

EX PARTE OR LATE FILED

Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

In the Matter of

Universal Service Administrative Company)
Report to the FCC on the Evaluation of the)
Rural Health Care Program)

)
)
) CC Docket No. 96-45 and
97-21 ✓

RECEIVED

APR - 7 1999

FCC MAIL ROOM

MOTION TO ACCEPT LATE-FILED PLEADING

The Rural Telecommunications Policy Working Group (RTP) and the Health Care Systemic Change Initiative (HCSCI) of the National Rural Development Partnership, through undersigned counsel, hereby request that, for good cause shown, the Commission accept RTP and HCSCI's late-filed recommendations in the above-mentioned proceeding.

RTP and HCSCI experienced logistical difficulties beyond our control related to the above-referenced docket. The RTP and HCSCI mutually agreed to file this joint petition as a result of RTP's recent March 23, 1999 FCC consultation. During the FCC consultation, Thomas Power and Paul Gallant recommended that the RTP officially file comments to the FCC on USAC's evaluation of the Rural Health Care Program.

Grant of RTP and HCSCI's Motion by the Commission would not result in harm to any party to this proceeding. Accordingly, for good cause shown, the RTP and HCSCI request that the Commission grant our Motion to Accept our comments in the above-referenced docket. If you, the FCC, are in agreement to accept our comments officially, please date stamp this notice by the Office of Secretary and return the notice in the enclosed envelope.

Respectfully submitted,

Rural Telecommunications Policy
Working Group and Health Care
Systemic Change Initiative

Florine Raitano, DVM
Executive Director
Colorado Rural Development Council
Rural Telecommunications Policy Working Group Chair

Heather Calesaric
Rural Health Coordinator
Ohio Department of Health
Health Care SCI co-Chair

April 5, 1999

The Honorable William E. Kennard
Chairman
Federal Communications Commission
445 Twelfth Street, SW, Fifth Floor
Washington DC 20554

RE: Universal Service Administrative Company Report to FCC, Evaluation of the Rural Health Care Program (CC Docket Nos. 96-45 and 97-21, DA 99-521)

Dear Chairman Kennard:

The Rural Telecommunications Policy Working Group (RTP) and the Health Care Systemic Change Initiative (HCSCI) appreciate the opportunity to offer comment to the Federal Communications Commission (FCC) on Universal Service Administrative Company (USAC) Report to the FCC on the Evaluation of the Rural Health Care Program (Program). Both groups are part of the National Rural Development Partnership (NRDP). The NRDP, composed of 36 State Rural Development Councils and a National Rural Development Council, works for community and economic development in rural America. The RTP is a national network of telecommunications experts and advocates who look to resolve national policy telecommunications impediments and ensure the delivery of high-speed, broadband, advanced telecommunications networks to rural areas. The HCSCI, the NRDP's health care task force, works to build partnerships to maintain and improve the health of rural Americans into the next century.

- 1) The Program should immediately initiate funding for current applications from rural health care providers (RHCPs) that have been pending for months.**

Recommending simplification of the Program to increase participation and decrease administrative costs, USAC petitioned the FCC on March 5, 1999, to delay the second round of applications to the Program and extend the funding period for 1998 applications for an additional 6 to 12 months. While this would eliminate the need for rural health care providers (RHCPs) to reapply for support and allow time for the FCC to potentially implement changes to the Program, it should be noted that only 497 sites out of a total 2,466 application sites appear to be qualified to receive 1998 universal service funding, according to the USAC report. The Program should immediately initiate funding for these current applications that have been pending for months. Not only does postponement of funding applications increase the current level of frustration and further dissuade potential applicants from applying, but also pending applicants may become confused by application changes and lose interest in the Program. In addition, RHCPs' limited budgets may not allow them to incorporate future Program changes.

- 2) While the RTP and HCSCI remain leery about USAC's suggestion to calculate a statewide average discount for eligible services, we endorse USAC's suggestion for a mileage discount based on the charge for the mileage from the rural provider to the outer bounds of the nearest urban area.**

RTP and HCSCI agree with USAC's statement that "Demand will not increase significantly without major changes in the Program and the removal of some of the health care industry barriers." The hypothetical urban rates currently needed for comparison to rural rates

should be replaced with a simpler, less costly rate calculation. By endorsing such a system, the RTP and HCSCI assume the FCC will proactively remove outdated, imaginary LATA barriers that impede inter- and intra-state competition (See Appendix A).

Members of the RTP discussed this topic during the March 23, 1999 consultation with FCC officials. We examined the difficulty RHCPs face with inter-exchange carriers (IXCs) providing services that cross LATA lines that are precluded for reimbursement of the rural rate differential. Unwilling to file to become eligible telecommunications carriers (ETCs), all rural IXCs are unable to provide discounted service to RHCPs for the long-distance portion of service, resulting in less support for the RHCPs than they otherwise should receive. This problem is unique to rural areas because urban areas normally do not have to cross these outdated, imaginary LATA walls that both preclude complete funding support and discourage competition. Appendix A reveals Iowa and Minnesota's LATA lines that prevent high-speed connections among a large number of schools, hospitals, colleges, law enforcement agencies, and schools. Appendix A also delineates Minnesota's public health institutions that could receive advanced telecommunications services with LATA relief.

- 3) **A different definition of ETC needs to be adopted and LATA barrier must be removed to ensure that Section 254(h)(1)(A) of the Telecommunications Act of 1996 (Act) is upheld; namely, to guarantee "A telecommunications carrier shall ... provide telecommunications service ... to any public or nonprofit health care ... at rates that are reasonably comparable to rates charged for similar services in urban areas in that State."**

Participation in the Program would be broadened by the FCC's agreement to extend support to services by non-ETCs. The Rural Health Care Division (RHCD) estimated that as many as 35 percent of RHCPs may not complete the application process when they realize that the non-ETC support cannot be included.

- 4) **The FCC should streamline the application process for the 1999 funding application and abandon the current multi-phased process that confuses and discourages applicants.**

The FCC should remove the 28-day posting period requirement for areas where there is no ability to resell telecommunications equipment and where there are no competing local exchange carriers (CLECs). Acting as a disincentive to applicants, the posting requirement in no way guarantees an applicant one bid, let alone competing bids for that service. Why would numerous ETCs, who normally target high density, short-distanced, and lucrative business customers, suddenly look towards providing services to rural health care providers and communities without compelling incentives or mandates initiated by the FCC?

- 5) **Given the fact that in many rural states, RHCPs have purchased the only advanced telecommunication networks, the FCC should enact an accounting mechanism that allows RHCPs, both during and after the applications process, to include entities that wish to utilize the network for their own use.**

These additional entities would not be considered eligible for telecommunications resale funding, but, with the increased capitol funneling into the process, could feasibly serve as stimulants to encourage additional health care partnering applications throughout states. In

addition, the Program should be changed to foster collaboration among eligible institutions and with local public health agencies in its implementation.

6) The Program should be changed to allow partnerships between RHCPs and schools and libraries.

The inability of health care institutions to partner with schools and libraries precludes joint applications among schools, libraries, and health care facilities, and disallows RHCPs to partner with libraries and schools that have received universal service funding. This leads to unnecessary duplication of telecommunications services that could otherwise be more widely disseminated throughout rural America.

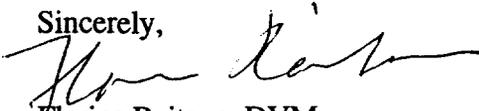
7) As approved in the schools and libraries section, the FCC should consider reimbursement for other costs associated with providing telecommunications services for RHCPs that have higher costs for rural areas.

Sections 254(c)(3) and 254(h)(1)(B) of the Act authorize schools and libraries to receive the telecommunications and information services needed to use the Internet at discounted rates. In contrast, section 254(h)(1)(A) explicitly limits supported services for health care providers to telecommunication services. Accordingly, data links and associated services that meet the statutory definition of information services, because of their inclusion of protocol conversion and information services, are not eligible for support under health care providers.

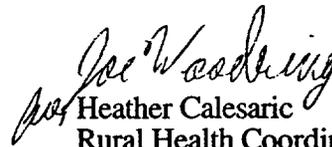
These restrictions severely limit the ability of RHCPs to gain access to necessary telemedicine services in the most efficient and cost-effective way. Examples include gaining access to expert information and databases, communicating through e-mail and on-line support groups, and accessing services sponsored by the National Institute of Health and the National Library of Medicine. This problem is compounded by the FCC's December 29, 1997, decision to reduce bandwidth requirements to 300 to 3,000 Hz which significantly lowers data speeds for rural customers and health care providers who may be strapped by loop length and digital switches.

We thank you again for the opportunity to comment on the USAC report. The RTP and HCSCI applaud USAC's assertion that a "community-based approach working with carriers, community leaders, school and library officials, and other government agencies to outreach should be considered." The framework of the NRDP, which collectively brings together federal, state, tribal, local governments and businesses, might serve as an excellent model the FCC can use. The 36 State Rural Development Councils (SRDCs) regularly convene meeting of key stakeholders within their state. Many SRDCs have conducted meetings for a variety of telecommunications outreach activities and discussions. The FCC may want to consider partnering with SRDCs in future efforts. Should you wish additional information regarding our comments or the NRDP, please contact Joe Woodring, Strategy Manager of the RTP, at (202) 273-9399 or visit the NRDP website at www.rurdev.usda.gov/nrdp.

Sincerely,



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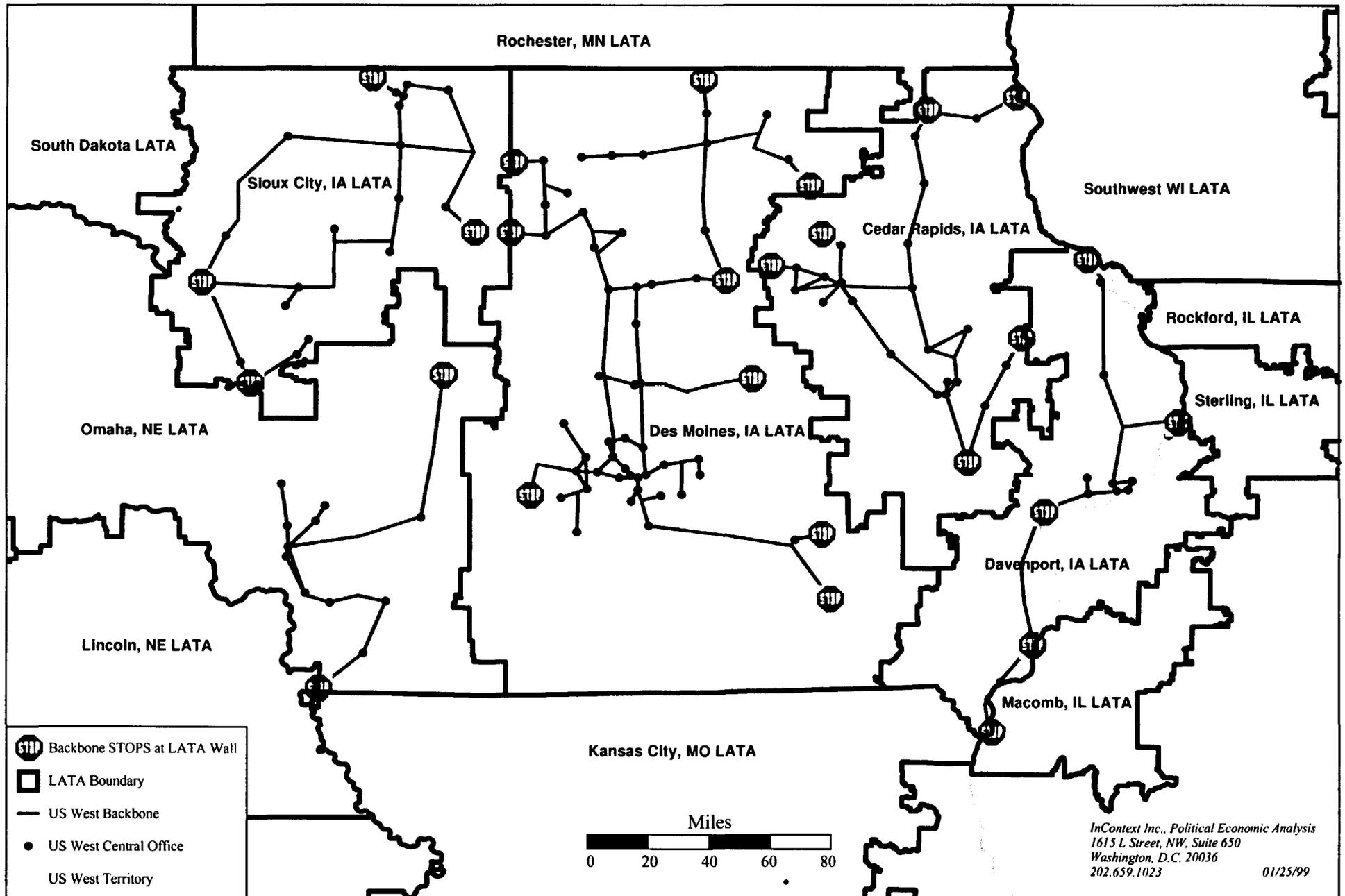
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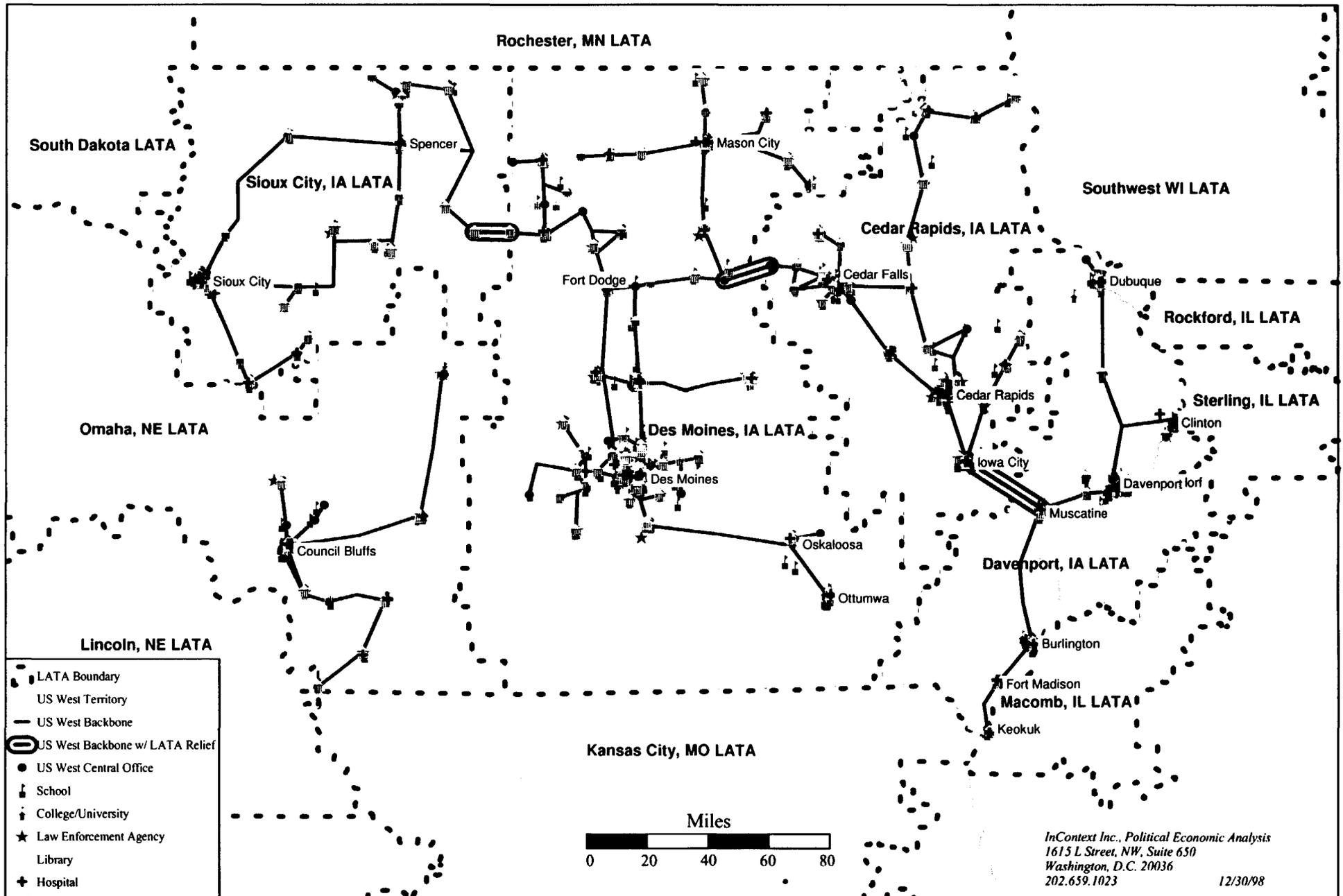
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	Makah Tribal Council

Appendix A

LATA Lines = Walls Preventing High Speed Connections in Iowa

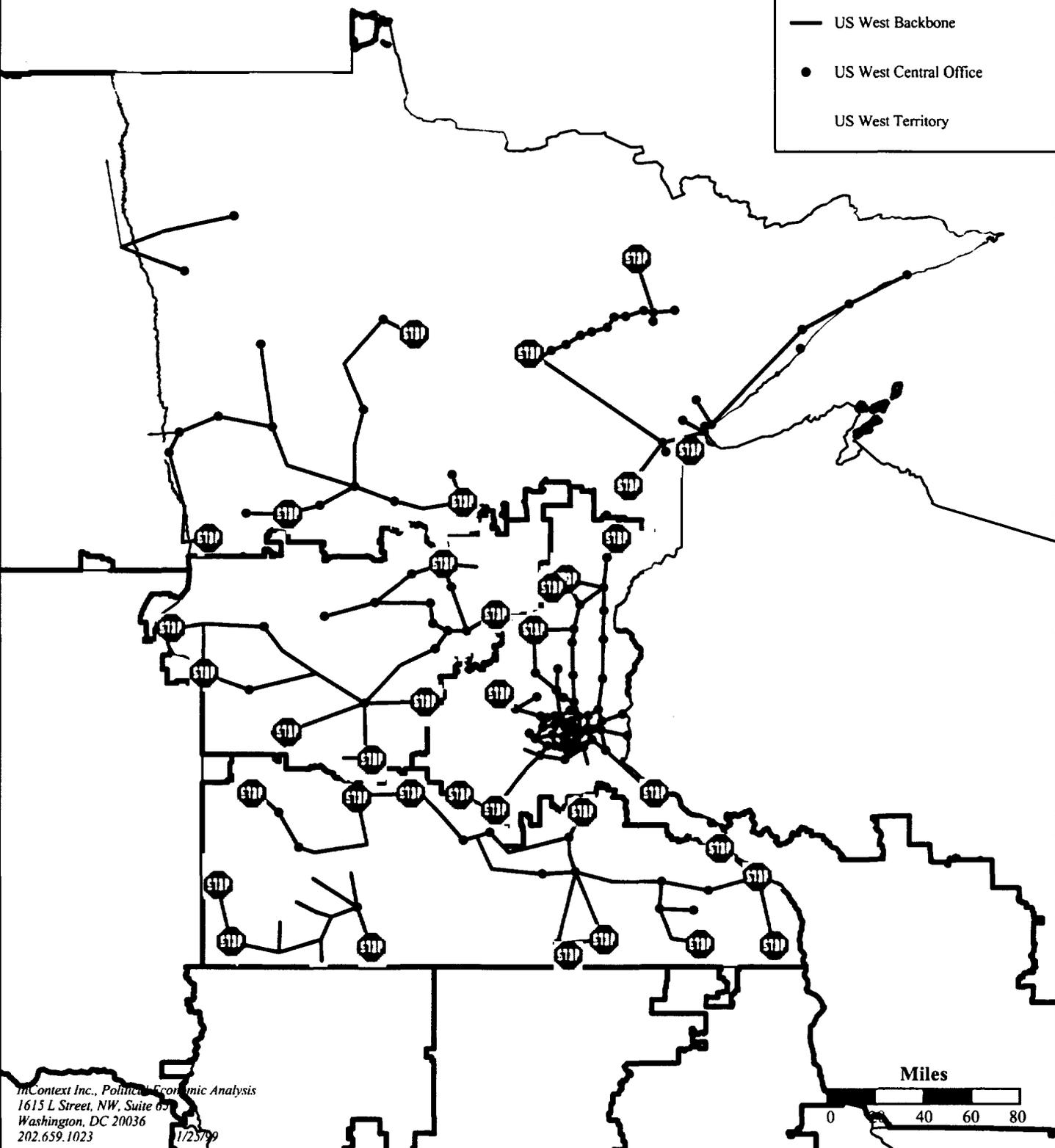


Who Could Get Advanced Telecommunications Services in Iowa If LATA Walls Come Down

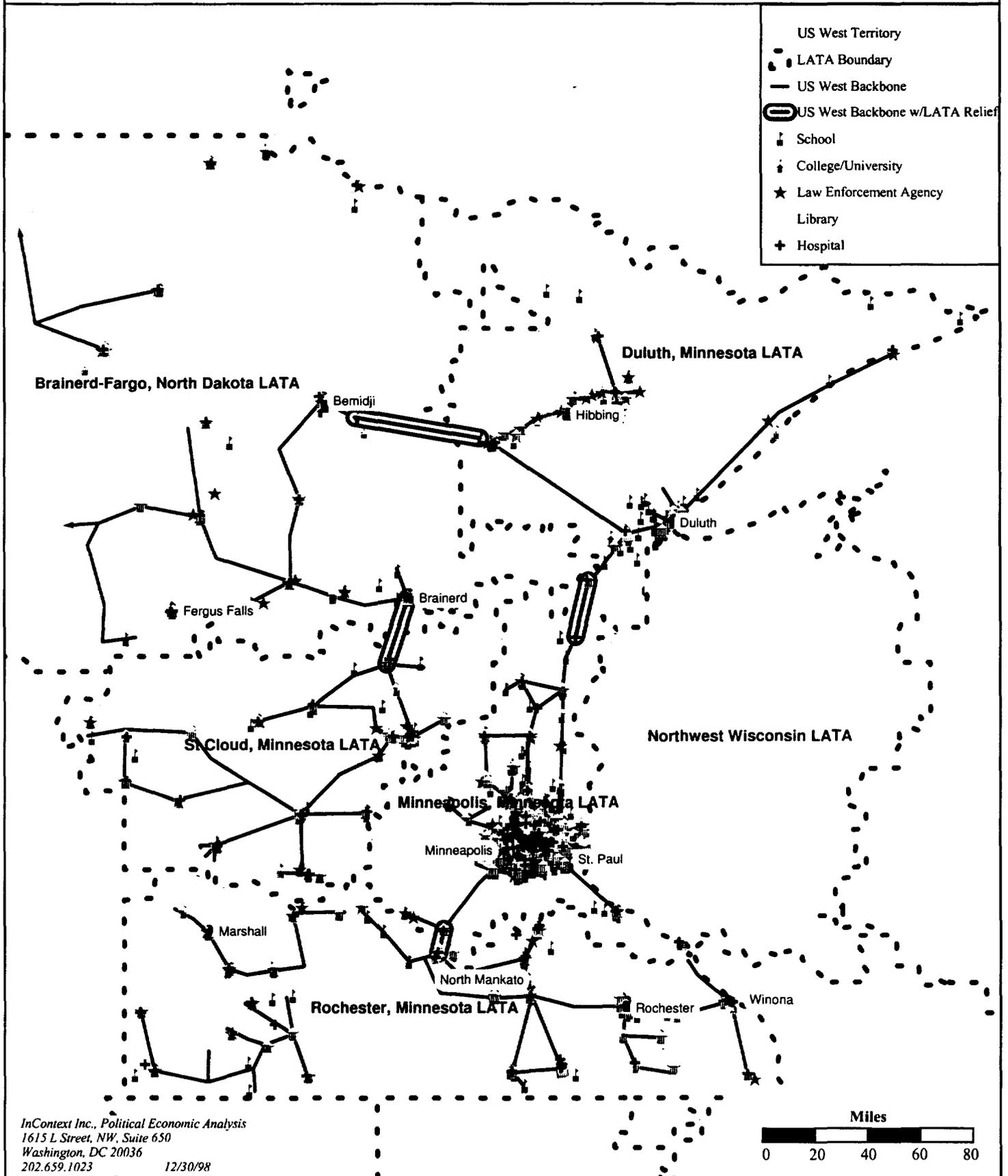


LATA Lines = Walls Preventing High Speed Connections in Minnesota

-  Backbone Stops at LATA Wall
-  LATA Boundary
-  US West Backbone
-  US West Central Office
-  US West Territory



Who Could Get Advanced Telecommunications Services in Minnesota If LATA Walls Come Down



**Critical Public Institutions in Minnesota Getting Advanced
Telecommunication Services with LATA Relief**

<u>Hospital</u>	<u>City</u>
24-Hour Emergency Mental Hlth	Austin
Abbott Northwestern Hospital	Minneapolis
Access Inc	Saint Paul
Adolescent Health Clinics	Saint Paul
Aiimsonion Clinic	Rochester
Alliance For The Mentally Ill	Saint Paul
Ambulance Svc North Medivan	Minneapolis
Andrew Care Home	Minneapolis
Anoka-Metro Regl Trtmnt Ctr	Anoka
Appleton Municipal Hospital	Appleton
Austin Medical Ctr	Austin
Benedictine Health System	Duluth
Bethesda Lutheran Medical Ctr	Saint Paul
Birth Day Program	Robbinsdale
Bristol Place Corp	Minneapolis
Catholic Charities Hope Comm	Saint Cloud
Centennial Hall	Minneapolis
Charaka Community Support	Bloomington
Chemical Dependency Programs	Minneapolis
Children's Health Care	Minneapolis
Childrens Health Care West	Minnetonka
Children's Lung Ctr	Minneapolis
Children's Mental Health Svc	Grand Rapids
Children's Residential Trtmnt	Minneapolis
Chippewa Cnty Montevideo Hosp	Montevideo
Christian Counseling Svc	Saint Cloud
City Line Associated Psychthrp	Saint Paul
Clues Chicanos Latinos Unidos	Saint Paul
Community Care Corp	Minneapolis
Community Family Counseling	Plymouth
Community Mem Hospital/Nursing	Spring Valley
Community Memorial Hosp X-Ray	Winona
Community Memorial Hospital	Cloquet
Community Mental Health Day	Saint Paul
Community Options Residential	Fridley
Community Support Program	Eagan
Comstock Hall	Minneapolis
Cook County North Shore Hosp	Grand Marais
Cook Hospital	Cook
Day Community U Of M	Minneapolis
Day Surgery Ctr	Saint Paul
Dr Henry Schmidt Memorial Hosp	Westbrook
Duluth Csn Regional Ctr	Duluth
Duluth Mri Ctr	Duluth
Emergency Trauma Unit	Rochester
Emotions Anonymous Twin City	Minneapolis
Employees Assistance Program	Austin
Fairbault Regional Ctr	Faribault
Fairview Behavioral Svc Mental	Minneapolis
Fairview Counseling Ctr	Bloomington

**Critical Public Institutions in Minnesota Getting Advanced
Telecommunication Services with LATA Relief**

Fairview Counseling Ctr	Edina
Fairview Northland Reg Hosp	Princeton
Fairview Southdale Hospital	Edina
Fairview Southdale Mental Hlth	Edina
Family Adolescent Svc	Saint Paul
Family Networks Inc	Minneapolis
Five County Mental Health Ctr	Braham
Fraser Child & Family Ctr	Minneapolis
Freeborn County Mental Health	Albert Lea
Gerard Of Minnesota	Austin
Gerard Treatment Programs	Hopkins
Glacial Ridge Hospital	Glenwood
Greater Staples Hospital	Staples
Guild Community Support Prgrm	West Saint Paul
Guild Inc	West Saint Paul
Guild South & Apartments	Saint Paul
Guild Supported Housing Svc	Saint Paul
Hecla House	Austin
Hecla Inc	Sauk Rapids
Hennepin County Medical Ctr	Minneapolis
Hiawatha Valley Mental Health	Caledonia
Hiawatha Valley Mental Health	Winona
Holy Trinity Hospital	Graceville
Home Away Ctr Inc	Minneapolis
Hope House	Bemidji
Hospital Of Windom	Windom
Human Development Ctr	Duluth
Human Development Ctr	Duluth
Institute For Christian Living	Golden Valley
Itasca Medical Ctr	Grand Rapids
Jackson Medical Ctr	Jackson
Kanabec Hospital	Mora
Kelley Institute	Minneapolis
Lake Region Hospital	Fergus Falls
Lakeland Mental Health Ctr	Detroit Lakes
Lakeland Mental Health Ctr	Fergus Falls
Lakeview Memorial Hospital	Stillwater
Lakewood Health Care Ctr	Baudette
Light House Community Support	Minneapolis
Luverne Community Hospital	Luverne
Mahnomen County & Village Hosp	Mahnomen
Maplewood Surgery Ctr	Maplewood
March House	Minneapolis
Mayo Medical Ctr	Rochester
Mcc Managed Behavioral Care	Eden Prairie
Medical Center Lodge	Duluth
Mental Health Assn	Duluth
Mental Health Assn-Minnesota	Minneapolis
Mental Health Coalition	Northfield
Mental Health Consumer	Saint Paul
Mental Health Svc	Cambridge

**Critical Public Institutions in Minnesota Getting Advanced
Telecommunication Services with LATA Relief**

Mercy Hospital	Moose Lake
Mercy Hospital Health One	Coon Rapids
Midway Hospital	Saint Paul
Miller-Dwan Counseling	Duluth
Miller-Dwan Dialysis Unit	Eveleth
Miller-Dwan Hospital	Duluth
Minneapolis Neuroscience Inst	Minneapolis
Minneapolis Southwest Mental	Minneapolis
Minneapolis Sw Mental Health	Roseville
Minnesota Association-Children	Saint Paul
Minnesota Bio Brain Assn	Minneapolis
Minnesota Healthcare Prtnrshp	Saint Paul
Minnesota Lions Eye Bank	Minneapolis
Minnesota Valley Health Ctr	Le Sueur
Naeve Behavioral Health Svc	Albert Lea
Naeve Hospital	Albert Lea
Neighborhood Counseling Ctr	Wadena
New Foundations	Saint Paul
North Country Regional Hosp	Bemidji
North Pain Institute	Minneapolis
North Urgent Care	Minneapolis
Northern Pines Mental Health	Brainerd
Northern Pines Mental Health	Little Falls
Northern Pines Mental Health	Wadena
Northfield Hospital	Northfield
Northland Counseling Ctr	Grand Rapids
Northwest Community Support	Crystal
Northwest Medical Ctr	Thief Rvr Fls
Nystrom & Assoc Ltd	Brainerd
O C Foundation-Minnesota	Saint Paul
Oak Grove Treatment Ctr	Minneapolis
Oasis Mental Health Program	Golden Valley
Olmsted Community Hospital	Rochester
Ortonville Hospital	Ortonville
Our Place	Brainerd
Owatonna Hospital	Owatonna
Patricia Duffy Group Home	Marshall
People Inc	Minneapolis
Peterka House	Saint Paul
Phase	Saint Paul
Phase Program	Brooklyn Park
Physician & Dentist Referral	Saint Louis Park
Pine Medical Ctr Hospital	Sandstone
Pioneer Hall	Minneapolis
Pipestone County Medical Ctr	Pipestone
Procare	Shoreview
Psychiatric Emergency Svc	Saint Cloud
Psychotherapeutic Resources	Saint Cloud
Pyramid Counseling Ctr	Hopkins
Quality Care Inc	Saint Paul
Ramsey Chemical Dependency	Saint Paul

**Critical Public Institutions in Minnesota Getting Advanced
Telecommunication Services with LATA Relief**

Ramsey Clinic	Saint Paul
Range Mental Health Ctr	Hibbing
Range Mental Health Ctr	Virginia
Rathjen Huuse-Hecla Inc	Albert Lea
Redwood Falls Hospital	Redwood Falls
Renville County Hospital	Olivia
Rice Memorial Hospital	Willmar
Riverview Health Care Assn	Crookston
Rochester Methodist Hospital	Rochester
Roseau Area Hospital	Roseau
Safe Harbour	Owatonna
Second Chance Ranch	Ham Lake
Selby & Selby	Bemidji
Seward Csp	Minneapolis
Southwestern Mental Health Ctr	Luverne
Southwestern Mental Health Ctr	Pipestone
Southwood Day Treatment Ctr	Bloomington
St Benedict's Convent	Saint Joseph
St Elizabeth Hospital	Wabasha
St Francis Community Program	Winona
St John's Hospital	Maplewood
St John's Regional Health Ctr	Red Wing
St Joseph's Hospital	Park Rapids
St Joseph's Hospital	Saint Paul
St Luke's Hospital	Duluth
St Mary's Medical Ctr	Duluth
St Michael's Hospital & Nurse	Sauk Centre
St Paul Ramsey Medical Ctr	Saint Paul
St Paul Surgical Ctr	Saint Paul
St Peter Community Hospital	Saint Peter
St Peter Regional Treatment	Saint Peter
Supportive Living Svc Inc	Brooklyn Center
Tasks Unlimited	Saint Paul
Tracy Municipal Hospital	Tracy
Transitional Hospitals Corp	Golden Valley
United Hospital Of St Paul	Saint Paul
Unity Hospital	Fridley
Unity Hospital	Fridley
University Hosp Residence Hall	Minneapolis
University Of Minnesota Health	Minneapolis
University Police Dept	Minneapolis
University Residence Hall	Minneapolis
University Residence Hall	Saint Paul
University-Mn Horticultural	Saint Paul
Urgent Care Ctr	Rochester
Us Veterans Ctr	Saint Paul
Vail Place	Hopkins
Vail Place	Minneapolis
Valu Plus	Minneapolis
Veterans Affairs Medical Ctr	Minneapolis
Veterans Home	Minneapolis

**Critical Public Institutions in Minnesota Getting Advanced
Telecommunication Services with LATA Relief**

Vineyard Growth Assoc
Virginia Regional Medical Ctr
Weiner Memorial Medical Ctr
Well Mind Assn Of Minnesota
Wenonah Hall
Wilson Center
Woodland Centers
Woodland Centers
Woodland Centers
Woodland Centers
Woodview Residential Svc
Woodview Residential Svc
Wound Care Ctr
Zumbro Valley Mental Ctr Inc

Luverne
Virginia
Marshall
Minneapolis
Winona
Faribault
Litchfield
Montevideo
Olivia
Willmar
Brainerd
Wadena
Edina
Red Wing