

W. L. MANSEL
P. O. BOX 1136
MONT BELVIEU, TX 77580
(281) 385-1053

DOCKET FILE COPY ORIGINAL

December 13, 1996

The Honorable Reed Hundt
Chairman
Federal Communications Commission
1919 M Street, N.W., Room 814
Washington, D.C. 20554

Re: CC Docket No. 96-45

Dear Chairman Hundt:

I am a school board member from Barbers Hill ISD in Mont Belvieu, Texas, and I would like to thank you for your leadership and the leadership of the Joint Board for their strong decision to ensure that all schools will have affordable access to the Information Superhighway. I urge the FCC fully to adopt the recommendations of the Joint Board.

The discount range of 20 to 90 percent will ensure that all schools - even the poorest - have truly affordable access. The plan is also very flexible and will empower schools to select the services that work best for their educational mission. The inclusion of discounts on internal connections and Internet access is equally vital and stands to bring services directly to the classroom where students learn.

As you move ahead in your deliberation on this important issue, I urge you to seize this opportunity to bring 21st century learning to our schoolchildren.

Sincerely,


W. L. Mansel
Board President
Barbers Hill ISD

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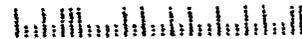
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SOUTHERN ILLINOIS HEALTHCARE

608 East College Street TEL 618.457.5200
PO Box 3988 FAX 618.549.7522
Carbondale, Illinois
62902-3988

December 19, 1996

Lygcia Ricardi
Office of the Secretary
Federal Communications Commission
Room 222
1919 M Street, NW
Washington, DC 20554

RE: CC Docket No. 96-45

Dear Ms. Ricardi:

We appreciate the opportunity to provide comments on these proposed policies for implementation of the Telecommunications Act of 1996.

Attached is our comments.

Sincerely,

Jerry A. Hickam
Senior Vice President/CFO

JAH:jae

cc: Sally Rosenberg
Representative Jerry F. Costello
Representative Richard J. Durbin
Senator Carol Moseley-Braun
Representative Glenn Poshard

attachment

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Questions to Address:

1. Name of project:

Southern Illinois Healthcare Community Medical Information Network
One project linking healthcare facilities and providers in Southern Illinois.

2. Please list each of the project's sites:

Name of Site: State in which it is located:

Central Site:

Southern Illinois Helathcare Data Center Carbondale, Illinois

Other Sites Include:

SIH Facilities in Herrin, IL, Murphysboro, IL, West Frankfort, IL, Benton, IL, Eldorado, IL;
physician offices in the named towns; and potentially non-SIH facilities interested in the benefits
of the community network

Please answer the following questions for each of your sites.
Use additional sheets if necessary.

Information given below is the same for each site:

3. What is the nearest city of population equal to or greater than 50,000 in your state, and
approximately how far are you from its boundary?

City: Springfield Distance from city boundary: 160 miles.

4. Name of the projects telecommunications service provider:
GTE North

5. Level of telecommunications service the project is currently using: (For example, voice
grade, 144 Kbps (ISDN), 384 Kbps, T-1 or equivalent).

T-1 to connect major facilities (hospitals) and Frame Relay for Large clinics and smaller rural
hospitals that are part of the SIH healthcare system.

6. Charges for telecommunications service:

Is there a monthly charge? No ___ Yes X
If yes, how much is the charge? TI average \$500/monthly from GTE

Is there a usage-based charge? No X Yes ___

Is there a distance component (such as a per-mile fee) of the charge? No ___ Yes X
If yes, how much is the charge? There is a distance charge if connection goes out of the local
calling area. That charge is 3.56 per mile plus local transport fee.

Was there an installation fee? No ___ Yes X
If yes, how much was the charge? Frame Relay \$200-\$500 depending on Bandwidth. 56KB is
\$200. T-1 monthly installation charge if contract is greater than 1 year duration.

Is the charge the regular tariffed rate, or is there a discount from the telecommunications provider? Tariffed X Discount
If there is a discount, how much is it?

7. How does the project use telecommunications in the delivery of health care? (For example—to send x-rays, distribute public health information, or perform video consultations. Please identify any occasional or episodic uses, such as might result from an outbreak of disease.)

T-1 and Frame Relay links connect major facilities, major clinics, hospital (6), to the SIH data center. This wide area network is used for sending patient data consisting of registrations, medical records, test results, images, and financial information. We are trying to expand out to other health care providers (physicians, nursing homes, public health agencies) as well as employers, schools and college student health departments. The expansion would allow for access to a common computerized patient record, as well as the ability to provide telemedicine to the public

8. Could the project provide the services it is currently providing with less bandwidth? What effect would a lesser level of bandwidth have? The implications of using greater or lesser levels of telecommunications services are related to image transmission time. What would be the impact if the health care activities for which you now use telecommunications took twice as long, or if they could be completed in half the time?
Presently the lack of low cost high bandwidth telecommunication service is an obstacle in completing the project goals. T-1 and Frame Relay cost more than small clinics or physicians can pay. ISDN, which would provide adequate higher speed, is not available in Southern Illinois. A subsidized wide area network with T-1 and frame-relay appears to be the only option in the near future.
9. What would the implications of having a greater level of bandwidth be?
If the cost is affordable for solo practice physicians and small clinics it would mean advanced technology to support image transmission, high speed data transmission, and teleconferencing could be made available. Without cost effective high bandwidth much of our objectives will not be achieved. The above goal of linking rural providers would reduce healthcare costs and improve community wellness over the long run. It will allow sharing of clinical data among providers.

10. Do you have e-mail? No Yes X

11. Do you have Internet access? No. Yes X
If yes, do you incur long-distance charges by using it?
No X Yes

No charge if used from primary locations. May incur long distance charge if accessed away from our primary locations.

Please estimate your number of hours of Internet use per month:

400 at this time. We anticipate this will increase greatly if our community connectivity is achieved.

12. If you have access to the Internet, please list any purposes other than e-mail (such as accessing databases such as Lexis/Nexis) for which you use it:

Clinical information searches. Information search for new technology uses. Connectivity with remote vendors. Web site promoting services and providing information on wellness education and registration for health and wellness programs.



SOUTHERN ILLINOIS HEALTHCARE

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The Honorable Reed E. Hundt,
Chairman
Fed. Communications Comm.
1919 M St., NW, Rm. 814
Washington, DC 20554



A New Generation of Healthcare



The New York Public Library

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Fifth Avenue and 42nd Street, New York, New York 10018-2788

Office of the President

December 18, 1996

Office of the Secretary
Federal Communications Commission
1919 M Street - Room 222
Washington, DC 20554

Re: CC Docket No. 96-45

Dear Madam/Sir:

This letter responds to the Federal Communications Commission's request for comments on the recommendations of the Federal-State Joint Board in regard to universal service and its application to libraries. The New York Public Library commends the Joint Board for recommending reduced telecommunications rates that are sufficient to address the needs of schools and libraries and which apply to all available telecommunications services.

Information is the cornerstone of any democracy. For thousands of New Yorkers, the Library serves as one of the only free access points to the Internet and other electronic information resources. Without access, many will lack the knowledge and skills necessary to be successful in an increasingly competitive world. Significantly reduced telecommunications rates can substantially improve the Library's ability to provide democratic access to information in an electronic environment.

Eligibility for Reduced Rates:

The Library strongly supports the Joint Board's determination that any telecommunications service currently available should be eligible for reduced rates. The definition recognizes that the needs of libraries vary significantly from each other. A telecommunications system that is appropriate for one library system may not make sense in another. Wireless communications, for example, may be preferable for a rural system serving a large geographic area, but would make little sense for an urban system such as The New York Public Library. Furthermore, administrators and planners for some library and schools systems may view internal wiring as a priority over connectivity. The Joint Board's plan allows each library and school system to evaluate its priorities, and develop a telecommunications network that would best address those priorities.

The Library also supports the Joint Board recommendation that the discounted rates apply to both interstate and intrastate rates. If a state does not implement reduced rates for

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Federal Communications Commission

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Page 2

intrastate telecommunications at levels defined for interstate telecommunications, schools and libraries in the state would not be eligible for the interstate reductions. We believe this is a very strong incentive for states to implement significantly reduced intrastate telecommunications rates for schools and libraries as mandated in the Telecommunications Act of 1996.

The Library also supports the methodology recommended by the Joint Board for determining the level of discounts. By taking into account the average of school children in a service area eligible for the Federal school lunch program, the Joint Board is using a measure that accurately represents the level of poverty in an area and appropriately implements the mandate set forth by the Telecommunications Act that schools and libraries in disadvantaged areas must be eligible for the largest discounts. The Act also mandates that schools and libraries in high-cost areas receive additional discounts. The Library recommends a two-step approach by providing a formula to calculate discounts for schools and libraries in high-cost areas, then provide further discounts for those in disadvantaged areas using the school lunch formula proposed by the Joint Board.

Administration:

The Library also commends the Joint Board for allowing schools and libraries to self-certify eligibility for reduced rates. Under the Joint Board proposal, schools and libraries would receive the lowest price charged to similarly situated non-residential customers for similar services, with additional discounts relating to issues of high-cost and poverty. This is a simple, efficient, and effective methodology that avoids the submission of a myriad of forms to a governmental or quasi-governmental agency and having to wait for processing and approval before being eligible for discounts.

The Library is concerned, however, that the size of the universal service fund outlined in the Joint Board proposal is too small to adequately meet the needs of schools and libraries nationwide, and recommends that strong consideration should be given to increasing the size of the fund. The New York Public Library currently operates the largest telecommunications network of any library system in the world, connecting 84 branches and 4 research centers. There are more than 350 public Internet workstations and 1,400 on-line catalog and database search terminals. Because of extraordinary demand for electronic resources and limited network capacity, the Library plans to upgrade significantly its network to provide T-1 or T-3 line service in all units and provide a total of 1,000 public access Internet terminals by the year 2000. Once the upgraded network is operational, we expect our current annual telecommunications costs of \$450,000 to at least double. If one library system -- admittedly, one of the country's largest -- is anticipating annual telecommunications costs approaching \$1 million, it is apparent that the \$2.25 billion provided for the fund is unlikely to be sufficient to

Federal Communications Commission

December 18, 1996

Page 3

meet the needs of the approximately 111,500 public and private elementary and secondary schools and 16,000 public libraries in the United States.

The Library is also concerned about the initial designation of the National Exchange Carriers Association as administrator of the fund. We appreciate the Joint Board's attempt to designate an organization that has experience in administering similar funds, but the Library questions whether an organization representing telecommunications providers would best serve the needs of schools and libraries nationwide on an ongoing basis. We recommend, therefore, selection of a permanent, more neutral fund administrator.

The Library urges the FCC to implement the reduced telecommunications rates for schools and libraries as quickly as possible. We were pleased that the Joint Board recommends implementation of the plan in the 1997-98 school year. It is imperative that the FCC follow the timetable established by the Joint Board so libraries can immediately begin providing Americans increased access to electronic resources, educating them on how to use these resources, and stimulating economic growth.

I commend the Joint Board and the FCC for their efforts to implement a reasonable plan that provides significantly reduced rates for schools and libraries as mandated in the Telecommunications Act of 1996, and appreciate the opportunity to comment on the Joint Board's recommendations. I am convinced that by providing affordable access to electronic resources now, libraries and schools will contribute to enlightened education and economic expansion for decades to come. The New York Public Library, and particularly our nearly 13-million users annually, appreciates your efforts to make this vision a reality.

Sincerely yours,



Paul LeClerc
President

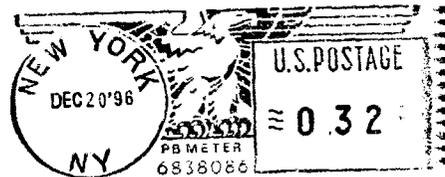
cc: American Library Association
Federal-State Joint Board members

The New York Public Library

Office of the President

Fifth Avenue & 42nd Street
New York, NY 10018-2788

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The Honorable Reed E. Hundt
Chairman
Federal Communications Commission
1919 M Street, N.W., Room 814
Washington, DC 20554



DOCKET FILE COPY ORIGINAL

Date: December 16, 1996
To: Office of the Secretary,
Federal Communications Commission
From: Tom Cook, Director
Oregon Public Education Network
Re: Comments on Universal Service Recommended Decision CC Docket No.
96-45

QUESTIONS/COMMENTS

Oregon Association Of Education Service Districts has through its project "Oregon Public Education Network" reviewed the Joint Boards Report and have the following comments and questions:

Use of Free and Reduced Lunch count as the base for percentage of discount.

COMMENT

Oregon has established a process for distributing educational funds based on equity. Some schools are presently flat-funded as others are being raised to a level of equity. For Oregon, the Free and Reduced is not the most equitable way of calculating on ability to pay or determining the most in need.

Question for above comment:

Is there a waiver process that could address the Oregon model and if Oregon could show where the discount would be distributed on the most in need and ability to pay, would the Joint Board recommend this as an alternative process?

QUESTION

Is aggregation to a state level possible under the current guidelines? If the state of Oregon assumed responsibility for all services qualifying under the Act, would we be able to apply one discount level to all services?

QUESTION

Is there in the report a recommendation of what role and responsibility the state Public Utility Commission will assume? If so, is it a recommendation or is a requirement?

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COMMENT

Oregon has created a task group to develop an Oregon plan with representatives from Oregon Public Utility Commission, Oregon Department of Education, Oregon Association of ESDs, and Oregon Independent Telephone Association.

QUESTION

Who at the national level can assist Oregon in answering questions and ensuring the plan is within all the guidelines?

Tom Cook, Director
Oregon Public Education Network
PO Box 216
Marylhurst, OR 97036-0216

(503) 699-2320
tomcook@open.k12.or.us

10. Do you have e-mail? Yes, members are given access to e-mail.
11. Do you have Internet access? Yes, members are given access to the Internet.

If yes, do you incur long-distance charges by using it? No, the membership is given access to the network and to the network via 800 dial-up.

12. If you have access to the Internet, please list any purposes other than e-mail (such as accessing databases such as Lexis/Nexis) for which you use it.

Membership has access to the National Library of Medicine through Grateful Med software. The software is provided by the grant. Members can access other National Library of Medicine databases, as well as other databases available via the Internet. Some of these databases require user accounts with log on identification and passwords and have usage charges. Members have access to library on-line catalogs. Members can access a continuing education calendar. Network news, discussion lists, bulletin boards are also access by membership. The state genetics, nutritions, and AIDS training files are available to membership.



OREGON DEPARTMENT OF EDUCATION
SALEM, OREGON 97310-0203

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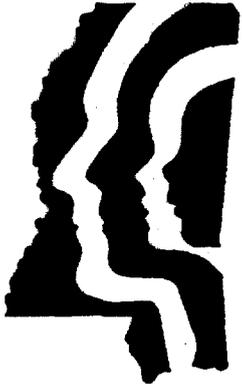
John Nakahata
Federal Communications Commission
Office of the Chairman
1919 M Street, NW, Room 814
Washington, DC 20554

SNGLF



PRESORTED
FIRST CLASS





MISSISSIPPI
STATE DEPARTMENT OF
HEALTH

2423 North State Street
Post Office Box 1700
Jackson, Mississippi
39215-1700

601/960-7400
601/960-7948 FAX

F.E. Thompson, Jr., MD, MPH
State Health Officer

December 18, 1996

Office of the Secretary
Federal Communications Commission
1919 M Street, NW/Room 222
Washington, DC 20554

DOCKET FILE COPY ORIGINAL

Reference: CC Docket Number 96-45

Dear Sirs:

Thank you for the opportunity to comment on the proposal by your agency to facilitate the implementation of tele-medicine applications for rural areas. This particularly affects a state like Mississippi which is both rural and economically disadvantaged. The potential of losing "Universal Service" to rural areas as we implement new telecommunications technology has dire consequences for our state. It is therefore a pleasure to be able to support initiatives which will continue to maintain the telecommunications infrastructure to the nation's rural areas.

Our agency, as well as the other agencies of Mississippi state government, is committed to a viable statewide infrastructure as the basis for continued services to its constituents. The importance of telecommunications to the state was recognized by the state's legislators when they funded a state telecommunications backbone as well as connectivity to the Internet. Unfortunately, this funding does not extend to any of the agency service points across the state, but stops at regional frame relay switches. An agency who wishes to utilize the backbone must provide access to the frame relay from all of its locations.

The state is presently funding the state data backbone at \$1,000,000 per year. In addition, the state will fund a video backbone for an additional \$700,000 per year. These costs are not reflected in any agency-based project costs.

Attached to this comment in questionnaire form, are descriptions of two projects which utilize tele-medicine concepts. These are not the typical remote medicine applications which are usually cited as applications for the technology, but will provide examples of how state public health institutions can improve their delivery of services by use of networking (both people-based and computer-based). Not included in this submission is a client tracking system being installed statewide by the State Department of Mental Health. The State Department of Human Services is also a player in rural health care as it certifies most of the state's Medicaid recipients for the state Medicaid agency. Both of these agencies utilize the state data backbone.

CC Docket Number 96-45

December 18, 1996

Page 2

I realize the short time frame under which the commission must act. Therefore, the costs cited in the study questionnaires are estimates in some instances. This is also a very rapidly changing field in which none of us has much control.

Our agency will be happy to provide additional information on any of our activities as necessary.

Sincerely,

A handwritten signature in cursive script, appearing to read 'DLohrisch', written in black ink.

David Lohrisch, Ph.D.
Information Systems Consultant

DL/df

Attachment(s)

FCC Questionnaire

1. Name of Project:

Mississippi State Department of Health Network

2. List of Project Sites:

This project encompasses all of the agency direct service delivery sites, there are 113 clinics, 156 WIC Food Distribution sites, and 30 other administrative sites. These sites exist in all counties of the state and most towns except the smallest. Expansion sites include cooperating private sector providers and contractors. There are at least 30 Federally qualified rural health clinics which will become a part of this network as well as an undetermined number of private clinics.

3. What is the nearest city with population greater than 50,000 to the sites?

The agency's reach is statewide with sites across the state. The agency locations vary in distance from across the street from the central site to locations 200 miles away. There are less than 20 locations of the total which are located within the one metropolitan area of population greater than 50,000 which is Jackson. This project has approximately 170 sites with a mean distance from the metropolitan location of 100 miles.

4. Project's Telecommunications provider:

BellSouth

5. Level of Telecommunications Service to the Project:

There are approximately 160 sites which have voice grade dial up access. The remainder of the sites are on the state data backbone which utilizes frame relay via 56K or T1 line speeds. The state has DS3 access to the state contractor for Internet access as well as portions of the state internal data backbone. This backbone is shared by all state entities including all educational and libraries.

6. Charges for telecommunications services:

- a. Monthly Charge? Yes
 How Much? \$550 per month for frame relay T1
- b. Is it usage based? No
- c. Is there a distance Component? No
- d. Is there an installation Fee? Yes

How Much? \$100 per circuit

e. Is the charge regular tariffed rate? A Discount, contracted rate? Yes

How much discount? Approximately 30% off the normal business rate

7. How does the project use telecommunications in the delivery of health care? Include any instances of episodic care or disease outbreaks.

This project is primarily designed to facilitate access to the client and surveillance databases of the State Department of Health. The providers of data are those employees and contractors who provide services for and on behalf of the agency to the citizens of the state. The agency has several databases, the primary one being the PIMS system which captures all agency clinic activities in an online real-time environment. All clinics are networked with the state mainframe to access the PIMS system. Other networked databases are being developed for use by agency employees. These include an Immunization registry, TB surveillance, Developmental and Genetics Registry and Cancer Registry. Support functions of the agency such as Lab, Pharmacy, Central Supply, Purchasing and Budgeting are also supported by the network. Basic WAN functions such as Internet access and Email are also supported. The agency network currently provides some level of access to approximately 2000 of the total 2800 filled positions.

Enhancements to the agency network will add digital video to the agency's capabilities. The initial plans will be to replace staff travel by using the video facilities to provide essential professional and technical training to agency staff and contractors. Other uses will be to provide improved communications through the replacement of face to face meetings and phone conferences with video conferences.

The network will also provide access to both state affiliated users of health data as well as external users of data. For example, the agency's immunization registry will contain the history and immunization status of all children in the state. These data are needed by all schools, colleges and day care centers to verify legal compliance by parents. Using the state network as well as an Internet based server, these data can be made available to those users who need to know. The Immunization program also plans to make available to the same stakeholders, as well as the public at large, electronic versions of public health information pamphlets on a web server. State affiliated schools and libraries would use the state data backbone to access these data. Other information providers in the agency will publish electronically information which they would otherwise provide in paper form to the state's libraries.

In a recent pesticide epidemic, the complete network would have been of great help. Each morning, the participants on the gulf coast (the location of the problem) could have video conferenced with the staff in the Jackson office much more effectively than the current technology of phone conferencing. The existing data network allowed the data on

site to be entered into a database and these data to be immediately accessible by epidemiologists in the central office. With a more complete data network, the state chemical lab could have electronically transmitted results to the site for faster data entry. As it was, summary data was available the next day for news media and the public via the agency web site.

8. Could you do what you are doing with less bandwidth? NO

The implications of lesser bandwidth would cripple the current efforts of the agency to meet its goals and to carry out its mission. Public health depends on timely data and the ability to analyze and interpret data. Plans and technology require increased bandwidth because of the need to move more data amongst more people. The type of data are changing from ASCII (compact) to visual representative graphical data, which requires more capacity to transmit and store.

9. What is the impact of increased bandwidth?

Increased bandwidth will provide the converse effect. We will be able to move more complex packets around the network, providing visually interpreted data in the form of graphics and video. We will be able to provide access to live data files rather than static summary data. This has the potential to allow users to do their own analysis and interpretation of the data which provides a richer debate and better understanding of public health problems.

Increased bandwidth will allow all state entities to increase the number of data and video outlets available to the public. One of the problems with the new high technology of the data highway is access to those with limited resources. Increased (cheaper) bandwidth will allow the state appropriated dollars to buy more access, both for the public and the public entities such as schools and health departments.

10. Do you have email?

All networked participants in the agency have access to email.

11. Internet Access?

Internet access is technically available to all agency networked staff. There are bandwidth limits as well as user policy limits. There are no additional charges for access, the lines are paid by the agency or the state and the state pays for the access provider.

Internet users average 10 hours per month.

12. Internet uses:

Software and technical support for information systems staff;

General vendor information for all users;

Access to Federal resources, Federal register, Centers for Disease Control, National Library of Medicine, etc.;

Email lists for special interest staff.

Mississippi Health Sciences Information Network (MisHIN)

1. Name of project:

Mississippi Health Sciences Information Network (MisHIN)

MisHIN serves as the state's infrastructure for access to and delivery of health sciences information to health care practitioners. Comprised of multi type libraries and other health information providers, the network enables its members to search, request and receive current, accurate information and to link education with clinical practice for quality, cost-effective health care delivery through electronic information transfer regardless of geographic location.

This project is funded through a grant from the National Library of Medicine through the University of Mississippi Medical Center (UMC). The Mississippi State Department of Health is a participant in the grant.

2. Please list each of the project's sites:

Name of Site: State in which it is located:

Information Providers

Delta State University Roberts Library, Cleveland Miss.

Forrest General Hospital Library, Hattiesburg Miss.

Methodist Medical Center Library, Jackson Miss.

Mississippi State University College of Veterinary
Medicine Library, Starkville Miss.

Mississippi University for Women Fant Memorial
Library, Columbus Miss.

ParkView Regional Medical Library, Jackson Miss.

University of Mississippi Medical Center Rowland
Medical Library, Jackson Miss.

Veteran's Administration Medical Center Library,
Biloxi-secondary training/marketing center Miss.

Veteran's Administration Medical Center Library,
Jackson Miss.

Health Agencies

Mississippi Nurses Association, Jackson Miss.

Mississippi State Dept. of Health, Jackson Miss.

Mississippi State Medical Association, Jackson Miss.

University of Mississippi Department of Clinical
Pharmacy Practice, Oxford Miss.

University of Mississippi Medical Center Department
of Medicine, Jackson Miss.

University of Mississippi Medical Center Department
of Surgery, Jackson Miss.

University of Mississippi Medical Center Division of Medical Genetics, Jackson	Miss.
University of Mississippi Medical Center School of Dentistry	Miss.
University of Mississippi School of Nursing, Jackson	Miss.
Affiliated Organizations	
Mississippi Center, Delta Region AIDS ETC	Miss.
University of Mississippi Medical Center Department of Family Medicine, Jackson	Miss.
University of Mississippi of Preventive Medicine- Genetics, Jackson	Miss.

Please answer the following questions for each of your sites. Use additional sheets if necessary.

3. What is the nearest city of population equal to or greater than 50,000 in your state, and approximately how far are you from its boundary?

City: Jackson Distance from city boundary: 0 miles to 160 miles

4. Name of the project's telecommunications service provider:

Bell South

5. Level of telecommunications service the project is currently using: (For example, voice grade, 144 Kbps (ISDN), 384 Kbps, T-1 or equivalent)

The majority of the sites are voice grade; a few sites have access to 56 K or T1 frame relay. (no ISDN available.)

6. Charges for telecommunications service:

Is there a monthly charge? No.
If yes, how much is the charge?

Is there a usage-based charge? Yes, for 800-dial-up for WWW access.
If yes, how much is the charge? The first month of WWW access is free for new members. The grant pays up to \$30 per month for WWW access for members. If WWW usage is more than \$30 per month, the member is billed for the portion of the fee in excess of \$30. The majority of the users are accomplishing their WWW network activities within the \$30 limitation. The access to the MisHIN network computer is toll-free access for members.

Is there a distance component (such as a per-mile fee) for the charge? No.

If yes, how much was the charge?

Is the charge the regular tarrified rate, or is there a discount from the telecommunications provider? Tarrified

If there is a discount, how much is it?

7. How does the project use telecommunications in the delivery of health care? (For example -- to send x-rays, distribute public health information, or perform video consultations. Please identify any occasional or episodic uses, such as might result from an outbreak of disease.)

Access to library services including copies of journal articles, book borrowing privileges, reference and research assistance, and customized information packages;

World Wide Web connections to health data files;

Access to selected databases, journal table-of-contents, a differential diagnostics file, etc.;

Health professional continuing education modules using distance learning technologies;

and Additional library services including electronic document ordering, customized information packages, distance learning advanced training seminars;

Internet access to consumer health information sources.

Occasional or episodic uses planned are consultation services. A listing of consultants by specialty is already available via the network.

8. Could the project provide the services it is currently providing with less bandwidth? No. What effect would a lesser level of bandwidth have? (The implications of using greater or lesser levels of telecommunications services are related to image transmission time. What would the impact be if the health care activities for which you now use telecommunications took twice as long, or if they could be completed in half the time?)

A lesser level of bandwidth would impact the services negatively. There would be much less user support. If the health care activities being supported by the network took twice as long, many users would be so frustrated that they would not use the network at all. If the health care activities being supported by the network took half the time, more health care providers would take advantage of the services provided by the network. Network support currently receives complaints from the providers that the network is "too slow."

9. What would the implications of having a greater level of bandwidth be?

A greater level of bandwidth would impact the network positively. More users would take advantage of the services and there would be more opportunities for new and higher levels of information services.

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STATE DEPARTMENT OF
HEALTH
2423 North State Street
Post Office Box 1700
Jackson, Mississippi 39215-1700

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The Honorable Reed E. Hundt, Chairman
Federal Communications Commission
1919 M Street, N. W. / Room 814
Washington, DC 20554

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