

**BEFORE THE  
FEDERAL COMMUNICATIONS COMMISSION  
WASHINGTON, D.C. 20554**

In the matter of:

Rural Health Care Support Mechanism,  
Rural Area Definition

WC Docket No. 02-60

**REPLY COMMENTS OF THE IOWA UTILITIES BOARD (IUB)**

Most commenters agree the current definition of rural is too restrictive and needs to be broadened. The IUB also agrees. Some communities considered rural under other definitions are ineligible for support under the current definition simply because they are located in a metropolitan statistical area (MSA). Even in Iowa there are communities that are rural and should receive support, but they are not eligible under the current definition.

However, given a choice among the Census Bureau definition (where communities with fewer than 2,500 residents are considered rural), the Rural Urban Commuting Area (RUCA) definition (similar to the Census Bureau definition if only Code 10 is considered rural), or retaining the current definition, the IUB supports using the current definition. It appears to provide support to most of the rural communities in Iowa, while the other definitions would eliminate support to some communities that should receive it.

In its initial comments, the IUB also emphasized the need for the FCC to be flexible when defining “rural” since every state’s situation is different.

Although the current definition works reasonably well for Iowa, it is apparent from the initial comments that many states believe a different definition would be better for their situation. The most supported recommendation was to let each state use its own definition of rural. If the state did not have one available to it, then the organization should be able to demonstrate it is rural by using any of the federal definitions. This recommendation supports the need for flexibility.

Additionally, most commenters support the idea that providers considered rural under the current definition should maintain their eligibility under any new definition that may be adopted. The IUB supported this idea, especially if the definition were changed to either the Census Bureau definition or the RUCA definition. Limiting the eligibility to communities with fewer than 2,500 residents would cause Iowa to lose support in many communities currently considered rural; communities where this support continues to be very important and appropriate.

However, the IUB agrees with those commenters that stated some communities should not be grandfathered into the program simply because they were eligible in the past. If these communities have grown since the 1990 Census data were taken and are no longer rural, it would be inappropriate for them to continue to receive funding.

If the FCC believes it is too difficult to administer a program where each state has its own separate definition of rural and, instead, chooses to again find one definition to apply to every state, the IUB recommends accepting the Office of Rural Health Policy (ORHP) definition described in the comments of Patricia

Taylor, Ph.D. The ORHP definition would be similar to the FCC's definition but improved, because the RUCA portion of the definition (which replaces the Goldsmith Modification portion of the current definition) would allow the review of communities located in any MSA to determine whether they are rural. Using the Codes suggested by Dr. Taylor, a community could be as large as 49,999 and still be considered rural.

Finally, if any "one size fits all" definition is selected, an organization should be given an opportunity to prove that it is rural under a different definition, as suggested by many California commenters. Therefore, there needs to be an appeal process available similar to the process currently used within the Rural Health Care program. Allowing providers to prove its eligibility will help fulfill the purpose of the program, which is to provide rural health care providers 'an affordable rate for the services necessary for the purposes of telemedicine and instruction relating to such services.'" (Taken from the FCC's Report and Order, Order on Reconsideration, and Further Notice of Proposed Rulemaking, released November 13, 2003, p. 3.)

Respectfully submitted,

David Lynch  
General Counsel

Leslie Cleveland  
Senior Utility Analyst

Iowa Utilities Board  
350 Maple Street  
Des Moines, Iowa 50319-0069  
Telephone 515-281-8272  
david.lynch@iub.state.ia.us