinced of the power of telecommunications to stimulate the learning process both for students and for teachers, and deeply encourage the FCC's continued progress towards providing universal access for schools.

I would like to underscore the importance of universal access for students at the elementary level to information via telecommunications. This access is perhaps the most hopeful new factor to open schools to the community. For too long schools have suffered the isolation of the four-wall of the classroom, six hours of the day, and two sides of the books. Teaching is a lonely profession, and with the advent of telecommunications (from home at this point, but an important breakthrough nonetheless), I have felt profoundly connected to others within my profession. I feel very strongly that the ability to connect with other educators and with educational sources of information has deeply affected my professional growth and allowed me to greatly improve my teaching.

When my students are finally able to access information services, I am also certain that their abilities to gather, manipulate and understand information will expand exponentially. I am greatly encouraged by the progress we have made with the telecommunications bill and would like to make particular response to the following sections of the Notice of Proposed Rulemaking.

Section 80 refers to the issue of defining a geographic area for the application of the services provided to schools and libraries. I think this should be the area served by the telecommunications carrier in its entirety

Section 81 refers to wireless technologies. I have been intrigued by the concept of wireless technologies since attending an ARPA demonstration in May of 1993. I feel strongly that existing infrastructure of public schools could be wired for telecommunication only at great cost, and the wireless technologies could provide a much more accessible strategy for connecting the schools. I encourage the FCC to support development of appropriate wireless technologies for telecommunication in the schools.

Section 84 refers to the entitlement of schools and libraries to a discount for telecommunications services for educational purposes. I support the process of providing written certification by the institution of their intention to use the connection for educational purposes.

Section 85 refers to the process of qualifying "bona fide" requests for educational service. I support the recommendation that any person qualified under State or local law to order telecommunications services for schools or libraries be deemed capable of making a "bona fide request" for service

I appreciate the opportunity to give input to this process, and look forward to the day when all our schools are connected to the internet and students access information there as naturally as they read from textbooks today.

Sincerely,

Bonnie Price

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April 1, 1996

Office of the Secretary
Federal Communications Commission
1919 M Street NW
Washington, DC 20554

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RE: Informal Comments -- CC Docket No. 96-45

Gentlemen:

As the State Health Officer in North Dakota concerned about access, quality and cost of health care, I appreciate the opportunity to provide comments about the Act and its affect on telemedicine and health care providers. Telemedicine is viewed by our office as effective, efficient access for the many rural residents in our state. We feel every effort should be made to make their health care comparable to the urban residents of our state. We are actively involved in licensure, quality, reimbursement and malpractice issues related to telemedicine.

In response to some of the specific paragraphs:

Section IV.A., paragraph 71: In addition to course services discussed in section III, rapid line services for the rural health providers are becoming a necessity. Rural telemedicine services include two-way video service with consulting specialists in the urban area and patients from the remote rural area. High-speed telecommunications capability at this time include asynchronous transfer mode and integrated systems digital network technologies. The definition here must be fluid as the technologies and availability of technologies and cost-effectiveness of technologies are constantly changing and advancing.

Paragraph 73: North Dakota is an extremely sparsely populated state with population density of nine people per square mile. There are four population centers with specialty care services available. To provide necessary health services in this state, there should be adequate access to specialty services. Access to these services should not require a 3-hour travel over a highway. Transmission of pictures, sound, images such as x-rays or electrocardiograms and other laboratory information should be available and should connect the urban areas to the rural service providers.

Section C.1., paragraph 90: In addition to those services mentioned above, continuing medical education services are necessary in the rural areas and appropriate communications equipment and technology should be supported for these areas.

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Paragraph 91: In addition to the services mentioned in this paragraph, consideration must be given to security issues. These lines must be secure so that personal medical information cannot be intercepted and disseminated to an undesired population. Patients have a great fear of providing confidential personal messages to a television audience.

Paragraph 92: With the assistance of a private grant and through independent and local funding to telemedicine communications, networks have been established in the state of North Dakota. These networks are small serving six different sites. They are currently technically feasible using dedicated T-1 lines. These lines have been necessary for security purposes and for adequate access. Though they may be only used for a few minutes daily, this level of support seems necessary at this time. Improvement in capabilities could improve the economic feasibility.

Paragraph 94: Telemedicine remains in its infancy. There are only a few providers available at this time. Limiting discounts to ingoing or outgoing services would be very difficult. The services provided are generally two-way.

Section 2., paragraph 95: I would suggest that rural counties be defined on a population density basis or that any county not including a metropolitan statistical area be considered a rural area.

Paragraph 96: This use of metropolitan statistical areas would not be objectionable in our area. We do not have any extremely large metropolitan statistical areas that contain very rural areas.

Paragraph 97: I would caution against using county population as a sole determinant. Counties can vary significantly in size and a county of 20,000 people could conceivably be more rural than another county of 2,500 people. As an example, Nevada and Iowa might both be considered relatively rural states. Nevada has 17 counties with an average population per county of 70,696 but only about 11 people per square mile. Iowa has 99 counties, it has only 20,048 people per county but has a population density of 53 people per square mile. Based on the population density, Nevada would be significantly more rural than Iowa. Based on the population per county, Iowa would be significantly more rural than Nevada. I think that the people per square mile is a more appropriate measure of ruralness.

Paragraph 98: I think the population density model, determining an arbitrary figure of people per square mile above which would be considered urban and below which would be considered rural, would give you some defining criteria and could be applied across the country in calculations made to determine costs associated with various levels of population density.

Population 100: Although admittedly an arbitrary basis, I would recommend the use of a mean state urban rate ±10% as a reasonably comparable for this purpose.

Paragraph 101: As in paragraph 100, I think mean urban rates should be used for comparison purposes in this area also.

Paragraph 103: There should be certification from either the rural health care provider or the carrier that such services are necessary for the provision of health care services and this should be in writing. An ongoing log of the uses of the service should be maintained and should be

open to a reviewing agency on a periodic basis so that it can be assured that the service is being used appropriately.

Section 3. Who Is Eligible For Support: no comment.

Section V. Enhancing Access to Advanced Services for Schools, Libraries, and Health Care Providers, A. Goals and Principles: no comment.

B. How to Implement, paragraph 110: I feel that this paragraph is somewhat problematical. We are attempting to enhance services to the rural areas and provide access to services. If these services can be utilized by the private sector to improve the efficiency and use and make this more cost-effective, this should be allowed. The services should be prorated so that those services that are provided for the institution are provided at an institutional rate and those services provided to the private sector are provided at the private rate. I do not think that this separation would be unduly burdensome. It would require only two rates, but would enhance the use of equipment that is being encouraged in the rural area rather than allowing it to stand empty and unused.

Paragraph 111: It is possible to conclude that the provision of enhanced services to the rural health care providers will be provided by other health care providers; therefore, all health care providers are involved and all will benefit. Those that benefit the most are the patients.

I thank you for the opportunity to comment. If you have any specific questions about my comments, please feel free to contact me.

Sincerely,

Jon R. Rice, M.D.
State Health Officer

JRR:lrr
cc: Public Service Commission
Center for Rural Health, Grand Forks