

HaysMedicalCenter

November 3, 1998

RECEIVED

NOV - 5 1998

FCC MAIL ROOM

Ms. Magalie Roman Salas  
Office of the Secretary  
Federal Communications Commission  
1919 M St., N.W.  
Room 222  
Washington, D.C. 20554

Re: Notice of Inquiry — Inquiry Concerning the Deployment of Advanced Telecommunications Capability to All Americans in a Reasonable and Timely Fashion, and Possible Steps to Accelerate Such Deployment Pursuant to Section 706 of the Telecommunications Act of 1996. Docket No. 98-146



Dear Ms. Salas,

Please find herein our comments and concerns regarding the subject Notice of Inquiry. We are new at submitting comments to your agency. We are unsure of the correct method of filing comments. We have tried unsuccessfully on more than four occasions to reach you to determine the correct method of filing. I hope that the following format is acceptable. Please let me know if another format is preferred. Thank you in advance for this assistance.

We appreciate the opportunity to submit our comments regarding the deployment of advanced telecommunications services. We are a 169 bed rural hospital that is a regional medical center for 26 counties in northwest Kansas. In those 26 counties there are also smaller hospitals, some as small as 10 beds. These hospitals often rely on Hays Medical Center to provide advanced medical services to their patients.

The decisions of the Federal Communications Commission will have a direct impact on the delivery of health care services to these patients in this sparsely populated, but large, geographical area. Our telecommunications capabilities affect the quality, access, and costs of vital health care delivery. These critical services include emergency room care, physician consultations, and home health care. Physician recruitment is enhanced through the availability of emergency room support. Telecommunications also impact the retention of the physicians and other health care professionals through distance education.

Health care in rural areas differs from that provided in urban areas. Urban locations enjoy a concentration of physicians and other health professionals. In rural areas, specialized health care is located in only the larger communities. Telemedicine is a means to provide equal services to the small towns and farming regions by providing the link between physicians and other health professionals in larger communities and the patients in these outlying regions.

No. of Copies rec'd 024  
List A B C D E CCB

Our comments are as follows:

**1. “Reasonable and Timely Fashion” — *timeliness is critical to us***

We deliver services to the patients’ homes in the form of home health care telemedicine. We currently must rely on POTS equipment to deliver this service. This is an unacceptable long term solution. One independent telephone company offers a limited availability of xDSL. We need a solution, such as xDSL, that will provide greater bandwidth to our patients’ homes for home health care. Our legislature has formed a Kansas Universal Service Fund working committee to address the issue of universal service. The committee has no representative from the health care field. The committee includes representatives from Southwestern Bell, AT&T and others. The draft report from this committee suggests modifying the definition of enhanced universal service to our disadvantage. The draft is also suggesting pushing back the deployment of enhanced universal services from 2001 until 2003. This is not in a “reasonable and timely fashion.”

**Deployment dates can not be pushed back. Delaying technology services delays health care that is needed now.**

How do you make the statutory determination to see if the deployment is in a “reasonable and timely fashion”? **If time-specific schedules are not adopted, there is no incentive for many of the carriers to deploy the services.** Kansas specifically stated in its Telecommunications Act that specific services must be available by a certain date. Even though there is much interest in parties other than ourselves to delay this deployment, this is a method that will help assure our residents that the services will be provided.

**2. Market Incentives, Competition — *rural areas don’t always offer the competitive market to telecommunications carriers that urban areas do***

The Telecommunications Act Sec. 706 states that **incentives will be utilized to encourage deployment of advanced telecommunications capability to “all Americans.” One of the incentives listed is price cap regulation. This may be a solution.** Prices to rural Americans should be similar to those Americans in urban areas. The Commission will probably have to take regulatory action in order to assure our rural areas of these advanced telecommunications solutions.

The Kansas Universal Service Fund working committee has used the term “demand.” A suggestion of putting “demand” requirements on these enhanced services would also be contradictory to the purpose of the telecommunications act and be a severe disadvantage to our patients. **Our patients may not make up enough in numbers to satisfy “demand” criteria. But, they are the rural people that our congressmen and legislators intended to help. How can competition be promoted in these areas?** These are the rural people that had to form their own electric cooperatives, years ago, under similar arguments. Telecommunications carriers do not have competitive incentives to provide the broader band technologies to serve our rural and medically fragile elderly.

Although competition may not exist in our rural areas, the need for a state-of-the-art telecommunications network to fully implement our telemedicine strategy is as great or greater as

that of an urban health care provider. Telemedicine helps to address the very real issues of physician access (including specialist consultation), support in diagnostic areas such as radiology, and availability of home health services to help rural residents maintain independence in their homes.

**Regulation will still be needed. Interconnections will need the support of antitrust laws. Competition is not naturally occurring in an area that is sparsely populated. We need reliable systems to transmit critical consultations, such as emergency room consultations.** Some parties may feel that rural areas should rely on wireless solutions. The current cellular solutions are too low in bandwidth to be effective. The future of satellites may be a long term idea, but in the meantime it is inappropriate to expect rural areas to rely on the very expensive prices for broadband satellite connections, even when they are deployed.

***“Advanced Telecommunications Capability”***

***3. Definitions of Statutory Terms — definitions are critical to the services provided***

Determination of definitions of key statutory terms can be critical in making sure that congressional intent is implemented. This intent is also in line with our goal of serving our patients at a bandwidth that is high enough to be effective. Regarding two of the definitions that are questioned, broadband and switched, the following is found:

a. Broadband — In the Kansas Telecommunications Act, Broadband is defined as “the transmission of digital signals at rates equal to or greater than 1.5 megabits per second.” Bud Bates and Donald Gregory in their McGraw-Hill Voice & Data Communications Handbook published in 1996 on page 398 refer to broadband when they state, “Now, if a circuit is not at least a T-1 (1.544Mbps), it is rarely referred to as a broadband facility.” These sources confirm the commonly held observation that broadband refers to 1.5 megabits per second and above.

b. Switched — This term indicates that the service would be provided over the Public Switched Telephone Network as a switched service or one that is not dedicated, but can be used on a temporary, as needed, basis with a dial-up configuration.

***4. Deployment of xDSL or other Technologies — availability of advanced technologies is critical to our service***

Our rural population is getting older. Our health care system must find innovative ways to help this growing population of older adults manage chronic health conditions and diseases. The monitoring, support, and early detection and intervention that home telemedicine can provide will be a major factor in helping the elderly maintain a higher level of independence in their own homes and help to avoid higher cost acute care interventions and associated long, expensive hospital stays.

**To fully realize the potential of telemedicine, we need the broadband infrastructure to bring us toward full motion video quality.** Medicine and other types of health care delivered over video are by definition “visual.” And the **quality of this video directly affects the quality**

**of visual assessment, observation, and verification of signs, symptoms, and other information with which to diagnose and treat patients. Moreover, faster, better telecommunications will allow us to provide additional telemedicine services to our patients.** For example, going beyond our current POTS application in home health may someday allow physical therapists to visit patients via tele-video and confidently assess a patient's gait and other types of physical movement. **The technology that we need to use will need to be a symmetrical technology, so that the downstream and upstream bit rates are similar.**

The cost of health care will continue to be of growing concern to the nation. Under the existing HCFA reimbursement schedule for home health care, we are limited in the dollars that we can spend. Telemedicine presents one way to provide access to care at less overall cost. **We need to have these technologies at a cost that we can afford. The Kansas Universal Service Fund may be the source that we need to rely on to provide for the deployment of these services. The services don't do us any good if we can't afford them.**

**Other advanced services such as ATM need to be available to us.** These services are used to transport data, video and voice between larger facilities, such as hospitals and home health offices. We hope that Congress would keep the definition of "advanced telecommunications capability" to embrace new technologies as they are developed.

***5. RBOCs vs. Non-RBOC incumbent LECs — carrier activity in our area***

In response to the request for comment regarding carrier activity in our area, the following is offered. Rural Telephone is an incumbent LEC that offers xDSL services in limited areas. They are the most advanced telecommunications provider in our area. They even have one town where fiber to the curb is offered. We are not sure of the reason for this. We don't believe that their high tech push will drive other carriers in our region to follow suit. We believe that they have not filed for CLEC status in Kansas.

Thank you again for the opportunity to comment on this issue that is so vital to rural health care. We are in agreement with your conclusion that "encouraging the deployment of advanced telecommunications capability for all Americans on a reasonable and timely basis must be a top priority for the Commission..." If you have questions or concerns, please contact Susan Myers, P.E., J.D. at (785) 623-6334.

Sincerely,



Robert Cox, M.D.  
Medical Director, Hays Medical Center

cc: Mr. John W. Berresford