

Before the  
**Federal Communications Commission**  
Washington, D.C. 20554

In the Matter of )  
 )  
Commentary on the Amendment of Part ) RM No.  
54 of the Commissioner's Rules to ) CC Docket No. 02-60  
Further Modernize the Rural Health )  
Care Program )

**COMMENTS OF**  
**THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES**

Respectfully submitted,

Curtis L. Lowery, MD  
The University of Arkansas for  
Medical Sciences

Dated: January 14, 2016

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## **SUMMARY**

The University of Arkansas for Medical Sciences (“UAMS”) supports the Petition for Rulemaking to Amend Part 54 of the Commission’s Rules to Further Modernize the Rural Health Care Program as submitted by the Schools, Health & Libraries Broadband (SHLB) et. al. on December 7, 2015. UAMS is a consortium leader of the Arkansas e-Link Consortium comprising approximately 350 healthcare sites in all 75 Arkansas counties. Moreover, UAMS was the recipient of FCC Rural Health Care Pilot Program discounted funding and the NTIA Broadband Technology Opportunities Program grant funding, each of which represented hundreds of healthcare, higher education, research, and public safety sites in Arkansas. As such, UAMS has seen the benefits and shortcomings of the Rural Health Care program for nearly a decade. Based upon this firsthand experience, UAMS recognizes the issues addressed in the aforementioned petition exemplify real-life problems and reasonable solutions that will impact the way of life for all Arkansans, not only their health care providers. For these and the ascribed reasons that follow, UAMS wholly endorses the Petition for Rulemaking to Amend Part 54 of the Commission’s Rules to Further Modernize the Rural Health Care Program.

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**THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES**

The University of Arkansas for Medical Sciences (“UAMS”) hereby submits these comments to the Federal Communications Commission (“FCC”) pursuant to a Petition for Rulemaking<sup>1</sup> relating to the agency’s solicitation for comments on reforms to the universal healthcare support mechanism consistent with the recommendations set forth by the National Broadband Plan.

**I. UAMS’ Interest in this Proceeding**

UAMS not only serves as Arkansas’s only academic medical center, but the University also is a leader in the state for providing assistance to rural healthcare facilities in acquiring and sustaining broadband speeds capable of facilitating participation in telemedicine and other broadband health applications. In 2007, UAMS was approved for a \$4 Million FCC Rural Health Care Pilot Program (“Pilot Program”) award, which installed 1.5 Mbps broadband lines at over 300 healthcare facilities in Arkansas. Since that time, UAMS has partnered with over 400 healthcare facilities in Arkansas to specifically connect their facilities to a statewide

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<sup>1</sup> In the Matter of Amendment of Part 54 of the Commission’s Rules to Further Modernize the Rural Health Care Program, RM No. CC Docket No. 02-60 (December 7, 2015) (“Petition”).

broadband network aimed at increasing access to specialty healthcare and distance education in rural areas. In 2010, UAMS was awarded a Broadband Technology Opportunities Program (“BTOP”) Comprehensive Community Infrastructure award that supported a \$128 Million project that upgraded broadband and interactive video equipment to 474 healthcare, higher education, public safety, and research institutions in Arkansas. Today, UAMS participates in the FCC Health Care Connect Fund (HCF) as the consortium leader to the Arkansas e-Link Consortium, HCP# 17206, representing approximately 350 healthcare sites located throughout the state’s 75 counties. As such, UAMS has extensive experience in building and sustaining health infrastructure that specifically meets the needs of rural facilities in Arkansas, a state where every county contains medically underserved and / or healthcare provider shortage areas.

## **II. Amendments to Further Modernize the Health Care Program**

UAMS supports the School, Health & Libraries Broadband Coalition’s, et. al proposal to modernize the Rural Health Care program “to increase the discount percentage in the Healthcare Connect Fund..., to support the deployment of remote patient monitoring, and to further spur the formation of consortia capable of ensuring all safety-net health care providers participate in the unfolding broadband revolution.”<sup>2</sup> While the Healthcare Connect Fund has provided much needed initial momentum to address affordable connectivity for healthcare anchor institutions in rural areas there remains a dearth of resources necessary to establish and maintain affordable broadband to healthcare consortia. The Petition presents reasonable solutions that will significantly increase the affordability and adoptability of broadband for rural health care providers and the consortia who represent them; therefore, UAMS urges the Commission to adopt the Petition for Rulemaking as it is presented. With respect to the specific proposals in

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<sup>2</sup> Petition at ii ¶2.

the Petition, UAMS' comments are set forth below, with reference to the pages in the Petitions containing those proposals.

**A. Pages 19-20 (Increase the Discount Percentage in the Healthcare Connect Fund)**

UAMS supports the Petition's proposal to increase the flat rate discount percentage from 65% to 85% in the HCF. Specifically, such a discount increase would enable the Arkansas e-Link consortium members to better afford costly broadband connectivity, a practice that many of our consortium members struggle with even at the 65% discount. This proposed increased discount may also encourage other health care entities to join the Arkansas e-Link consortium and participate in telemedicine, mobile health, and teleconferencing to new degrees essential to the delivery of rural healthcare in Arkansas.

**B. Page 21 (Leasing Excess Capacity)**

While UAMS does not own fiber optic routes to leverage for this proposal within the Petition, future fiber expansion of the Arkansas e-Link network may greatly benefit from such a provision.

**C. Page 22 (Closer Alignment of E-Rate and RHC programs)**

With approximately 2,700 K-12 schools in Arkansas and over 700 healthcare providers in the state, UAMS sees the potential for healthcare delivery in K-12 schools throughout our rural state, making such a provision to more closely align E-Rate with RHC programs all the more essential. UAMS recognizes the closer alignment of the E-Rate and RHC programs could benefit Arkansas through coordination of broadband strategic planning and purchasing for healthcare entities and K-12 schools. Arkansas's schools could greatly benefit from dedicated healthcare broadband connectivity with local, rural healthcare providers, such as Federally

Qualified Health Centers, Department of Health clinics, and local hospitals, which could offer K-12 students and staff telemedical consultations, health monitoring, and health education. Coordination of the E-Rate and RHC programs could facilitate these improvements in Arkansas and elsewhere.

**D. Page 23 (Support for Consortia Administrative Expenses)**

UAMS supports the Petition's appeal to the Commission to make a portion of consortium administrative expenses eligible costs. Especially for large consortia, administrative expenses continue to be an obstacle to their formation and sustainability, considering the consortium leader must provide the administrative staff and bear the time burden necessary to coordinate with consortium members, file paperwork, orchestrate billing, and communicate with the Commission. To shoulder this burden, UAMS has been forced to implement a membership fee among its consortium members, placing further financial burden on an already taxed population of healthcare providers. Annually, UAMS commits an estimated \$1.5 million in administrative and network staff salaries and benefits to support the Arkansas e-Link consortium. Should the Commission adopt a policy to cover a portion of the administrative expenses associated with consortium leadership, the benefits would not only pass to the consortium leader but also its membership.

**E. Page 25 (Potentially Eligible HCPs)**

UAMS recognizes and empathizes with the Petition's frustration with the Commission's varying and inaccurate calculation of potentially eligible HCPs. UAMS recommends that the current eligibility of health care providers as defined by the Public Health Service Act simply needs to expand to take into account sites that provide healthcare services. Such a modification could include health care providers, K-12 schools, jails and prisons, skilled nursing facilities, and

more. In Arkansas, following this definition, there would be over 3,800 entities, of which 2,575 are rural and providing health care services. Of those 2,575 entities, approximately 2,200 are not receiving the benefits of the HCF, yet are providing healthcare services.

**F. Page 31 (Using Uncommitted, Undisbursed, and De-committed Funds)**

UAMS supports the Petition's appeal to the Commission to utilize uncommitted, undisbursed, and de-committed funds to filter back into the RHC program. UAMS urges the Commission to review the USAC budget for amounts collected but undisbursed for all USAC funding programs, had these figures not been considered as of yet. These funds and those highlighted in the Petition could made the discount increase from 65% to 85% possible, while also providing coverage for a portion of consortia administrative costs.

**III. Conclusion**

For the foregoing reasons, UAMS respectfully requests that the Commission adopt the Petition with respect to the comments provided herein.

Respectfully submitted,

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Dated: January 14, 2016