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### **Lead Docket Numbers 96-45 and 97-21**

I am writing in reference to the recommendations made to improve the Rural Health Care Program administered by the Universal Service Corporation. While I agree with many of the recommendations, I strongly disagree with any plans to consolidate Rural Health Care Program functions with other Universal Service programs and/or personnel that are responsible for other Universal Service Corporation programs. In my opinion, such an action would further hurt the viability of a necessary program.

After working in both the school and health care systems, I know that the ability of the people in both systems to take advantage of the FCC discount programs are significantly different. Rural health care providers in Utah are generally less willing to try telecommunications technology and more scared of telecommunications technology than are educators. The complexity of the application process to get the rural health care program discounts has just made that worse.

In preparation for the beginning of the Rural health care discount program the Bureau of Primary Care and Rural Health Systems (BPCRHS) contacted all the members of our Telemedicine Interest Group to let them know about the program in hopes that it would help them in their efforts. We also brought together a group of telco people and others with expertise in the area to help the small rural health care providers complete the forms to take advantage of the program. In fact, they did write complete the forms for some of the five successful applications for discounts.

The Utah Health Information Network indicated at the beginning of the process that they would help the rural health care providers in their network apply for the program. They decided not to participate because of the complexity of the application process and confusing application forms.

I believe that if the application forms had been simpler there would have been many more applications from Utah. The process to get the discount was confusing. As a result people did not even try to apply.

The formula for determining the amount of the discount is unnecessarily complicated. The distinction between Internet access and other telehealth applications confuses people. Health care providers also do not understand the difference between an ETC and a non-ETC. A simple percentage discount on the telecommunications bill regardless of the provider of the telecommunications services or the services they provided would have been easier to administer and much less confusing to the health care provider. The long-distance telecommunications cost is more of an issue than the cost of the services provided.

In my opinion the Rural Health Care Corporation's outreach effort was too little, too late. They did try and used many different methods. However, by the time the information got down to the health care provider it was often too late to take advantage of the information provided. For example, the NOSORH mini-grant program was awarded too late for them to have much impact on the 1998 program. By the time the events planned to take advantage of that program were approved the deadlines were already past. A \$2,000 grant for each state does not go very far. In Utah we were able to use the money to extend an already planned seminar on financing telehealth by an extra half day. What we really wanted to do was a similar workshop over a year prior to the seminar when the information would have been more useful. We tried, but were unable to get speakers to come to Utah to explain the program a year earlier.

Another concern is the lack of rural input into the development of the program. Rural health care providers should have been involved in the development of the program. It also would have helped if the telecommunications companies that actually provide the service to rural health care providers had been

more involved in the program development. NOSORH and the state offices of rural health could also have given feedback to you on what would work. Any future changes to the program should include representatives of the rural health care providers, rural telecommunications companies, NOSORH, and the state offices of rural health.

In conclusion, I would like to summarize. First, please do not consolidate rural health care discount program functions with any other discount programs. Rural health care is significantly different from the other programs administered by the Universal Service Corporation. Consolidation will hurt the program, not help it.

Second, simplify the administrative process to receive the discount. Simplify the forms and eliminate steps. A 28 day period to encourage competition where there is no competition available just wastes time.

Third, simplify the funding formula. The current formula is confusing. A simple percentage discount on the telecommunications bill regardless of the provider of the telecommunications services or the services they provided would reduce the administrative burden on both the health care provider and the USC.

Fourth, provide better information about the program in a more timely manner. Outreach that takes place after the program deadlines are over are no help at all.

Fifth, in future changes to the program, please include rural health care providers, rural telecommunications companies, NOSORH, and the state offices of rural health. They are the people who know what is needed. Take advantage of the expertise that is available to you.