

PROPOSAL TO
THE FEDERAL COMMUNICATIONS COMMISSION
RURAL HEALTH CARE PILOT PROGRAM

Submitted by the Research Foundation of the State University of New York
P.O. Box 9, Albany, NY 12201
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For and on behalf of the
Adirondack – Champlain Telemedicine Information Network (ACTION),
A consortium of Health Care Providers in
Clinton, Essex, and Franklin Counties, New York

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TABLE OF CONTENTS

| | |
|---|----|
| Executive Summary | 2 |
| Lead Eligible Health Care Provider, and Fiscal Agent..... | 3 |
| Goals and Objectives | 3 |
| Project Costs, Per Year | 4 |
| Participation by For-Profit Health Care Providers..... | 9 |
| Sources of Funds/Revenue..... | 9 |
| ACTION Member Contact Information, RUCA Codes | 10 |
| Experience Developing and Managing Telemedicine and Telecommunications Programs..... | 15 |
| Work Plan, Project Management, and Financials..... | 22 |
| Coordination throughout State and Region..... | 25 |
| Sustainability..... | 26 |

Appendices

- I: Community Needs Assessment
- II: CVPH letter as official lead eligible health care provider
- III. Memorandums of Understanding
- IV. Support letters

A. Executive Summary

It can be a major challenge to align the use of telemedicine between rural hospitals and clinics that often compete with one another to provide patient services. In this proposal, a neutral third party, the Research Foundation of the State University of New York, will provide project oversight, from funding administration to network construction and operations management, for a consortium of non-profit health care providers in the largely rural Adirondack Mountain – Lake Champlain area of northeastern New York State. An Advisory Board representing all of the health care providers will provide essential input for the management of the network. This is an innovative model that can work elsewhere in the country.

The consortium has taken the name Adirondack - Champlain Telemedicine Information Network, or ACTION. The proposed project will construct a state of the art fiber optic network, dedicated to telehealth and telemedicine, that will connect all health care providers in Clinton, Essex, and Franklin counties, and connect to Internet 2.

The Phase I project cost is \$8,995,005 of which \$7,648,304 is requested from the FCC. This amount will be matched by \$1,349,701, in kind and cash, from ACTION members.

CVPH Medical Center is the designated lead eligible entity in this application, with the Research Foundation of SUNY as the fiscal administrator. The other ACTION Phase I members are: Alice Hyde Medical Center, Adirondack Medical Center, Elizabethtown Community Hospital, the Saint Regis Mohawk Tribe Health Center, Clinton Community College, North Country Community College, and State University of New York (SUNY) Plattsburgh. Phase II is envisioned to extend ACTION to Glens Falls Hospital, Massena Memorial Hospital, the Hudson Headwaters Health Network, Moses Ludington Hospital, Adirondack Community College, and other rural clinics.

ACTION members have engaged in telemedicine activities for many years. The institutions are focused on improving telemedicine operations through cooperative efforts such as those offered by New York State's HEAL program and the FCC opportunity.

The members of the ACTION consortium are determined to improve their operating efficiency and to increase their technical capabilities, including centrally managing patient care information. The cash and in-kind matching funds committed by ACTION members to help fund the proposed infrastructure costs are an indication of their determination to acquire and fully utilize modern health information technology in a shared risk – shared reward model.

This project addresses the challenges and opportunities in creating a modern telehealth system in a rural region. It proposes a business plan that will invest FCC and applicant funding in a sustainable telemedicine and telehealth network to benefit the citizens of our region.

B. Lead eligible health care provider, and Fiscal Administrator

The lead eligible health care provider and the fiscal administrator will be two separate entities from within the ACTION consortium. CVPH Medical Center is the lead eligible provider for the FCC Rural Health Care Pilot Project, and the Research Foundation of State University of New York (SUNY) will serve as the fiscal administrator.

The ACTION consortium has asked the Research Foundation of SUNY, a 501(c) (3) organization (www.rfsuny.org), to manage the activities and own the assets supported by the project (capital construction, fiscal oversight, administration and reporting, legal affairs, and project management). The Research Foundation is a private, nonprofit educational corporation that administers externally funded contracts and grants for and on behalf of the State University of New York (SUNY) campuses. The Research Foundation of SUNY will be legally and financially responsible for the conduct of activities supported by the requested funding. (In a conversation between Ms. Erika Olsen at the FCC and Ms. Julie West at the Technical Assistance Center in January, 2007 Ms Olsen indicated that the Research Foundation of SUNY would be an acceptable grantee.)

All SUNY state-operated campuses are affiliated with the Research Foundation. The SUNY Plattsburgh campus, the primary college serving the three county region in which the ACTION is located, will coordinate the network through its Technical Assistance Center (TAC), which provides economic and community development services throughout northern New York (<http://www.plattsburgh.edu/offices/centers/tac/>). TAC has organized this application on behalf of the ACTION consortium and the Research Foundation. The Project Director and Project Coordinator on the TAC staff have extensive management experience and expertise in telemedicine, communications, and information technology.

TAC has been working closely with regional telecommunications providers and end users for the past several years to identify needs and opportunities for providing better broadband to end users. Telemedicine has been a primary focus of this work. With funding from the federal Small Business Administration, TAC is currently undertaking a comprehensive study of the region's broadband needs, including design and engineering of a fiber network.

C. Goals and objectives of the proposed network

The mission of ACTION is to ensure that our rural health care facilities have high quality, affordable digital connectivity in order to share telemedicine and telehealth services that will provide residents of northeastern New York State with the best health care possible.

The goals of ACTION are to:

1. Design, construct, and operate a modern, sustainable, digital telemedicine communications system linking, in Phase I, all health care facilities within Clinton, Essex, and Franklin counties with each other and with Internet 2. Phase II includes

additional facilities in Warren, Hamilton, Saratoga, and St. Lawrence counties, but is not the subject of this proposal.

2. Assist regional health care providers to increase access to a information system that will be fully utilized to:
 - a. Improve *patient safety* (alert for medication errors, drug allergies, and emergency response);
 - b. Improve *healthcare quality* (make available complete electronic medical records, test results and x-rays at the point of care, integrate health information from multiple sources and providers, incorporate the use of decision support tools with guidelines and research results, etc); and
 - c. Create a health information system for the purpose of sharing common patient medical information among ACTION members to improve quality of care and maximize cost efficiencies.

The objectives of ACTION are:

1. Phase I: Connect all the hospitals and 15 clinics in the tri-county area; connect this network to Internet 2. Internet 2 connectivity would be price prohibitive for any of these individual facilities. The ACTION consortium will act as a broker to make it available and affordable.
2. Phase II: Connect additional health care providers in Essex, St. Lawrence, Saratoga, Warren, and Hamilton counties, particularly Hudson Headwaters Health Network, Glens Falls Hospital, Adirondack Community College, Massena Memorial Hospital, Moses Ludington Hospital, and associated clinics, plus additional for and non profit health care providers.

D. Costs per year

The Phase I Construction budget is below. Following the design phase (currently underway, and funded separately), an eighteen-month construction schedule is expected. The majority of the construction activity (75%) is scheduled for the first year, and 25% in year two. It is understood that the competitive bidding process may reduce materials by as much as 15%. However, summer energy prices may adversely affect the cost of overall costs and the delivery of materials, and the design phase needs to be complete before we can confirm our current construction estimates. Conservative pricing should mitigate those contingencies.

A budget for the first five years of operations is included in the Sustainability section.

Phase I Construction Budget

| | Year 1 | Year 2 | Total |
|--|---------------|---------------|-----------------|
| Salary | 98,365 | 101,316 | 199,681 |
| Fringe | 36,395 | 39,007 | 75,402 |
| Construction Costs | 5,409,035 | 1,803,011 | 7,212,046 |
| PoP (Point of Presence) Equipment | 586,800 | 195,600 | 782,400 |
| Legal (Right of Way) | 300,000 | | 300,000 |
| Total Direct Costs | 6,430,595 | 2,138,934 | 8,569,529 |
| Administration @ 5% TDC | 321,530 | 106,947 | 428,476 |
| Total | 6,752,125 | 2,245,880 | 8,998,005 |
| Amount Requested | | | \$7,648,304 |
| Match | | | \$1,349,701 |

Budget Detail

Salary and Fringe

The salary for the Project Coordinator is computed at 100% full time effort for 24 months. While the construction should take 18 months, Phase II should be underway by the time Phase I construction is complete. If Phase II does not come to fruition, the Project Coordinator will still need to guide the transition to operations. Fringe benefits are computed at standard Research Foundation rates of 37% for year one and 38.5% for year two. Support for the Project Director is contributed by SUNY Plattsburgh.

Construction Costs (\$7,212,046)

The per foot/per splice cost of network construction is estimated as follows:

| Totals | Feet | Unit costs | Extension | % of Cost |
|----------------------------------|---------|------------|--------------------|-----------|
| Aerial / Underground Fiber | 855,360 | 1.10 | 940,896 | 13.0% |
| Aerial Installation | 855,360 | 1.25 | 1,069,200 | 14.8% |
| Splice Slack Fiber | 7,140 | 1.10 | 7,854 | 0.1% |
| Extra Fiber, 10% slack | 82,000 | 1.10 | 90,200 | 1.3% |
| New Pole Installation, 10% slack | 225 | 1,500.00 | 337,500 | 4.7% |
| Trench Footage | 285,120 | 9.25 | 2,637,360 | 36.6% |
| Innerduct | 285,120 | 1.25 | 356,400 | 4.9% |
| Handholes | 950 | 1,250.00 | 1,188,000 | 16.5% |
| Splice Closures | 119 | 300.00 | 35,700 | 0.5% |
| Splices | 5,712 | 28.00 | 159,936 | 2.2% |
| Markings (estimated) | 1 | 85,000.00 | 85,000 | 1.2% |
| Direction drill Footage | 19,000 | 16.00 | 304,000 | 4.2% |
| Total | | | \$7,212,046 | |

Computation of footage, by segment and type (aerial/underground):

| From | To | Segment Cost | % Total | From | To | Miles | Footage |
|--------------------|---------------|----------------|---------|---------------|---------------|------------|---------|
| Plattsburgh | Malone | \$1,950,137.96 | 23.1% | Plattsburgh | Malone | 50 | 264,000 |
| Malone | Ft. Covington | \$ 624,044.15 | 7.4% | Malone | Ft. Covington | 16 | 84,480 |
| Ft. Covington | SRMT* | \$ 351,024.83 | 4.2% | Ft. Covington | SRMT* | 9 | 47,520 |
| Malone | Saranac Lake | \$1,716,121.41 | 20.4% | Malone | Saranac lake | 44 | 232,320 |
| Saranac Lake | Lake Placid | \$ 390,027.59 | 4.6% | Saranac Lake | Lake Placid | 10 | 52,800 |
| Lake Placid | Keene | \$ 585,041.39 | 6.9% | Lake Placid | Keene | 15 | 79,200 |
| Keene | Elizabethtown | \$ 507,035.87 | 6.0% | Keene | Elizabethtown | 13 | 68,640 |
| Elizabethtown | Westport | \$ 351,024.83 | 4.2% | Elizabethtown | Westport | 9 | 47,520 |
| Westport | Cliff Haven | \$1,560,110.37 | 18.5% | Westport | Cliff Haven | 40 | 211,200 |
| Cliff Haven | Plattsburgh | \$ 390,027.59 | 4.6% | Cliff Haven | Plattsburgh | 10 | 52,800 |
| Total Miles | | | | | | 216 | |

*St. Regis Mohawk Tribe (SRMT), Akwesasne, NY

| Aerial | | | | | Underground | | |
|--------------------|---------------|----------|----------------|--------------|-----------------------|----------------|------------------|
| Dist between poles | | | | | Dist Between Handhole | | |
| | | | | | | | |
| 250 | | | | | 300 | | |
| From | To | % Aerial | Aerial Footage | Approx Poles | % Trenched | Trench Footage | Approx Handholes |
| Plattsburgh | Malone | 75% | 198,000 | 792 | 25% | 66,000 | 220 |
| Malone | Ft. Covington | 75% | 63,360 | 253 | 25% | 21,120 | 70 |
| Ft. Covington | SRMT* | 75% | 35,640 | 143 | 25% | 11,880 | 40 |
| Malone | Saranac Lake | 75% | 174,240 | 697 | 25% | 58,080 | 194 |
| Saranac Lake | Lake Placid | 75% | 39,600 | 158 | 25% | 13,200 | 44 |
| Lake Placid | Keene | 75% | 59,400 | 238 | 25% | 19,800 | 66 |
| Keene | Elizabethtown | 75% | 51,480 | 206 | 25% | 17,160 | 57 |
| Elizabethtown | Westport | 75% | 35,640 | 143 | 25% | 11,880 | 40 |
| Westport | Cliff Haven | 75% | 158,400 | 634 | 25% | 52,800 | 176 |
| Cliff Haven | Plattsburgh | 75% | 39,600 | 158 | 25% | 13,200 | 44 |
| Totals | | | 855,360 | 3421 | Totals | 285,120 | 950 |

Splicing costs:

| | | Main Run Fiber Splicing | | | Directional Boring | | | |
|---------------|---------------|-------------------------|-------------------|---------|--------------------|----------------|----------------|--------|
| | | Length of Fiber Spool | | | Length of Cross | | | |
| | | Fiber Count | | | Cross every ___mi. | | | |
| | | Splice Slack | | | | | | |
| From | To | Fiber Length | Splices Enclosure | Splices | Splice Slack | # of Crossings | Boring Footage | |
| Plattsburgh | Malone | 264,000 | 27.00 | 1,296 | 1,620 | 17 | 4,250 | |
| Malone | Ft. Covington | 84,480 | 9.00 | 432 | 540 | 6 | 1,500 | |
| Ft. Covington | SRMT* | 47,520 | 5.00 | 240 | 300 | 3 | 750 | |
| Malone | Saranac Lake | 232,320 | 24.00 | 1,152 | 1,440 | 15 | 3,750 | |
| Saranac Lake | Lake Placid | 52,800 | 6.00 | 288 | 360 | 4 | 1,000 | |
| Lake Placid | Keene | 79,200 | 8.00 | 384 | 480 | 5 | 1,250 | |
| Keene | Elizabethtown | 68,640 | 7.00 | 336 | 420 | 5 | 1,250 | |
| Elizabethtown | Westport | 47,520 | 5.00 | 240 | 300 | 3 | 750 | |
| Westport | Cliff Haven | 211,200 | 22.00 | 1,056 | 1,320 | 14 | 3,500 | |
| Cliff Haven | Plattsburgh | 52,800 | 6.00 | 288 | 360 | 4 | 1,000 | |
| Totals | | | 119 | 5,712 | 7,140 | Totals | 76 | 19,000 |

PoP Equipment

PoP equipment is estimated \$32,600 per node x 24 nodes.

Hub or PoP Components

| | |
|---------------------|------------------|
| Enclosure (indoor) | 4,500 |
| Fiber Patch Panel | 600 |
| UPS (Rack Mount) | 2,500 |
| Router/Switch 1 gig | 25,000 |
| Total | \$ 32,600 |

Legal (Right of Way)

A telecommunications attorney is already on retainer for the Research Foundation. Legal fees for right of way negotiations should not exceed this amount, but prudence suggests this contingency. Other legal fees are included under administration.

Administration

While most of the indirect costs associated with this project will be borne by the Research Foundation, 5% of total direct costs (TDC) is needed to cover direct expenses related to the issuance of subcontracts, complying with bidding requirements, and other account services.

Budget Detail: Matching Funds

| | |
|--|-----------|
| Cash, from Phase I ACTION Members | 350,000 |
| Exterior on-site Locations for PoPs | 576,000 |
| Space on-Site for electronic equipment (internal) | 288,000 |
| Site Construction Manager | 12,000 |
| Action Member Staff Time (Direct Expense) | 16,000 |
| Administration and Support (SUNY Plattsburgh) In-Kind and Cash | 107,701 |
| | 1,349,701 |

Cash Match

Each ACTION member is committing a \$50,000 cash match to the project, payable over two years as the network becomes operational. In Phase I, seven members will provide \$25,000 in cash in year 2009 and \$25,000 in 2010. The \$50,000 cash contributions are particularly significant for the small rural hospitals and colleges, and are a strong indication of the members' support for this project and their desire to build and operate an efficient and cost-effective network.

Exterior Space on -Site for PoP

An exterior location for a PoP on each site approximately the size of a parking space that would be accessible by staff unaffiliated with the health center location: 20 year lease at \$100/month for 240 months = \$24,000 per site. Each site is responsible for the proper care of the area around the PoP, including grass cutting, keeping equipment clear, allowing access to the area, and snow removal.

24 Sites x \$24,000 = \$576,000

Space on Campus/Hospital/Clinic for electronic equipment

This is for interior space at each site's demarcation location for fiber termination and cabling to their computer room, with space for a router and switch in their computer room (20 year lease with \$50/month charge for 240 months = \$12,000 per site). Each site is responsible for securing, cooling and keeping demarcation area clean and clear of debris and equipment that may interfere with maintaining the network hardware. Large sites are responsible for the cabling between the demarcation area and the computer room, uninterrupted power supply, and cooling.

24 Sites x \$12,000 = \$288,000

Maintenance/Security Staff Time to coordinate with and meet with contractor who will run the fiber into the site.

Each site will provide a site "construction manager" to be the liaison to the construction crew. This will include meeting with the construction lead and provide ongoing support as needed

during the duration of construction. It will also include providing any required contractor credentials for access to areas needed on site and assuring OSHA compliance as a.

20 hours x \$25 hour x 24 sites = \$12,000

Action Member Staff Time

Staff from each ACTION site will be involved with activity directly related to the project, (e.g. developing bidding requirements for materials to ensure compatibility).

Administration and Support (SUNY Plattsburgh) In-Kind and Cash

SUNY Plattsburgh, through the Research Foundation of SUNY, will fund the Project Director's time and incur numerous direct expenses related to the administration of this project. Effort reporting will be used to track staff time.

E. How for-profit network participants will pay their fair share of the network costs

For profit participants will pay last mile costs to connect to ACTION, in addition to monthly connection charges, depending on their bandwidth needs. Monthly fees will be comparable to urban market rates.

We have included the costs of connecting a projected number of for-profit and non-profit agency customers to the network in the business work plan financial figures. The revenue from the for-profit subscribers will subsidize the expenses of the non-profit consortium members through one time connection fees and higher monthly rates than paid by the non-profit participants.

F. Other Sources of financial support and anticipated revenues

Other Federal Funds Supporting the Project:

Design and engineering for the proposed network will be provided by the larger CBN Connect Project, which has received funding from the Economic Development Administration for that purpose. Of the \$500,000 allocated for the design of the larger network (\$250,000 EDA + \$250,000 match), \$236,000 will be spent on this specific aspect of the design.

Additional Resources (beyond the \$1,349,701 match described in the budget detail):

Operating revenues will come in part from existing cash that the ACTION members are currently paying for telecommunications circuits. Excess capacity has been designed into ACTION to accommodate growth in the use of telemedicine and telehealth services required by ACTION members. Current telecom service providers have expressed that they would lease ACTION fiber to provide commercial Internet, telephone, and video services to the local health care industry if it were available at reasonable fees. In addition, services such as remote data storage. This presents ACTION with an opportunity to subsidize ongoing operating costs by leasing

bandwidth to commercial service providers, and this revenue is included in the revenue projections.

Note: Patient and related health care data will be transported on dedicated fiber strands in a private network in accordance with HIPAA requirements. Additional fiber strands will be “open access”, meaning that any service provider approved by the ACTION Advisory Board may access ACTION members and customers. The ACTION Advisory Board will determine technical and quality of service standards and guidelines that prospective service providers must meet. All service providers using the open access portion of the network must be CALEA compliant.

G. ACTION Consortium Members with Address, Phone, Web Address, RUCA Code

All of the members are 501(c)(3) non-profit organizations, including the hospitals and medical centers.

Adirondack Medical Center
2233 State Route 86
Saranac Lake, NY 12983
518-891-4141
<http://www.amccares.org>
RUCA Code: 7, 8

Adirondack Medical Center is a 100 bed acute care general hospital in the Adirondack Mountains of New York. AMC is the largest hospital in the six-million acre Adirondack Park, serving the residents of five counties. AMC features a 50-member medical staff that is board certified in 21 specialties.

Alice Hyde Medical Center
133 Park Street
Malone, NY 12953
518-483-3000
<http://www.alicehyde.com>
RUCA Code: 4

For 90 years, Alice Hyde Medical Center (AHMC) has been providing high-quality, low-cost health care to the more than 45,000 residents of the North County. Throughout the past century, AHMC has focused on keeping its community healthy through primary care, information, and education. AHMC offers specialty care, which includes renal dialysis, lithotripsy services, laser surgery, cardiac rehabilitation and state-of-the-art cancer treatment and therapeutic radiology. In addition to its Malone campus, Alice Hyde Medical Center operates four family health centers that bring primary and preventive services. AHMC is a 75 bed facility.

Champlain Valley Physicians Hospital (CVPH) Medical Center [Lead Eligible Entity]
75 Beekman Street
Plattsburgh, NY 12901
518-561-2000
<http://www.cvph.org>
RUCA Code: 4

CVPH is the lead eligible health care provider for this application and is the regional medical center that provides a full range of health care services to Clinton, Franklin, Essex and St. Lawrence Counties. CVPH is licensed as a 341 bed acute care hospital and 54 bed skilled nursing facility.

2006 Statistics:

| | |
|------------------------------|---------|
| Admissions | 11,751 |
| Patient Days | 97,144 |
| Surgical Procedures | 18,104 |
| Births | 972 |
| Emergency Care Center Visits | 52,065 |
| Outpatient Visits | 296,184 |

| | |
|----------------|--|
| Medical Staff: | 156 members, 92% Board Certified |
| Employees: | 2,143 as of January 29, 2007 |
| 2007 Budget: | \$212 million |
| Status: | Voluntary not-for-profit hospital governed by 15-member Board of Directors |
| Accreditation: | Joint Commission accredited, licensed by New York State Department of Health, Medicare and Medicaid approved |

Elizabethtown Community Hospital
75 Park Street
Elizabethtown, NY 12932
518-873-6377
<http://www.ech.org>
RUCA Code: 10

Elizabethtown Community Hospital serves as the focal point for the delivery of health care services to approximately 12,000 residents of the northeastern section of Essex county. The hospital's market includes the towns of Elizabethtown, New Russia, Westport, Willsboro, Port Henry, Mineville, Lewis, Essex and Moriah.

ECH is a 25 bed certified facility that provides acute general inpatient and outpatient medical services in Elizabethtown, New York, approximately 35 miles south of Plattsburgh. Services include an array of diagnostic programs, an emergency department, inpatient medical care, physical therapy, kidney dialysis, and a number of regularly scheduled outpatient specialty clinics.

ECH is in a mountainous area near Lake Champlain that serves as a major recreational attraction in New York State for camping, hiking, skiing and water activities. The Adirondack Mountains are the highest in New York State and the eastern U.S., with several exceeding 4,000 feet. These characteristics make the area remote. This has had a tremendous impact on the ability of the hospital to provide service to the community, particularly on an out patient basis.

Saint Regis Mohawk Reservation

412 State Route 37

Akwesasne, NY 13655

518-358-2272

<http://srmt-nsn.gov>

RUCA Code: 6, 10.5

In 1978, the Saint Regis Mohawk Health Services began providing preventative, primary and emergency health care to the Saint Regis Mohawk community. It is the largest of the Tribe's divisions, employing 40 percent of the Tribal employees. Services within the facility include medical, dental care, mental health, substance abuse treatment, nutrition, home health care and pharmacy services. Special service programs are offered in several areas of health care and particular attention is devoted to prevalent diseases which show a higher than average incidence such as diabetes.

The focus of other special health services programs is to improve the health of families with children from birth to three years, to reduce injuries in the community, to provide substance abuse prevention programs in the local schools, and to reduce the number of community residents who will become diabetic by encouraging changes in physical activity and dietary habits.

An extensive Medical Records Department keeps patient medical information at the fingertips of health care providers. Records are kept strictly confidential. Information is centrally located on an advanced computer system in the Medical Records Department. Contract Health Services (CHS) are available to eligible persons for care that cannot be provided at the tribal clinic. These services include x-rays, office visits to specialists, outpatient and inpatient hospital services, therapy services, and ambulance transports.

Three colleges in the region are participating as full ACTION members due to their Nursing and Medical Technology programs and/or their specialized health care outreach agencies.

Clinton Community College
136 Clinton Point Drive
Plattsburgh, New York 12901
(518)562-4200
<http://www.clinton.edu/Nursing>
RUCA Code: 4

Clinton Community College is a member of the SUNY system, and its present enrollment is 1,500. The college offers a Nursing and Allied Health program. Each year 70 new students are admitted to the two-year Associate in Applied Science (AAS) Nursing Program and 15-20 are admitted to the Medical Laboratory Technology program. CCC grants a Nursing AAS certificate and a BSN degree, in association with SUNY Plattsburgh, and an AAS in Medical Laboratory Technology.

In May 2004, CCC celebrated the graduation of the 25th class of nurses. In 2005, the Nursing Program was recommended for eight years of continuing accreditation from the National League for Nursing Accrediting Commission. Over the past ten years, CCC nursing graduates have attained passing rates on the licensing exam for RNs that exceeds the state and national passing rates (94.4% pass rate in May 2005). All nursing graduates from May 2005 found employment in the health care field, a trend that most likely will continue.

North Country Community College
23 Santanoni Ave., P.O.Box 89
Saranac Lake, NY 12983-0089
518-891-2915
<http://www.nccc.edu/nursing.html>
RUCA Code: 7

North Country Community College (NCCC) is the only public higher educational institution in the six million acre Adirondack Park. The college offers AAS degrees in Nursing and in Radiologic Technology. The Nursing Program adheres to a career-ladder concept in nursing education that provides upward mobility for students without repetition of previous education and experience.

Courses of study in Nursing consist of a two-semester, full-time Practical Nursing Program and a two-semester, full-time Associate Degree Nursing Program for PNs and GPNs. The Certificate in Practical Nursing and Associate Degree Nursing programs are approved and registered by the New York State Board of Nursing in accordance with the rules and regulations of the New York State Education Department.

State University of New York Plattsburgh
101 Broad Street
Plattsburgh, NY 12901
518-564-2121
www.plattsburgh.edu
RUCA Code: 4

SUNY Plattsburgh is a member of the ACTION consortium because of its numerous health care education and community outreach programs and coordinator of the larger CBN Connect project.

Specific programs related to this initiative include:

- Nursing Education, www.plattsburgh.edu/academics/nursing;
- Traumatic Brain Injury (TBI) Center;
- Neuropsychology Clinic and Psychoeducational Services;
- Alzheimer's Disease Assistance Center (ADAC);(www.plattsburgh.edu/academics/psychology/clinics.php);
- Eastern Adirondack Health Care Network (www.plattsburgh.edu/offices/centers/cisp/eahcn/index.php); and
- Communication Disorders and Sciences Department www.plattsburgh.edu/academics/commdisorders/.

The following clinics and satellite health care facilities are participants in Phase I, listed by their parent hospital.

Adirondack Medical Center

Lake Placid Clinic, 29 Church Street; RUCA Code: 7
Uihlein Clinic, 185 Old Military Road, Lake Placid; RUCA Code: 7
Mountain Health Center 2841 State Route 73, Keene; RUCA Code: 10

Alice Hyde Medical Center

Tower Health Center, North Main Street, St. Regis Falls; RUCA Code: 10.5
Salmon River Health Center, 577 County Route 1, Fort Covington; RUCA Code: 10.5

CVPH Medical Center

Health Plaza, Plaza Boulevard, Pattsburgh; RUCA Code: 4
Rehabilitation and Wellness Clinic, 195 New York Rd, Plattsburgh; RUCA Code: 4
Dialysis Center, Park Street, Elizabethtown
Valcour Imaging Center, 16 DeGrandpre Way, Plattsburgh; RUCA Code: 10.5

Elizabethtown Community Hospital

Westport Health Center, 6097 New York State Route 9N; RUCA Code: 10

Phase II Participants

Adirondack Community College, Nursing Education, Glens Falls
Glens Falls Hospital, Glens Falls

Hudson Headwaters Health Network, Glens Falls
Massena Memorial Hospital, Massena
Moses Ludington Hospital, Ticonderoga
Associated clinics in Essex, Warren, Hamilton, Saratoga, and St. Lawrence counties

H. Prior Experience: SUNY Plattsburgh TAC Management Team

The Technical Assistance Center at SUNY Plattsburgh will have operational responsibility for management of the ACTION network.

Howard Lowe, director of the Technical Assistance Center, has 30 years of experience in public and commercial broadcast communications management. Mr. Lowe serves as the CBN Connect and the ACTION Project Director.

In 2002, Mr. Lowe began developing a regional coalition of health care, education, government, and business leaders focusing on improving the availability of affordable, abundant bandwidth throughout Clinton, Essex, and Franklin counties. The CBN Connect coalition has raised \$750,000 from federal sources and \$250,000 in local matching funds in order to begin planning and design of the network.

Prior to coming to TAC, Mr. Lowe worked for 30 years in the commercial and public broadcasting and communications industry. Most recently he served for five years as president and CEO of Mountain Lake Public Telecommunication Council, Inc, Plattsburgh, New York. Mr. Lowe has a successful track record managing innovative and complex telecommunications projects including analog to digital physical plant conversion, capital equipment purchases and installation, e-commerce, and national video production and distribution.

Julie West, on the Technical Assistance Center staff, will be the ACTION network manager.

Ms. West is the front line manager for the Community Broadband Network (CBN) Connect project. Ms. West has experience in record developing, coordinating, and implementing a successful telehealth/telemedicine program within our region.

At CVPH Medical Center, she was the Manager of Information Technology and Telecommunications 1995 – 1998 and the Manager of Customer Support 1992 – 1995, where she supervised the implementation and operation of the medical center's telemedicine activities. Ms. West was directly involved in designing telemedicine services, promoting its use, and assessing its acceptance by the medical staff.

One of the key activities Ms. West implemented included working personally with physicians to evaluate their interest in using telemedicine. She worked closely with individual doctors to help them take best advantage of the technology as it was introduced.

As Manager of Information Technology and Telecommunications, Ms. West:

- Managed 20 staff and all IT services including 24 hour support of all LAN, WAN, desktop and remote support services for the 420 bed regional medical center.
- Worked with physicians to assess and improve how they accessed laboratory results from their office.
- Designed and implemented a fiber optic connection from CVPH to an off site business services office.
- Implemented teleradiology between CVPH Medical Center and Elizabethtown Community Hospital.
- Managed all telecommunications and video services for the Medical Center and several physician offices.
- Served as IT/IS representative on capital project teams. Successful projects included a new Emergency Care Center, Kidney Dialysis Center, Women's Imaging Center, Off-Site Laboratory Services, and Observation Unit.
- Worked on telemedicine team that implemented Adirondack Area Network initiatives with Albany Medical Center.
- Managed union and non-union staff, contractors, and consultants.

As Manager of Customer Support, Ms. West:

- Managed a staff of nine systems analysts, two help desk analysts, and one trainer. She was assigned additional responsibility as financial systems analyst.
- Developed and maintained application activities related to implemented systems interface and new application installation outside of core applications.
- Implemented and designed help desk support, including implementation of Support Magic software. Developed help desk tools and procedures to provide training to medical center departments on how to utilize this service.

Prior to coming to the Technical Assistance Center in November, 2006, Ms. West was the Global Director of IT for Bombardier Transportation, which manufactures passenger rail and signaling systems worldwide. In that position, Ms. West managed a wide area network for 330 sites in 42 countries, including vendor selection, construction oversight, and ongoing operations.

I. Prior Experience of ACTION Members, including telemedicine activity

The ACTION members have over a decade of experience using telemedicine among their own facilities and to a more limited extent, to connect to other medical centers. A brief description of this experience and the telemedicine experience of the medical and college IT directors is provided below:

Alice-Hyde Medical Center, (AHMC) Malone, NY: Alice Hyde Medical Center currently uses telemedicine technology for video conferencing, clinical educational opportunities and for administrative meetings with a tertiary care center at Fletcher Allen Healthcare in Burlington, VT. AHMC would like to begin to use telemedicine to allow doctors from other facilities to

view trauma patients and consult with the local medical staff. Alice Hyde currently can digitally send sonogram information of a trauma patient to Burlington in a matter of minutes so that the medical team can start to put together a “care plan” before the patient arrives in Burlington. Unfortunately AHMC cannot send MRIs and many other tests due to current bandwidth limitations.

AHMC envisions having real-time consultations with the medical communities of larger urban areas. The geographic isolation of Malone, NY should not be a limiting factor in the care AHMC patients receive. Through the use of a fiber network AHMC will be connected to a larger medical community to share data faster and interact with a larger medical team and specialists. A fiber network will be a tool for the AHMC staff to provide the best patient care possible and provide for data backup online. Alice Hyde and other rural medical centers will utilize a fiber network to create offsite backup sites for each other’s data. AHMC will also use a fiber network to share in medical imaging files and develop a complete shared Electronic Medical Record for AHMC patients.

Joel Benware, Chief Information Officer (MIS), Alice Hyde Medical Center, Malone, NY

Mr. Benware is responsible for managing a staff of ten IT professionals which operate as three groups, MIS-Clinical, MIS-Financial and Hardware and Networking. He is also the HIPAA Security Officer. Mr. Benware holds a Masters Degree in Instructional Technology from Appalachian State University in North Carolina. Prior to returning to Malone, Mr. Benware was employed by the Albany College of Pharmacy as the Chief Technology Officer. In addition to managing the Information Systems daily operations, he steers the department's efforts to enhance the patient experience and improve employee operations through the implementation of advanced information technology.

Adirondack Medical Center(AMC), Saranac Lake, NY: AMC has received a HEAL NY grant to acquire servers and software so that electronic health information can be shared with 85% of area physicians. The physicians have chosen a single vendor solution for their electronic medical record product and this will be interfaced with the hospital information system. A limited amount of critical health information will be shared on an as needed basis. AMC is doing telehealth and telemedicine with Fletcher Allen Healthcare (Burlington, VT) and with other local health care organizations. AMC is also using telehealth technology among its own remote clinics.

More abundant bandwidth is needed to help facilitate data sharing to AMC’s more remote locations and give AMC the ability to add redundancy in places where small capacity T-1 data lines exist. It would also make possible access to specialists and consultants around the country. Greater bandwidth will encourage increased communications between regional entities and reduce the need for remote access solutions, which are limited and difficult to support.

Michael Kelly, Director of Information Systems, Adirondack Medical Center, Saranac Lake, NY

Mr. Kelly has served as a medical center IT manager since 2001. At AMC, he implemented a help desk, merged voice services management with data services management, implemented electronic medical records systems and managed the IT requirements of the merger of AMC with two nursing homes formerly owned by Catholic Health East. In this position, Mr. Kelly worked to increase voice and data services to physician offices, regional health care centers and local health departments. Adirondack Medical Center has implemented numerous telehealth and telemedicine initiatives.

CVPH Medical Center, Plattsburgh, NY (CVPH): CVPH is currently using telemedicine for regular tumor board reviews with Dana Farber Cancer Institute, Boston, and holds case reviews with Massachusetts General Hospital in Boston. CVPH has a telemedicine unit in the Emergency Care Center which is used for pediatric trauma consultation and is currently working on adding neurosurgery consultation ability. CVPH and Fletcher Allen Healthcare (Burlington, VT) are exploring a point-to-point Virtual Private Network (VPN) tunnel to allow patient images to be directly forwarded through DICOM (Digital Imaging and Communications in Medicine) into the native Picture Archiving and Communication System (PACS) of the receiving organization. In addition, CVPH uses video conferencing to broadcast Grand Rounds which are educational and informational sessions for the physician populations in both Plattsburgh and Elizabethtown. CVPH's pharmacy system is shared by Elizabethtown Community Hospital to provide 24 hour coverage. ECH has a PACS read station at CVPH.

CVPH has several offsite service locations: a kidney dialysis center, a women's imaging center, and an ambulatory surgery clinic. Transferring accurate images and data between the medical center, physician offices, and these sites is crucial.

Ms. Rosemary Miller, Associate Vice President of Information Services and Support, CVPH Medical Center, Plattsburgh, NY

Ms. Miller is overseeing current technology projects in the area of digital mammography, MRI image transfer, and a strategic plan for implementation of a centrally managed physician office electronic health record system.

Ms. Miller has 28 years of experience in health care with the last 16 years in various positions of Information Technology (IT) management. Ms. Miller has experience in healthcare information technology, strategy and planning, financial management, operations, project management and IT implementations. She also possesses strong analytical, administrative and management skills. The Information Services and Support team at CVPH Medical Center reports to Ms. Miller and has 38 full-time employees with the skills and experience necessary to serve the hospital and physician office environment.

Elizabethtown Community Hospital (ECH): Over the last several years, ECH has focused a large portion of its capital expenditures on implementing technologically advanced clinical solutions. Access to ECH's Health Information System (HIS) can be provided to outside physicians through a VPN connection. One physician's office has been configured in this manner. ECH's Westport Health Center has a dedicated VPN connection. ECH has a Fuji Synapse PACS, which is completely web-based. Secure access to it is available through a

published web portal as well as through VPN. Several radiologists have been configured to access it from their homes. ECH and CVPH share several systems. ECH uses CVPH's pharmacy system to provide 24 hour coverage. ECH has a PACS read station at CVPH to support after hours radiologist coverage.

Mr. Brett Sicola, Director of Information Systems, Elizabethtown Community Hospital, Elizabethtown, NY

Mr. Sicola works with hospital administration to analyze the technological needs of the organization and determine if and what new technologies should be implemented, then to acquire and implement them. Mr. Sicola is the project manager for implementing the Fuji Synapse PACS; an ISDN PRI telephony upgrade; and wireless networks in the emergency department, inpatient nursing, and both hospital health centers.

Saint Regis Mohawk Tribe Health Center (SRMHC) is not presently involved in telemedicine activities; however it very much wants to be connected to regional medical centers to make use of telemedicine to improve emergency and inpatient services. **Ms. Alice Tarbell-Herne** and **Ms. Paulette White** are the staff responsible for supporting the hospitals use of technology.

SUNY Plattsburgh (other than TAC, previously described)

Department of Nursing and Nutrition

The proposal for creation of a broadband network dedicated to health care is one that would be embraced by the SUNY Plattsburgh Department of Nursing and Nutrition on several levels and fits within the college's mission in providing students with professional preparation...within a global community. Specific areas include:

Distance Education

The nursing program has been providing a distance-education program for registered nurses seeking to continue their education (RN to BS Option) for over 15 years. Originally provided over a Picture-Tel system to five to seven satellite locations throughout New York State, the program is now provided through an on-line format. The availability of a broadband network will extend the availability quality education through enhanced education strategies (including possible links with patient seminars and health/medical education and consultation opportunities through distance providers).

Nursing Education

There is a documented shortage of nurses and nurse educators in the nation. The use of broadband networks could potentially increase our nurse-educator resources with development of distance-providers of varying course content – not only for our distance education students but for our on-campus baccalaureate-nursing students as well. This shared resource with other programs and providers would enhance our comprehensive provision of nursing education; we would not only have resources available on-site (as in CVPH and County Health Departments), but could extend exposure of students to other health-care issues and strategies – e.g., with a patient or patient populations experiencing less common conditions, being cared for in specialty health-care institutions.

Client Care Information

Use of the proposed telemedicine networking system would enhance faculty and student access to important/relevant patient information and needs and provide for efficient communication among students, health care facilities, and instructors. Expansion of use within community settings (providing, for instance, video streaming of patient situations to relevant parties) could be invaluable, especially for our distance-education students.

SUNY Plattsburgh Department of Communication Disorders and Sciences (CDS)

Patients seen in the SUNY Plattsburgh Voice Lab are referred by allergists, otorhinolaryngologists, and general practitioners from New York and Vermont. The majority of clients are from Clinton, Essex, or Franklin counties. A secure network would allow for effective communication between professionals with transmission of still and moving digital images. Real-time conferencing also would improve the diagnostic process with the ability to discuss simultaneously viewed images. Surgical and/or voice therapy treatment options become feasible.

The American Speech-Language-Hearing Association (ASHA) has stated that telepractice is an appropriate model of service delivery for the audiology profession. Auditory rehabilitation programs provided via asynchronous service delivery offer potential benefit to those in rural communities and underserved areas. Patients in rural areas must travel long distances to receive intervention and may receive less than optimal clinical contact due to travel difficulties, including cost, poor weather conditions, and lost wages resulting from time incurred in the travel.

Telepractice would allow opportunities for student clinicians to view therapy for those disorder categories that are scarce in the on-campus clinic (i.e., voice and fluency) thus improving our ability to provide a quality education to the graduate speech pathology students.

The proposed ACTION broadband system will also enable the Communication Disorders and Sciences Department to provide continuing education opportunities to area health professionals through on-line activities. We are an ASHA approved continuing education provider. Further, at a recent gathering of area professionals in the field of speech language pathology, repeatedly stated that they would like more connectivity.

SUNY Plattsburgh Eastern Adirondack Health Care Network (EAHCN)

The ACTION will enhance EAHCN services by creating/expanding opportunities for:

- Distance learning for medical students, staff as well as caregiver education.
- Consumer information, education, and support to keep our aging population independent longer and out of long term care facilities.
- Integration of mental health and primary care practices.
- Referral and networking with primary care physicians serving dementia patients.
- Mental health and medication consultation and management between primary care and county clinics.

- One of the greatest benefits will be in education, recruitment, and promoting careers in the health care field. It will without a doubt increase access to needed services and may increase our competitive edge for recruitment and retention of young professionals to our rural, underserved area.

Hap Wheeler, Network manager, SUNY Plattsburgh

Mr. Wheeler is responsible for growing the college's broadband system from its modest beginnings to the 10,000 node network that it is today. He is the author of much of the management software used to control and monitor the network. In addition to managing the day to day operation of the network, he is responsible for network security, network planning, and equipment purchasing. Mr. Wheeler received a BA in Biology from SUNY Plattsburgh.

Clinton Community College (CCC)

ACTION participation ties directly to seven out of eight of Clinton Community College's strategic priorities. The College's goal to position itself as a community resource and as a hub for community development means it must be fully networked with the region's businesses, institutions and learners. In particular, three dynamics of the medical education programs will drive the network use: the needs of working adult students; the high bandwidth requirements of lab and simulation activities; and the flexibility required by their institutional partners. Combining the successful online learning program, the powerful Angel platform and the network's real-time, high quality audio and video will allow them to offer excellent credit courses in flexible formats, and non-credit programs customized to our partners' needs through our Continuing Education program. Overcoming time, distance and geography through the network will increase access to their highly rated Nursing program, and means they can deliver specialized programs such as medical lab technology that would otherwise have low enrollment. Program development in emerging areas like Biotechnology and Nanotechnology will move more quickly as the network provides access to experts, resources and programs from other institutions. Preparation for medical education begins early, and ACTION participation will allow us to pursue another College goal, to develop a seamless continuum for student transition from K-12 to postsecondary education and from education to successful placement in health care work.

Mr. Andrew Hersh-Tudor, Dean for Information Technology and Learning Resources

Through three positions held in college libraries since 1989 (Chadron State College, NE; Univ. Michigan-Flint; Clinton Community College, NY) Mr. Hersh-Tudor has experience in college teaching, both online and on campus, instructional technology and distance learning. Since 2000 he has been library director and chief information officer at Clinton Community College, Plattsburgh, New York. Accomplishments include participation in development of distance learning programs at all three campuses, development of a digital library (Clinton), leadership of a smart classroom initiative (Clinton), early implementation of a digital video editing system (Flint), integration of library, IT and media systems (Clinton), and substantial technology planning at all three campuses. He holds a B.A cum laude in English Literature from the University of Michigan in 1987, and a Masters in Library Science from the University of Michigan in 1989.

North Country Community College (NCCC)

Access to an affordable, high capacity broadband network such as the proposed ACTION, that connects the college to other higher education institutions and healthcare facilities, would significantly benefit their Nursing and Radiologic Technology Programs. The rural nature of their service area has made video conferencing and distance learning critical in supporting health care offerings. NCCC's dependence on Internet service connectivity to support their healthcare programs is further complicated by the fact that they offer health care programs at three distinct campus locations that are all over one hour from each other. Internet service connectivity has become the backbone of NCCC's health care programs as they are forced to video conference lectures from campus to campus and make use of distance learning health care resources to substitute for resources that are not available in their rural region.

The very limited Internet service connectivity in their service area has made supporting and expanding health care offerings logistically challenging and cost prohibitive. NCCC believes that an affordable, high capacity broadband network such as proposed in this application will be necessary for their institution to sustain existing health care offerings and to expand health care programs to help compensate for the severe shortage of primary health care providers in their region. Affordable, high capacity broadband is the future of NCCC health care programs and will ultimately be the future of the primary health care system in their region.

Mr. Scott Harwood, Assistant Dean for Institutional Research and Support

Mr. Harwood is responsible for the oversight and maintenance of administrative and student computer systems including systems integration and development, and charged with oversight and development of the College's website and web based services. He also provides administrative support to the Vice President of Academic Affairs and College President on special projects. Mr. Harwood teaches courses as adjunct faculty for Computer Science and for Physical and Health Related Education. He is responsible for certifying 300-400 Allied Health and Pre-Allied Health professionals in Basic Life Support annually. Mr. Harwood is actively involved with offering and expanding upper level health related and emergency medical course offerings including Wilderness First Responder and Emergency Medical Technician. He has a Business Administration degree and an M.A. in Business and Policy Studies from SUNY Empire State College, Plattsburgh NY.

Fletcher Allen Healthcare

Though not a participant in the ACTION proposal, it should be noted that most of the ACTION members do some trauma, pediatric, and neurology referral work with Fletcher Allen in Burlington, VT. This is for pre-transfer assessments and consultations. ACTION will likely establish broadband connections with Fletcher Allen at some point in the future.

J. Work Plan and Projected Construction Schedule

The projected schedule for network development, based on a September 1, 2007 start date is:

Engineering Design (150 days):

- RFP developed and approved by Advisory Board
- RFP issued
- Engineering firm selected and contracted
- Work completed
- Presentation of deliverables to Advisory Board

An RFP will be issued through the Research Foundation at SUNY Plattsburgh with support of the ACTION Advisory Board. A certified engineering firm will be hired to conduct a full engineering design of the ACTION. Included in this design will be fiber route selection, decisions on aerial vs. trenching of fiber on each route and right of way, and pole attachment requirements for the entire phase. In addition, sizing of fiber and design of electronic requirements, Point of Presence (PoP) design and placement will be determined as part of the engineering design. The resulting information will be in textual and engineering drawing form. This information will be used to write the RFP to hire the contractor who will build the network.

Contracts and Agreements Negotiated based on Engineering Design (90 days):

- Negotiate and sign pole attachment agreements with pole owners
- Negotiate and file appropriate forms for right of way requirements
- Negotiate and sign agreement for any work associated with pole replacements, trenching or road repair requirements.

This work will be based on the outcome of the engineering design. All agreements must be done contractually to avoid future risk. These agreements may be with telecom providers, utilities or municipalities depending on who owns the poles, right of ways, etc. Even if a municipality agrees to allow ACTION to run fiber on their poles without associated cost, 20 year agreements must be in place to minimize risk to the network.

Selection of Contractor (60 days):

- RFP developed to select contractor to be responsible for construction, and, establish all sub-contractor relationships throughout the build and test phase of the project.
- Construction documents written including exact timeline for project and build order for sites to be agreed with ACTION Advisory Board members.
- Once selection is made, contract will be negotiated with contractor including payment schedule for work.
- Anticipated approach to payment will be 25% down payment; 50% at agreed upon mid-point milestone and final 25% to be made following successful testing and completion of contractor punch list. The punch list will be approved as completed by the ACTION Project Manager.

Construction of Network (180 days):

- Selected contractor will manage the construction project in accordance with the terms of contract and regular weekly meetings with the ACTION Project Manager.
- ACTION Advisory Board members will meet monthly and as needed during construction to receive detailed progress reports.
- Construction will last approximately 180 days and each site will undergo preliminary testing as it is brought on line.

Construction oversight will be handled by the ACTION Project Coordinator based on the signed contract. Physical inspection will take place upon each site completion to make sure that all components are present. Sign off on a site punch list will be required in order to make sure that all work at each site has been successfully completed. An overall project punch list will also be required in order for final payment to be made. This will include successful testing of all connections on the network.

Network Operations Center Selection (60 days):

- RFP developed, issued, and Network Operations Center provider selected after review.
- Contract with selected provider signed.
- Proper set up and staffing implemented in order to test as circuits come on line. Full 24x7 operations management will not begin until the entire network is running.

The Network Operations Center provider will be selected when the construction work is approximately 50% completed. This will allow time for the NOC to come on-line and be tested. Full network operations will not begin until the construction of Phase I is completed.

Total time required: 18 months from design phase to completion of the network.

Network Operations (Ongoing):

- Network operations will come on line for full testing during the last 60 days of the construction engagement. This will include oversight of all network elements and troubleshooting with the contractor for any problems that arise.
- All ACTION sites will receive help desk and procedure training prior to going live on the network.

Service Level Agreements (SLA) will be in place with the Network Operations Center and monthly SLA reviews will be done with agreed upon reports and statistics produced and delivered to all ACTION Advisory Board members. An SLA specifies the understanding in place about standards, parameters, responsibilities, timelines, and other specific performance details.

K. Management Plan

Mr. Howard Lowe will serve as the overall Project Director, through the Research Foundation of SUNY, which will provide overall supervisory and support services through the Office of Sponsored Research and Programs at SUNY Plattsburgh. The ACTION will be coordinated by Ms. Julie West, Project Coordinator on the staff of the Technical Assistance Center at SUNY

Plattsburgh. She will oversee day to day and long term planning and operations. An engineering supervisor will be hired to work directly with contractors and service providers.

ACTION Advisory Board

Management and operations policy will be created with the input of an ACTION Advisory Board, comprised of IT representatives, plus radiologists, physicians, and nurses who practice telemedicine from each member health care and educational facility. This group will meet monthly and as needed to determine and monitor the planning, design, and construction of the network, the network operations, and the services provided to members.

Future organizational structure

As this network becomes operational, it is possible that the ACTION consortium be organized appropriately organized as a separate corporate entity. The Research Foundation has done this with other projects it has developed around New York State so as not to jeopardize the 501(c)(3) tax status of the parent organization. Should this happen, a board of directors would be formed, comprised primarily of ACTION member representatives.

L. Coordination of the telemedicine program throughout the state or region

The ACTION members' first priority is to construct a robust broadband network connecting them to one another, to related health care offices and agencies in the counties covered by Phase I and II, and to Internet 2. In this way, they will fully utilize the capabilities of the telecommunications infrastructure that would be constructed with FCC funding.

Once this has been accomplished, ACTION will endeavor to connect to other health care networks operating in New York State, Vermont, nationally, and internationally so that our health care professionals and residents may benefit from additional services and resources.

ACTION members now collaborate on providing telemedicine services, applying for grants, and sharing expertise. A group of ACTION members are cooperating to apply for a New York State HEAL grant (Healthcare Efficiency and Affordability Law). These funds are for projects that will fully utilize the proposed network:

Telemedicine applications envisioned by ACTION members to fully utilize the network

There is consensus among the ACTION members that many needed telemedicine applications are presently impossible, too expensive, or difficult to accomplish given existing broadband facilities. ACTION members envision such services as:

Regular remote access to specialists. The ACTION region does not have an adequate number of physician specialists. A regional telemedicine network will allow current specialists to diagnose and consult at a distance. Patients and their doctors will be able to access specialists at medical facilities around the state, nationally, and internationally in a timely and cost effective manner. This is of particular value to the 15 clinics associated with the hospitals. Their staff and

patients will benefit by being able to have distant physicians and nurses assess patients who are unable to be moved to a hospital.

Fast and secure access to database information services will be possible, including image archives, audio and video files, patient electronic medical records, and reference materials located anywhere.

Regular continuing education offerings for health service providers, including live, two-way video for seminars, grand rounds, and credit and non-credit classes.

Wireless communications, though not a part of the Phase I and II plan, will be a goal for the ACTION once the fiber optic backbone is in place. A wireless network can be used by emergency vehicles with onboard computer systems that use Geographic Information Services (GIS) software to guide ambulances to the patient. Ambulances so equipped can access patient information while moving and allow emergency personnel to speak directly with physicians while the patient is on the way to the hospital.

ACTION members agree that standards of practice must be established that guide health care providers regarding the proper use of patient services delivered through telemedicine. This will cover standard practices and procedures, equipment used, equipment maintenance, etc.

All telemedicine applications will be thoroughly aligned with patient confidentiality requirements stipulated by HIPAA.

Connecting to other Regional Networks

There are existing publicly owned broadband networks nearby the ACTION region, including the Development Authority Open Access Telecom Network in New York State, to the west of the ACTION counties, the Northern Vermont Network, and the Research and Scientific Information Network (RISQ) in Montreal, Quebec, Canada. All connect to hospitals today, or have plans for that in the future.

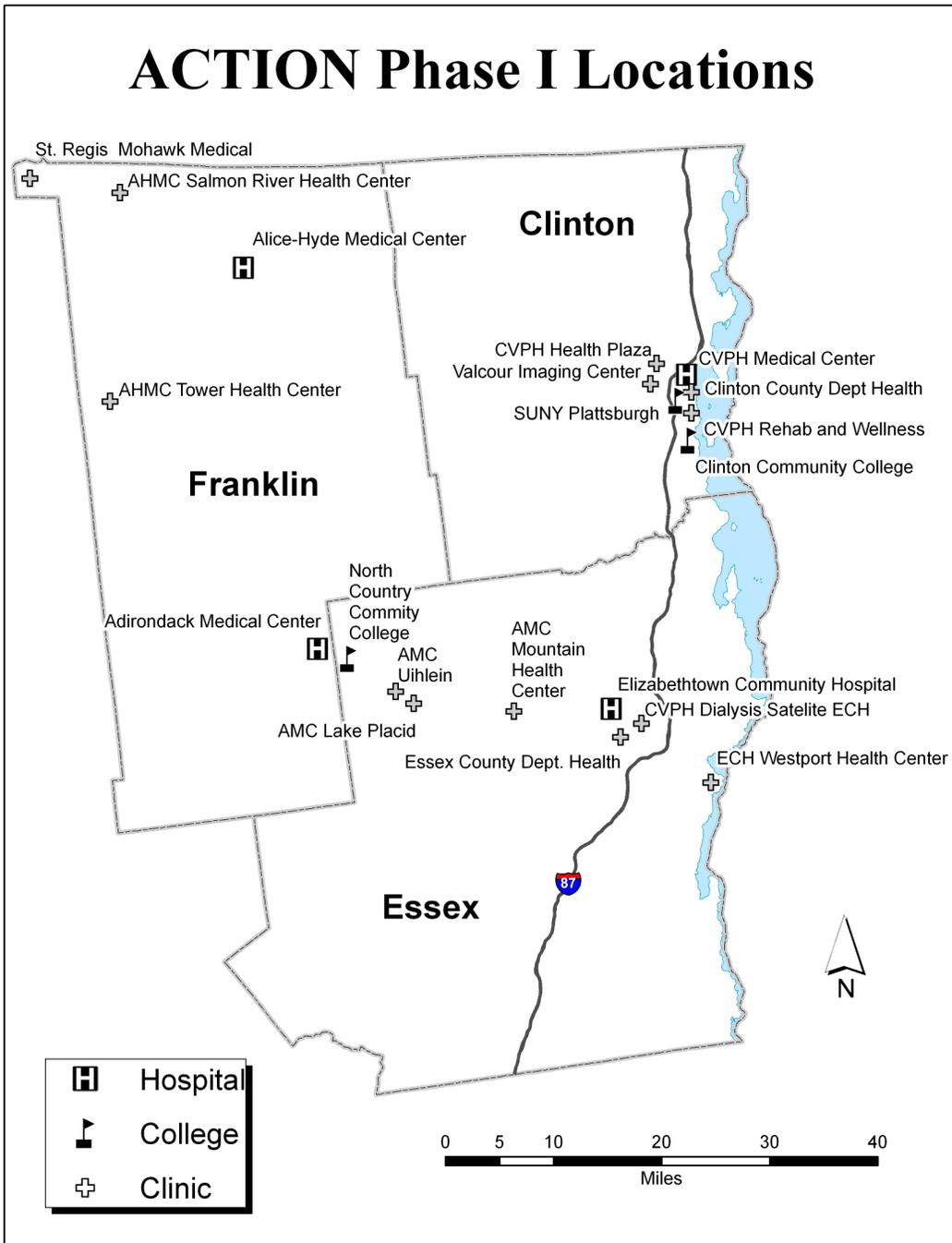
The Technical Assistance Center at SUNY Plattsburgh has discussed with all of these networks the value of connecting to one another once a network is operating in Clinton, Essex, and Franklin counties.

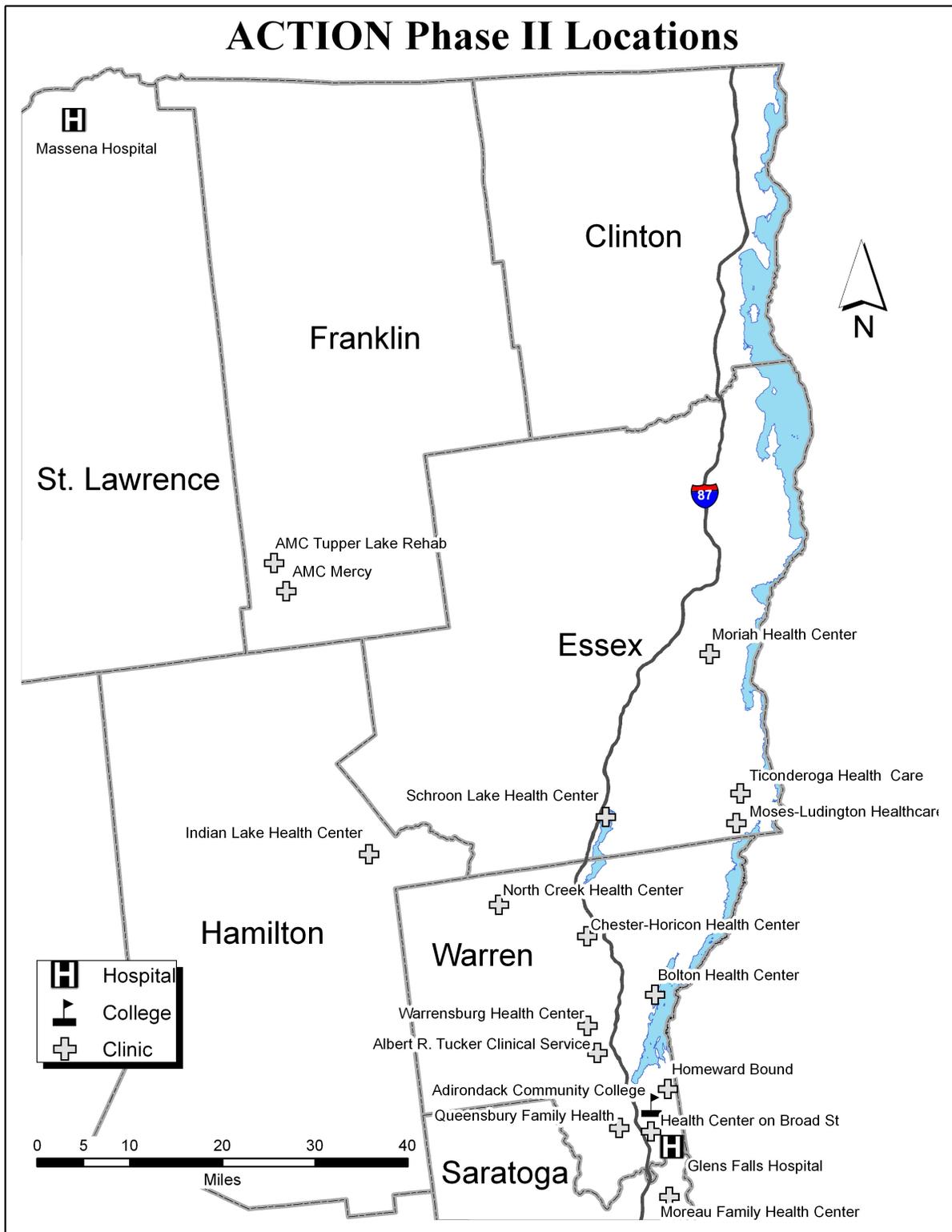
M. Sustainability of the network, once established

The five year cash projection shows a break even annual cash flow, however it is anticipated that revenues will exceed these projections. Both CVPH Medical Center and Adirondack Medical Center are working on electronic health record systems for physician offices in their areas. They plan to host these systems and sell them as a service to physician offices throughout the region. They project that all physician offices will be utilizing this service by 2012. Since the ACTION is the mode of connectivity of these offices to the hosting facility, we anticipate a very large percentage of physician offices will become ACTION customers. New York State has set a five year deadline for physician offices to have electronic health record systems up and

running. After the first year of operation the reserve cash on hand will not be allowed to go below \$250,000 so that there is a reserve in case of emergency.

Additionally, we have projected only 40 healthcare service providers as customers over the five year period out of a potential number of approximately 300. This number is likely to be extremely conservative, however, we based this on very preliminary discussions with some providers and chose to be conservative in our projections.





ACTION Phase I & II Operational Budget

Projected cash flow

| |
|-------------------|
| 2009 -2013 |
|-------------------|

| | Year 2009 | Year 2010 | Year 2011 | Year 2012 | Year 2013 | Totals | %Revenues |
|---|---------------------|---------------------|---------------------|---------------------|---------------------|-----------------------|-------------|
| Revenues | | | | | | | |
| Monthly fee ACTION members | \$ 384,000 | \$ 624,000 | \$ 624,000 | \$ 624,000 | \$ 624,000 | \$ 2,880,000 | 65% |
| Clinton County Health Dept | \$ 12,500 | \$ 12,000 | \$ 12,000 | \$ 12,000 | \$ 12,000 | \$ 60,500 | 1% |
| Essex County Health Dept | \$ 12,500 | \$ 12,000 | \$ 12,000 | \$ 12,000 | \$ 12,000 | \$ 60,500 | 1% |
| Existing Customers | \$ | \$ 38,640 | \$ 77,280 | \$ 157,200 | \$ 231,840 | \$ 504,960 | |
| New Customers Revenue | \$ 38,640 | \$ 38,640 | \$ 77,280 | \$ 77,280 | \$ 77,280 | \$ 309,120 | 7% |
| New Customer Set-Up Fees (5) | \$ 2,500 | \$ 2,500 | \$ 5,000 | \$ 5,000 | \$ 5,000 | \$ 20,000 | 0% |
| Telecom Provider Transport | \$ 36,000 | \$ 36,000 | \$ 66,000 | \$ 90,000 | \$ 96,000 | \$ 324,000 | 7% |
| ACTION Phase II Member Fees (5 x \$50k) | \$ | \$ 125,000 | \$ 125,000 | \$ | \$ | \$ 250,000 | 6% |
| Total revenues | \$ 486,140 | \$ 888,780 | \$ 998,560 | \$ 977,480 | \$ 1,058,120 | \$ 4,409,080 | 100% |
| Cash Disbursements | | | | | | | |
| Datacenter Space Lease | (10,200) | (10,200) | (10,200) | (10,200) | (10,200) | \$ (51,000) | -1% |
| Maintenance Support of Nodes | (120,000) | (235,008) | (285,000) | (335,004) | (385,008) | \$ (1,360,020) | -31% |
| Server/software (NOC) | (25,000) | (25,000) | (47,000) | (47,000) | (47,000) | \$ (191,000) | -4% |
| Fiber support | (50,400) | (50,400) | (60,000) | (120,000) | (120,000) | \$ (400,800) | -9% |
| Salaries and Fringe Benefits | \$ | (174,648) | (186,756) | (193,080) | (199,956) | \$ (754,440) | -17% |
| Plant maintenance | (75,000) | (75,000) | (75,000) | (75,000) | (75,000) | \$ (375,000) | -9% |
| Internet 2 Access | (30,000) | (60,000) | (60,000) | (60,000) | (60,000) | \$ (270,000) | -6% |
| 20MB Transport from Albany | (15,000) | (24,000) | (24,000) | (24,000) | (24,000) | \$ (111,000) | -3% |
| Travel | (6,000) | (6,000) | (6,000) | (6,000) | (6,000) | \$ (30,000) | -1% |
| Administration | (71,220) | (77,016) | (82,104) | (82,104) | (82,104) | \$ (394,548) | -9% |
| Hardware | (14,000) | (24,000) | (24,000) | (24,000) | (24,000) | \$ (110,000) | -2% |
| Office Supplies | (1,200) | (1,200) | (1,200) | (1,200) | (1,200) | \$ (6,000) | 0% |
| Office Space w/utilities | (14,000) | (12,000) | (12,000) | (12,000) | (12,000) | \$ (62,000) | -1% |
| Total cash disbursements | \$ (432,020) | \$ (774,472) | \$ (873,260) | \$ (989,588) | (1,046,468) | \$ (4,115,808) | -93% |
| NET CASH FLOW | \$ 54,120 | \$ 114,308 | \$ 125,300 | \$ (12,108) | \$ 11,652 | \$ 293,272 | 7% |
| Cash On Hand | \$ | \$ 54,120 | \$ 168,428 | \$ 293,728 | \$ 281,620 | | |
| (+) Cash Receipts | \$ 486,140 | \$ 888,780 | \$ 998,560 | \$ 977,480 | \$ 1,058,120 | | |
| (-) Cash Disbursements | \$ (432,020) | \$ (774,472) | \$ (873,260) | \$ (989,588) | \$ (1,046,468) | | |
| ENDING BALANCE | \$ 54,120 | \$ 168,428 | \$ 293,728 | \$ 281,620 | \$ 293,272 | | |

ACTION Business Plan: Assumptions

REVENUE

This equates to \$384,000 with eight ACTION members (2009) and \$624,000 with thirteen ACTION members (2010-2013).

This cash will be used as working capital. Other sources of funds are available, if required, through the respective county Industrial Development agencies.

Estimated Charge per Month for ACTION Members: \$4,000

In Phase II, five new Members will each provide \$25,000 in cash in 2010 and \$25,000 in cash in 2011.

Clinton and Essex County Health Departments will pay a flat fee of \$12,000/year, with a \$500 connect fee in 2009.

Income from for-profit ACTION customers

Pricing:

Local Loop + \$550/month for single physician offices (per office), hospice agencies, single physician mental health clinics

Local Loop + \$750/month for offices with two or three physicians

Local Loop + \$1000/month for multiple physician groups, prison clinics, nursing homes, RHIOs

For Profit Medical Software/Service Companies: Local Loop + \$1,200 per month for 100 Mb Circuit

Each new customer will be assessed a one time \$500 set up fee for the connectivity.

In the 5 year financial cash flow projection, 40 customers (out of a potential pool of 300) have been included. The estimated breakdown is as follows:

Thirty customers at \$500/month

Seven customers @ \$750/month

Three customers @\$1,000 month

Additional Income Potential

The Service Provider charge for lease of bandwidth to supply service to members will be \$3 per mile per 10Mb circuit per month. Services to be provided over "Open Access" strands will provide progressive revenue over five years.

Additional savings will be achieved if the consortium agrees to collectively bid telephone and commercial Internet access. Estimated savings by collectively going to bid on these services is conservatively 15%.

EXPENSES

The Datacenter lease will remain a constant expense at \$10,200 per year from 2009-2013. An existing NOC facility will be used to house rack units of network electronic equipment in a facility that has proper cooling, backup generator, and is safe and secure.

Maintenance Support will increase as the network expands from 24 to 77 nodes between 2009 and 2013. Each network node (PoP and pre-PoP) will have electronic monitoring and router/switch equipment. The annual cost to support each cabinet of hardware is estimated at \$5,000.

The network management **Server/Software** will be housed at the (the location is to be determined as result of bid process). The annual support cost for the server and software is estimated as a total of \$25,000. In year 3, an additional \$22,000 has been budgeted on top of the \$25,000 annual software fee since the original software is good for 50 nodes and an upgrade will be needed.

Fiber Support expense will cover any repair, temporary fix and permanent splicing due to damage caused by a vehicle hitting a pole, digging into buried cable, etc. Additional fund have been budgeted for fiber support in year 3 due to the increase in fiber being supported.

Salaries and Fringe Benefits for the Project Coordinator are included in the construction/development budget for 2008 and 2009, and become part of the operational budget once the network is operational in 2010. At that point the Coordinator will focus on overall governance, work to further develop network (Phase II), and to secure new customers. Fringe benefits for each year are calculated at the Research Foundation rates, and a merit raise of 3% is factored into future year salaries. Salary and Fringe for the Project Director is contributed by SUNY Plattsburgh.

Plant Maintenance is the annual cost for any fiber or equipment moves that are required due to road repair, new poles, or additional customers being added.

Internet 2 Access

In year 1, 15mb of Internet 2 bandwidth will be purchased from NYSERNET. In year 2 the Internet 2 access will be doubled from 15Mb to 30Mb due to the increase in ACTION Members

20MB/40MB transport from Albany is estimated in year 1 at \$12,000 + a \$3,000 connection fee. This is the cost per year for a 20Mb transport from Albany, NY to Plattsburgh NY, which will initially be used to bring 15Mb Internet 2 Access from NYSERNET. However, other services can also ride on this connection for members of the network as required. In year 2, due to the increase in Internet 2 bandwidth, the transport from Albany to Plattsburgh of these services will have to increase from a 20Mb circuit to 40Mb which will double the transport costs.

Travel is estimated at Research Foundation travel rates, which mirror those of New York State and federal GSA rates. This will primarily entail travel local to the network for meetings with potential customers, current members, monthly board meetings or other networks in region.

Administration

Ten percent of total direct costs is budgeted for general administrative expenses (purchasing, account services, etc.) incurred by the Research Foundation.

Hardware

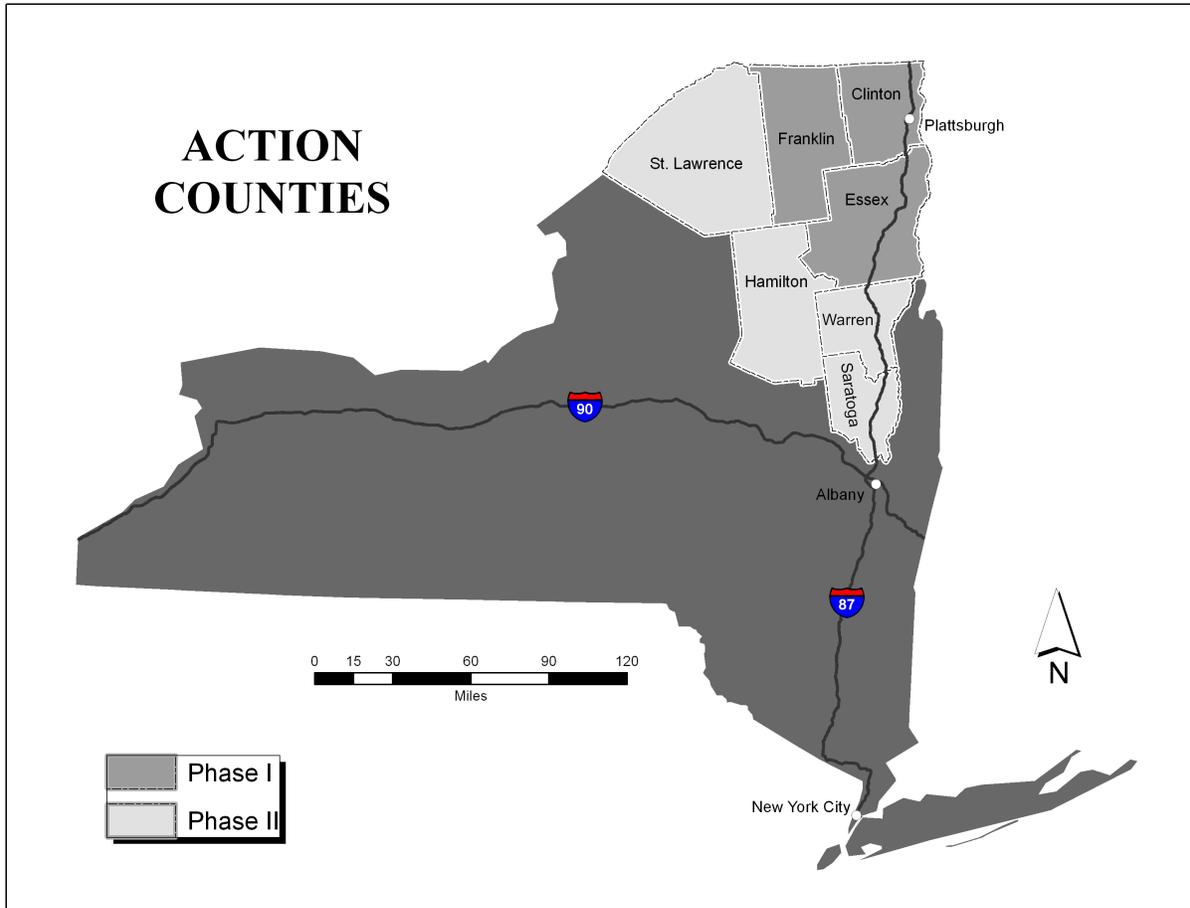
This line item is for any required hardware additions, upgrades, or patches.

Office Supplies are estimated at approximately \$1,200/year.

Office Space with utilities is needed for two people, phones, and Internet. A security deposit of \$2,000 is budgeted for the first year, with annual rent of \$12,000.

Appendix A: Community Needs Assessment

ACTION will initially serve Clinton, Essex, and Franklin counties Phase I. These are sparsely populated, rural counties, which historically lag behind the rest of the state and nation in access to health care. The charts below show population, density and illustrate the regional lack of primary care and specialist physicians.



| Geographic Area | Persons per Square Mile | County Population, 2006 |
|-----------------|-------------------------|-------------------------|
| Clinton County | 76.9 | 82,166 |
| Essex County | 21.6 | 38,649 |
| Franklin County | 31.4 | 50,968 |
| New York State | 401.9 | |
| U. S. | 79.6 | |

Availability of Primary Care and Specialist Physicians in Upstate New York

Access to primary care physicians and specialists is much more difficult in these three northeastern New York counties than throughout New York State or the U.S. “Between 2001 and 2005, primary care physician supply grew in all regions of the state **except** the Finger Lakes, **North Country**, and Western New York.” (There was an **8% decline** of primary care physicians in the North Country, where Clinton, Essex, and Franklin counties are located.)

(Annual New York Physician Workforce Profile, 2006, from Medical Society of the State of New York, *News of New York*, March 2007)

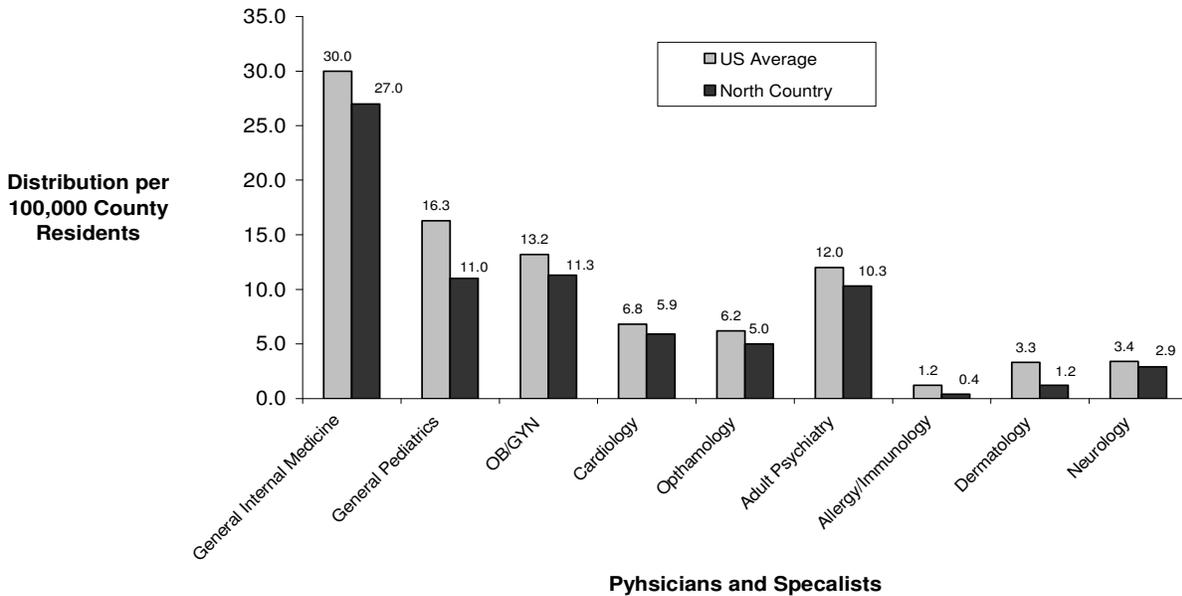
The three charts below illustrate the physician practices where the ACTION counties fall behind the U.S. average. The North Country is the term for the six northernmost counties in New York State. Clinton, Essex, and Franklin counties are the three eastern counties of the North Country. This is significant for our ACTION members because it increases the importance of technology such as telemedicine to ameliorate the physician deficit. A modern telemedicine system allows the health care institutions to provide diagnosis and consultation at a distance, increasing the impact of physicians over a large geographic area. Access to specialists is of particular concern.

| | US Average | North Country** |
|---|------------|-----------------|
| Total Specialists | 127.0 | 112.8 |
| Percent of Total Supply Represented by Specialists | 58% | 47% |
| Total Physician Supply | 218.5 | 196.6 |
| Number of Specialties Below Average: | | 11 |
| Number of Specialties Above Average: | | 3 |
| Number of Physicians Different From Average: | | |
| Primary Care: | | -65 |
| Specialists: | | -113 |
| Total: | | -174 |

**Physician Supply in Upstate New York: Scarcity Among Plenty*; Health Policy Reports, Excellus, No. 5 July 2003.

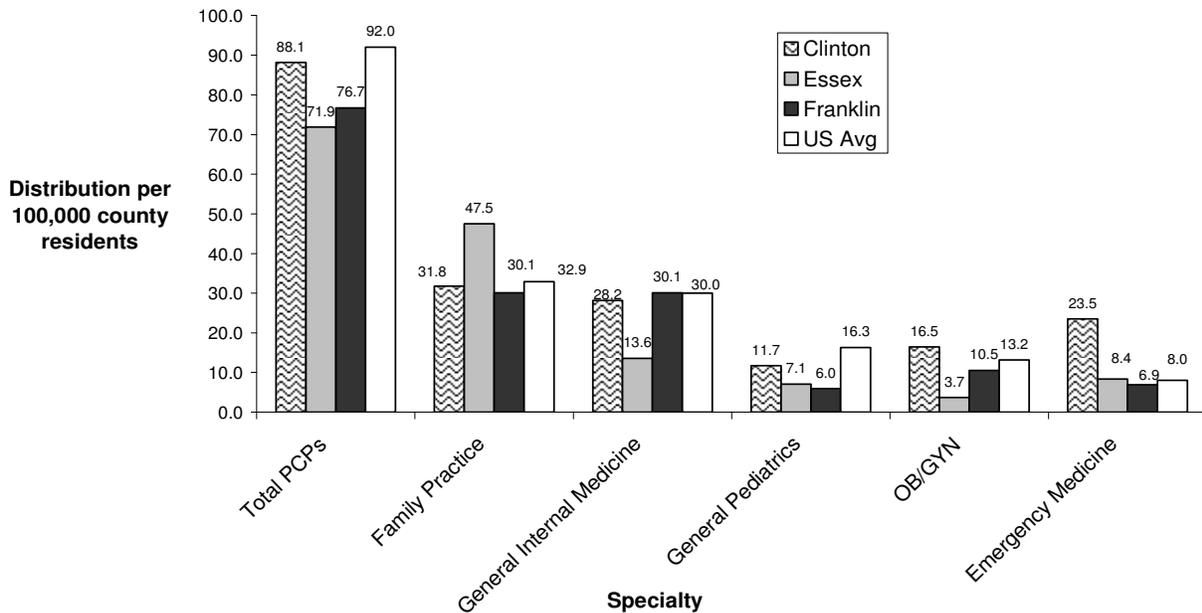
**North Country region includes the three ACTION consortium counties of Clinton, Essex, and Franklin.

**Supply of Primary Care Physicians and Specialists;
 Upstate New York vs US Average, 2000-2002**



Source for two preceding graphs: *Physicians Supply in Upstate New York: Scarcity Among Plenty*, Health Policy Reports, Excellus, No. 5 July 2003.

**Distribution of Primary Care and Emergency Medicine Physicians
 in Upstate Counties by Specialty, 2000-2002**



Barriers to health care in the ACTION area

Distance

Due to the distances that patients must travel for hospital care, more and more services are being provided in community based clinics. Connecting these clinics to the regional hospitals is essential so that consultations, diagnosis and treatment can be possible at the local level. Robust broadband is required to provide the telemedicine services to support the efforts of the clinics.

Adequate, affordable bandwidth

The IT directors at the ACTION health care facilities state that the existing telecom infrastructure in the region is barely suitable for the telemedicine applications they currently use, and will not support their future telemedicine goals. The problems the members face include:

- A competitive market does not generally exist, thus driving up costs. Most members have only one choice of telecom service providers.
- High quality image transfer such as digital mammography and MRI require compression of the image which is not acceptable for remote healthcare assessment and diagnoses.
- There is no opportunity for group purchases of bandwidth.
- Internet 2 is not available to any ACTION member.

Analysis of telecommunications companies providing service to health care

ACTION members receive commercial Internet, voice, and video services from a diverse number of commercial and non profit service providers, including Time-Warner, Verizon, Charter Communications, Westelcom, and Primelink. A non-profit network, the Adirondack Area Network (AAN), established in 1997, has enabled health care providers to receive educational content through teleconferences linking participating sites.

There are deficiencies and barriers to the ACTION members' use of these companies' services that are a central reason for the formation of the consortium and this funding application.

AAN leases circuits to connect member organizations, and sends data using frame relay and ISDN technologies. ISDN (integrated services digital network), is very costly transmits data at slow rates and introduces delay, which makes for choppy images. Frame relay does not permit full motion for video unless very expensive additional lines are provided to handle the bandwidth. This distribution technology is not adequate for the large files and images that ACTION members will use.

Time Warner has infrastructure in several areas in our region, but they are not offering wholesale leasing of dedicated fiber strands or the ability for the consortium to do centralized management of their circuits.

Primelink, a local provider based in Plattsburgh, NY does have fiber strands in small parts of the ACTION footprint; however, they are unable to provide dedicated strands and allow splicing into these strands in order to serve the facilities along their path. They offer primarily long haul services.

Companies such as the Adirondack Area Network, Westelcom, and Broadband.com, resell incumbent/independent local exchange carrier (ILEC) and other competitive local exchange carrier (CLEC) circuits to providers. These options are often costly and provide limited bandwidth and scalability. Often there are multiple provider networks involved in each point-to-point circuit. This causes vulnerabilities on the network.

Independent Optical Network, (ION), owned by 13 ILECs around New York State, does not have infrastructure available for lease in our region although they are supportive of our intent to construct infrastructure to meet the bandwidth requirements of the ACTION healthcare providers.

Verizon is the largest telecom company in our area. While it is known that they have extensive fiber in the region, our research indicates that it could not be used for the health care network because it is either fully used for commercial purposes or is too old for modern applications. Verizon has recently sold their infrastructure in Vermont, Maine, and New Hampshire and has not expanded significantly in our region in recent years. Some local telecom companies feel that Verizon does not adequately maintain their network in this area. Their northern New York facilities have recently been offered for sale.

All these providers will be invited to bid on providing commercial services to ACTION members. Today, they can only provide services to a subset, if at all.

NYSERNet owns or leases fiber in all areas of New York State with the exception of the ACTION region. NYSERNet will be the provider of Internet 2 to ACTION, which will be transported using a dedicated, secure, leased circuit from Albany, New York.

The bottom line for the regional health care providers is that there is limited broadband for their connectivity to one another and to their respective clinics. Available broadband is expensive due to lack of competition for customers. Hospitals that cannot afford higher broadband capacity (for example, 100 megabits per second) must compromise their ability to conduct high quality telemedicine.

Background of broadband initiative in Clinton, Essex, Franklin counties

Five years ago a group of community leaders in Clinton, Essex, and Franklin counties began meeting to discuss the perceived need for better broadband service throughout the region. The group commissioned several studies which informed them that our region was, like many rural areas, falling behind more urban communities when it came to the ability of hospitals, libraries, schools, and businesses to access affordable and adequate broadband services.

This informal group turned for assistance to the Technical Assistance Center (TAC) at the State University of New York Plattsburgh campus and the Research Foundation of SUNY. TAC has for 35 years been the economic development outreach service for the campus, and the staff has considerable IT, telemedicine, and telecommunications experience. A community board was created to support the organization, known as CBN Connect. The CBN Connect board has

determined that a dedicated telemedicine network should take precedence given the FCC Pilot Program opportunity.

In 2006, CBN Connect received \$545,000 in grants through the Research Foundation from the offices of Senator Hillary Clinton and Congressman John McHugh to begin planning the network. These funds come to CBN Connect from Housing and Urban Development and Small Business Administration programs.

At the same time, the federal Economic Development Administration provided a matching grant of \$250,000 to the Research Foundation of SUNY for the technical design of CBN Connect, and the local match is being raised locally. Thus, there is no technical design expense included in ACTION's request.

An estimated \$236,000 of the \$500,000 available through EDA (including the local match) will fund technical design of the ACTION fiber optic project as part of the overall regional CBN Connect network. Furthermore, EDA funds received for CBN Connect is not included in the funds required for the applicant match, under the presumption that federal dollars are ineligible funds to match the FCC funding.

Stephens M. Mundy, CHE
President

Telephone: 518-561-2000
www.cvph.org

May 1, 2007

Jennifer Prime
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

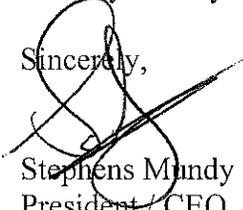
Dear Ms Prime:

This is to certify that the CVPH Medical Center has agreed to serve as the lead eligible health care provider for the FCC Rural Health Care Pilot Program funding application submitted by the Research Foundation of the State University of New York on behalf of the Adirondack Champlain Telemedicine Information Network (ACTION) consortium.

We appreciate that the Research Foundation has agreed to provide the administrative, fiscal, and legal services necessary to manage the funding, as well as oversee the design, construction, and operation of the proposed telemedicine communications network.

Thank you for your consideration of the ACTION funding proposal.

Sincerely,


Stephens Mundy
President / CEO

Stephens M. Mundy, CHE
President

Telephone: 518-561-2000
www.cvph.org

To: Susan Spissinger, Research Foundation of SUNY Designee, Plattsburgh
From: Stephen Mundy, President/CEO
Date: May 1, 2007
Re: Memorandum of Understanding for FCC Rural Health Care Telemedicine Application

I agree and acknowledge, on behalf of CVPH Medical Center, that:

1. We support the telemedicine funding application the Research Foundation of SUNY is submitting to the Federal Communications Commission on behalf of the Adirondack Champlain Telemedicine Information Network (ACTION) consortium.
2. CVPH is the lead eligible entity in the FCC funding proposal.
3. The Research Foundation of SUNY, on behalf of the ACTION consortium, has agreed to provide the administrative, fiscal, legal, and operational services necessary to manage the project, as well as the design, construction, and operation of the proposed telemedicine communications network.
4. We will participate in the ACTION consortium and make use of the proposed fiber optic infrastructure to transmit and/or receive telemedicine and telehealth information.
5. We will provide up to \$50,000 over two years as our institution's share of the required participant matching dollars for the project.
6. The FCC application financial projections include the estimated recurring telecommunications services costs that our institution will be expected to pay.
7. The Research Foundation of SUNY will own and operate the proposed fiber optic infrastructure on behalf of the ACTION member institutions.
8. We will provide a member of our staff to participate on the ACTION Advisory Board and committees.
9. We will provide a 20 year lease of exterior real estate on our property on which may be placed a cabinet to house point of presence electronic equipment required to connect our facility to the ACTION (cabinet size not to exceed that of a parking space).
10. We will provide a 20 year lease of suitably air conditioned and secured space in our telecommunications demarcation room to house electronic equipment required to connect our facility to the ACTION.
11. We will designate a manager on our staff that will be responsible for interfacing with authorized telecommunications companies who use the ACTION to provide services to our facilities.

Signature

Stephens Mundy
President / CEO



May 1, 2007

**PROVOST AND
VICE PRESIDENT
FOR ACADEMIC AFFAIRS**
803 Kehoe Administration Building

To: Susan Spissinger, Research Foundation of SUNY Designee, Plattsburgh

101 Broad Street
Plattsburgh, NY 12901-2681
Tel: (518) 564-5402
Fax: (518) 564-4415

From: Robert Golden, Vice President for Academic Affairs and Provost

Re: Memorandum of Understanding for FCC Rural Health Care Telemedicine Application

I agree and acknowledge, on behalf of SUNY Plattsburgh, that:

1. We support the telemedicine funding application the Research Foundation of SUNY is submitting to the Federal Communications Commission on behalf of the Adirondack Champlain Telemedicine Information Network (ACTION) consortium.
2. CVPH is the lead eligible entity in the FCC funding proposal
3. The Research Foundation of SUNY, on behalf of the ACTION consortium, has agreed to provide the administrative, fiscal, legal, and operational services necessary to manage the project, as well as the design, construction, and operation of the proposed telemedicine communications network.
4. We will participate in the ACTION consortium and make use of the proposed fiber optic infrastructure to transmit and/or receive telemedicine and telehealth information
5. We will provide at least \$50,000 in value over two years of in kind services directly related to construction of the network.
6. The FCC application financial projections include the estimated recurring telecommunications services costs that our institution will be expected to pay.
7. The Research Foundation of SUNY will own and operate the proposed fiber optic infrastructure on behalf of the ACTION member institutions.
8. We will provide a member of our staff to participate on the ACTION Advisory Board and committees.
9. We will provide a 20 year lease of exterior real estate on our property on which may be placed a cabinet to house point of presence electronic equipment required to connect our facility to the ACTION (cabinet size not to exceed that of a parking space).
10. We will provide a 20 year lease of suitably air conditioned and secured space in our telecommunications demarcation room to house electronic equipment required to connect our facility to the ACTION.
11. We will designate a manager on our staff that will be responsible for interfacing with authorized telecommunications companies who use the ACTION to provide services to our facilities.

Signature

Robert E. Golden
Name

Provost & Vice President for Academic Affairs
Title



Saint Regis Mohawk Tribe

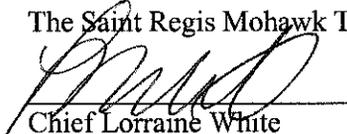
Chief James W. Ransom
Chief Lorraine M. White
Chief Barbara A. Lazore
Sub-Chief Ronald LaFrance, Jr.
Sub-Chief Donald D. Thompson, Sr.
Sub-Chief Stacy A. Adams

To: Susan Spissinger, Research Foundation of SUNY Designee, Plattsburgh
From: St. Regis Mohawk Tribe
Re: Memorandum of Understanding for FCC Rural Health Care Telemedicine Application
Date: May 1, 2007

We agree and acknowledge, on behalf of The Saint Regis Mohawk Tribe Indian Health Services, ("Indian Health Services" or "Clinic"), that:

1. The St. Regis Mohawk Tribal Council supports the telemedicine funding application the Research Foundation of SUNY is submitting to the Federal Communications Commission on behalf of the Adirondack Champlain Telemedicine Information Network (ACTION) consortium.
2. CVPH is the lead eligible entity in the FCC funding proposal
3. The Research Foundation of SUNY, on behalf of the ACTION consortium, has agreed to provide the administrative, fiscal, legal, and operational services necessary to manage the project, as well as the design, construction, and operation of the proposed telemedicine communications network.
4. We anticipate that we will participate in the ACTION consortium and make use of the proposed fiber optic infrastructure to transmit and/or receive telemedicine and telehealth information
5. We anticipate providing monetary support, as agreed upon, over a set period of time, as our share of the required participant matching dollars for the project.
6. The FCC application financial projections include the estimated recurring telecommunications services costs that our Clinic will be expected to pay.
7. The St. Regis Mohawk Tribe will continue to provide a member of our staff to participate on the ACTION Advisory Board and committees.
8. The St. Regis Mohawk Tribe is willing to negotiate an agreement with TAC to provide a location for a cabinet to house point of presence electronic equipment, as well as a location for an internal secure space, required to connect the Clinic to the ACTION.
9. St. Regis Mohawk Tribe is willing to identify a process to manage the responsibility for interfacing with authorized telecommunications companies who use the ACTION to provide services.

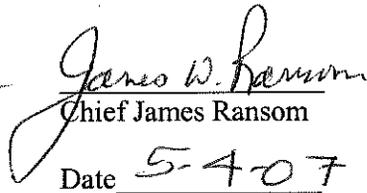
The Saint Regis Mohawk Tribal Council:


Chief Lorraine White

Date 5-4-07


Chief Barbara Lazore

Date 5-4-07


Chief James Ransom

Date 5-4-07

412 State Route 37
Akwesasne, New York 13655
Phone: 518-358-2272
Fax: 518-358-3203



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**PHONE: 518 891 2915 EXT. 245
EMAIL: RECORDS@NCCC.EDU
FAX: 518 891 4236**



**THE STATE
UNIVERSITY**
of NEW YORK

To: Susan Spissinger, Research Foundation of SUNY Designee, Plattsburgh
From: Dr. Gail Rogers Rice – President North Country Community College
Re: Memorandum of Understanding for FCC Rural Health Care Telemedicine Application
Date: May 1, 2007

I agree and acknowledge, on behalf of North Country Community College, that:

1. We support the telemedicine funding application the Research Foundation of SUNY is submitting to the Federal Communications Commission on behalf of the Adirondack Champlain Telemedicine Information Network (ACTION) consortium.
2. CVPH is the lead eligible entity in the FCC funding proposal
3. The Research Foundation of SUNY, on behalf of the ACTION consortium, has agreed to provide the administrative, fiscal, legal, and operational services necessary to manage the project, as well as the design, construction, and operation of the proposed telemedicine communications network.
4. We will participate in the ACTION consortium and make use of the proposed fiber optic infrastructure to transmit and/or receive telemedicine and telehealth information
5. We will provide up to \$50,000 over two years as our institution's share of the required participant matching dollars for the project.
6. The FCC application financial projections include the estimated recurring telecommunications services costs that our institution will be expected to pay.
7. The Research Foundation of SUNY will own and operate the proposed fiber optic infrastructure on behalf of the ACTION member institutions.
8. We will provide a member of our staff to participate on the ACTION Advisory Board and committees.
9. We will provide a 20 year lease of exterior real estate on our property on which may be placed a cabinet to house point of presence electronic equipment required to connect our facility to the ACTION (cabinet size not to exceed that of a parking space).
10. We will provide a 20 year lease of suitably air conditioned and secured space in our telecommunications demarcation room to house electronic equipment required to connect our facility to the ACTION.
11. We will designate a manager on our staff that will be responsible for interfacing with authorized telecommunications companies who use the ACTION to provide services to our facilities.

Signature

Gail Rogers Rice
Name

President
Title

IN A PLACE LIKE NO OTHER...A COLLEGE LIKE NO OTHER...NORTH COUNTRY!



Adirondack Medical Center

Excellent Health Care Close to Home

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2233 State Route 86

P.O. Box 471

Saranac Lake, NY 12983

Tel: 518-891-4141

Fax: 518-891-1191

AMC @ Lake Placid

29 Church St.

Lake Placid, NY 12946

Tel: 518-523-3311

AMC - Mercy

Nursing Home

114 Wawbeek Ave.

Tupper Lake, NY 12986

Tel: 518-359-3355

AMC - Uihlein

Nursing Home

185 Old Military Rd.

Lake Placid, NY 12946

Tel: 518-523-2464

Adirondack

Dental Center

29 Church Street

Lake Placid, NY 12946

Tel: 518-523-1122

Lake Placid

Health Center

29 Church Street

Lake Placid, NY 12946

Tel: 518-523-1717

Mountain

Health Center

2841 State Route 73

Keene, NY 12942

Tel: 518-576-9771

Tupper Lake

Health Center

55 Church Street

Tupper Lake, NY 12986

Tel: 518-359-7000

Wilmington

Health Center

7 Community Ctr. Circle

Wilmington, NY 12997

Tel: 518-946-7080

May 1, 2007

Susan Spissinger
Research Foundation of SUNY Designee
SUNY Plattsburgh
101 Broad Street
Plattsburgh, NY 12901

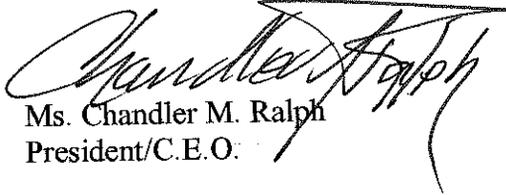
Re: Memorandum of Understanding for FCC Rural Health Care Telemedicine Application

I agree and acknowledge, on behalf of Adirondack Medical Center, that:

1. We support the telemedicine funding application the Research Foundation of SUNY is submitting to the Federal Communications Commission on behalf of the Adirondack Champlain Telemedicine Information Network (ACTION) consortium.
2. CVPH is the lead eligible entity in the FCC funding proposal
3. The Research Foundation of SUNY, on behalf of the ACTION consortium, has agreed to provide the administrative, fiscal, legal, and operational services necessary to manage the project, as well as the design, construction, and operation of the proposed telemedicine communications network.
4. We will participate in the ACTION consortium and make use of the proposed fiber optic infrastructure to transmit and/or receive telemedicine and telehealth information
5. We will provide up to \$50,000 over two years as our institution's share of the required participant matching dollars for the project.
6. The FCC application financial projections include the estimated recurring telecommunications services costs that our institution will be expected to pay.
7. The Research Foundation of SUNY will own and operate the proposed fiber optic infrastructure on behalf of the ACTION member institutions.
8. We will provide a member of our staff to participate on the ACTION Advisory Board and committees.
9. We will provide a 20 year lease of exterior real estate on our property on which may be placed a cabinet to house point of presence electronic equipment required to connect our facility to the ACTION (cabinet size not to exceed that of a parking space).

10. We will provide a 20 year lease of suitably air conditioned and secured space in our telecommunications demarcation room to house electronic equipment required to connect our facility to the ACTION.
11. We will designate a manager on our staff that will be responsible for interfacing with authorized telecommunications companies who use the ACTION to provide services to our facilities.

Very truly yours,



Ms. Chandler M. Ralph
President/C.E.O.



Alice Hyde Medical Center

an affiliate of **Fletcher Allen Health Care**



133 Park Street • P.O. Box 729 • Malone, NY 12953-0729
(518) 481-2202 • Fax (518) 481-2320 • www.alicehyde.com

John W. Johnson
President/CEO

Mary Beth McKee
Chair, Executive Board

To: Susan Spissinger, Research Foundation of SUNY Designee, Plattsburgh
From: John W. Johnson, President/CEO
Re: Memorandum of Understanding for FCC Rural Health Care Telemedicine Application
Date: May 4, 2007

I agree and acknowledge, on behalf of Alice Hyde Medical Center, that:

1. We support the telemedicine funding application the Research Foundation of SUNY is submitting to the Federal Communications Commission on behalf of the Adirondack Champlain Telemedicine Information Network (ACTION) consortium.
2. CVPH is the lead eligible entity in the FCC funding proposal
3. The Research Foundation of SUNY, on behalf of the ACTION consortium, has agreed to provide the administrative, fiscal, legal, and operational services necessary to manage the project, as well as the design, construction, and operation of the proposed telemedicine communications network.
4. We will participate in the ACTION consortium and make use of the proposed fiber optic infrastructure to transmit and/or receive telemedicine and telehealth information
5. If the funding proposal is accepted by the FCC as submitted, and the fiber optic infrastructure is connected to Alice Hyde Medical Center, we will provide up to \$50,000 over two years as our institution's share of the required participant matching dollars for the project.
6. The FCC application financial projections include the estimated recurring telecommunications services costs that our institution will be expected to pay.
7. The Research Foundation of SUNY will own and operate the proposed fiber optic infrastructure on behalf of the ACTION member institutions.
8. We will provide a member of our staff to participate on the ACTION Advisory Board and committees.
9. We will provide a 20 year lease of exterior real estate on our property on which may be placed a cabinet to house point of presence electronic equipment required to connect our facility to the ACTION (cabinet size not to exceed that of a parking space).
10. We will provide a 20 year lease of suitably air conditioned and secured space in our telecommunications demarcation room to house electronic equipment required to connect our facility to the ACTION.
11. We will designate a manager on our staff that will be responsible for interfacing with authorized telecommunications companies who use the ACTION to provide services to our facilities.

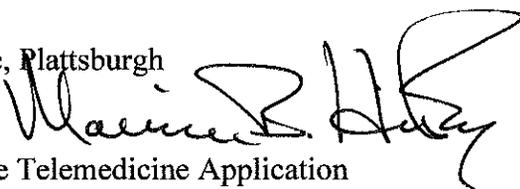
Signature:

Name: 

Title: President/CEO

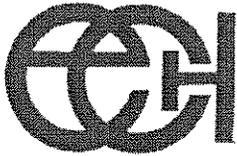


136 Clinton Point Drive, Plattsburgh, New York 12901 (518) 562-4200 Fax: (518) 562-4158 www.clinton.edu

To: Susan Spissinger, Research Foundation of SUNY Designee, Plattsburgh
From: Maurice B. Hickey, President Clinton Community College 
Re: Memorandum of Understanding for FCC Rural Health Care Telemedicine Application
Date: May 1, 2007

I agree and acknowledge, on behalf of Clinton Community College, that:

1. We support the telemedicine funding application the Research Foundation of SUNY is submitting to the Federal Communications Commission on behalf of the Adirondack Champlain Telemedicine Information Network (ACTION) consortium.
2. CVPH is the lead eligible entity in the FCC funding proposal
3. The Research Foundation of SUNY, on behalf of the ACTION consortium, has agreed to provide the administrative, fiscal, legal, and operational services necessary to manage the project, as well as the design, construction, and operation of the proposed telemedicine communications network.
4. We will participate in the ACTION consortium and make use of the proposed fiber optic infrastructure to transmit and/or receive telemedicine and telehealth information
5. We will provide up to \$50,000 over two years as our institution's share of the required participant matching dollars for the project.
6. The FCC application financial projections include the estimated recurring telecommunications services costs that our institution will be expected to pay.
7. The Research Foundation of SUNY will own and operate the proposed fiber optic infrastructure on behalf of the ACTION member institutions.
8. We will provide a member of our staff to participate on the ACTION Advisory Board and committees.
9. We will provide a 20 year lease of exterior real estate on our property on which may be placed a cabinet to house point of presence electronic equipment required to connect our facility to the ACTION (cabinet size not to exceed that of a parking space).
10. We will provide a 20 year lease of suitably air conditioned and secured space in our telecommunications demarcation room to house electronic equipment required to connect our facility to the ACTION.
11. We will designate a manager on our staff that will be responsible for interfacing with authorized telecommunications companies who use the ACTION to provide services to our facilities.



Elizabethtown Community Hospital

75 Park St., P.O. Box 277 Elizabethtown, NY 12932

Phone: 518-873-6377

Fax: 518-873-2005

Ulrich Hoffmann, President-Board of Directors

Rodney C. Boula, Administrator/CEO

To: Susan Spissinger
Research Foundation of SUNY Designee, Plattsburgh

Re: Memorandum of Understanding for FCC Rural Health Care Telemedicine Application

Date: May 1, 2007

I agree and acknowledge, on behalf of the Elizabethtown Community Hospital, that:

1. We support the telemedicine funding application the Research Foundation of SUNY is submitting to the Federal Communications Commission on behalf of the Adirondack Champlain Telemedicine Information Network (ACTION) consortium;
2. CVPH is the lead eligible entity in the FCC funding proposal;
3. The Research Foundation of SUNY, on behalf of the ACTION consortium, has agreed to provide the administrative, fiscal, legal, and operational services necessary to manage the project, as well as the design, construction, and operation of the proposed telemedicine communications network;
4. We will participate in the ACTION consortium and make use of the proposed fiber optic infrastructure to transmit and/or receive telemedicine and telehealth information;
5. We will provide up to \$50,000 over two years as our institution's share of the required participant matching dollars for the project;
6. The FCC application financial projections include the estimated recurring telecommunications services costs that our institution will be expected to pay;
7. The Research Foundation of SUNY will own and operate the proposed fiber optic infrastructure on behalf of the ACTION member institutions;
8. We will provide a member of our staff to participate on the ACTION Advisory Board and committees;
9. We will provide a 20 year lease of exterior real estate on our property on which may be placed a cabinet to house point of presence electronic equipment required to connect our facility to the ACTION (cabinet size not to exceed that of a parking space);
10. We will provide a 20 year lease of suitably air conditioned and secured space in our telecommunications demarcation room to house electronic equipment required to connect our facility to the ACTION; and
11. We will designate a manager on our staff that will be responsible for interfacing with authorized telecommunications companies who use the ACTION to provide services to our facilities.

Signature:

Rodney C. Boula
Administrator/CEO

CLINTON COUNTY LEGISLATURE
Clinton County Government Center
137 Margaret Street, Suite 208
Plattsburgh, NY 12901



James R. Langley, Jr.
Chairperson

April 30, 2007

Federal Communications Commission
c/o Howard Lowe, SUNY Plattsburgh Technical Assistance Center
SUNY Plattsburgh TAC
101 Broad Street
Plattsburgh, NY 12901

TO: Federal Communications Commission Rural Health Care Pilot Program Review Panel

The purpose of this letter is to support the application submitted by the Research Foundation of the State University of New York on behalf of the Adirondack-Champlain Telemedicine Information Network (ACTION) consortium that proposes to construct and operate a fiber optic network connecting health care providers in Clinton, Essex, and Franklin counties, New York.

Our rural hospitals and medical centers are challenged to provide excellent service by patient distance from their facilities, an aging population, insufficient physicians in some key specialties, and insufficient nursing staff. A dedicated broadband network can help lessen or overcome all of these difficulties.

The region lacks an affordable, high speed broadband infrastructure between all of the medical facilities capable of handling large image and data files without degradation.

A modern fiber optic network dedicated to health care is necessary to support the telehealth needs of this rural region.

The ACTION proposal will connect all of the medical centers in the three counties, allowing them to share patient electronic medical records, medical specialists, teleradiology, medical images, and professional development and continuing education.

The proposed network will connect to Internet 2, thus allowing ACTION members access to health care facilities and research centers across the nation.

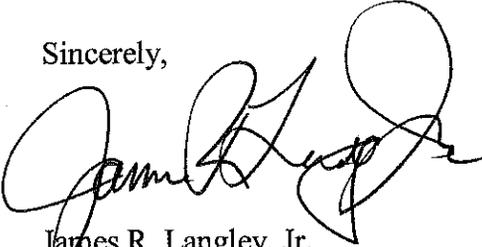
Shared network infrastructure will allow ACTION members to make group communications purchases, thus increasing efficiencies and lowering operating costs.

Federal Communications Commission
April 30, 2007
Page 2

Our citizens will benefit because health care professionals will have improved access to patients' medical records and the ability to see and hear patients at a distance, expanding consultation, diagnosis, and treatment options.

If realized, the fiber optic network will advance medical care throughout the region and reduce costs in several functional areas. I support the efforts of the Research Foundation of the State University of New York and the ACTION consortium to apply for the needed funding to make this necessary project a reality. Please feel free to contact me if you desire to discuss my support for this project in greater detail.

Sincerely,

A handwritten signature in black ink, appearing to read "James R. Langley, Jr.", written in a cursive style.

James R. Langley, Jr.
Chairperson

JRL/mal



THE ASSEMBLY
STATE OF NEW YORK
ALBANY

Teresa R. Sayward
Assemblywoman 113TH District
Essex, Hamilton, Saratoga and
Warren Counties

MINORITY CONFERENCE SECRETARY
RANKING MINORITY MEMBER
Environmental Conservation Committee

COMMITTEES
Children and Families
Corrections
Education

April 27, 2007

Jennifer Prime
Federal Communications Commission
WC Docket No. 02-60
445 12th Street SW
Washington, DC 20554

RE: Federal Communications Commission
Rural Health Care Pilot Program Review Panel

Dear Ms. Prime:

As an Assembly representative of northern New York State, I am writing to support the application submitted by the Research Foundation of the State University of New York on behalf of the Adirondack-Champlain Telemedicine Information Network (ACTION) consortium that proposes to construct and operate a fiber optic network connecting health providers in Clinton, Essex and Franklin Counties, New York

Our hospitals and medical centers are challenged to provide excellent service by patient distance from their facilities, an aging population, insufficient physicians in some key specialties, and insufficient nursing staff. A dedicated broadband network can help ameliorate all of these difficulties. The region lacks an affordable, high speed broadband infrastructure between all the medical facilities capable of handling large image and data files without degradation.

A modern fiber optic network dedicated to health care is necessary to support the telehealth needs of this rural region. Our citizens will benefit when health care professionals have improved access to patients' medical records and the ability to see and hear patients at a distance, expanding consultant, diagnosis and treatment options.

Thank you for your careful consideration of my support for this important proposal.

Sincerely,


Teresa R. Sayward
Assemblywoman, 113th District
Essex, Hamilton, Saratoga, Warren Counties

Town of Elizabethtown

7563 Court Street, P.O. Box 265

Elizabethtown, New York 12932

Tel. (518) 873-6555 / (518) 873-6597

Fax (518) 873-9584

Website: www.elizabethtown-ny.com / E-mail: etown@charterinternet.com



Noel H. Merrihew, III
Town Supervisor

Mary Sue Wolson
Clerk to Supervisor

Debra R. Brooks
Town Clerk

Dennis L. Aubin
Supt. of Highways

David D. Dickinson
Water Commissioner

William M. Garrison
Town Justice

E. Peter Frisbie
Town Justice

Micheal W. Parker
Town Assessor

Bruce A. McPhail
Cobble Hill Golf Course

Bernard H. Duso Sr.
Animal Control Officer

Charles S. Moisan, MD
Town Health Officer

Philip G. Hutchins
Town Council

Joseph E. Martin
Town Council

Kenneth W. Fenimore
Town Council

Michael J. McGinn
Town Council

April 25, 2007

Federal Communications Commission
Rural Health Care Pilot Program Review Panel
C/O Jennifer Prime - WC Docket No. 02-60
445 12th Street SW
Washington, DC 20554

To Whom It May Concern:

I am writing to support the application submitted by the Research Foundation of the State University of New York on behalf of the Adirondack—Champlain Telemedicine Information Network (ACTION) consortium that proposes to construct and operate a fiber optic network connecting health care providers in Clinton, Essex, and Franklin counties, New York.

Our hospitals and medical centers are challenged to provide excellent service by patient distance from their facilities, an aging population, insufficient physicians in some key specialties, and insufficient nursing staff. A dedicated broadband network can help ameliorate all of these difficulties.

The region lacks an affordable, high speed broadband infrastructure between all of the medical facilities capable of handling large image and data files without degradation.

A modern fiber optic network dedicated to health care is necessary to support the telehealth needs of this rural region.

The ACTION proposal will connect all of the medical centers in the t here counties, allowing them to share patient electronic medical records, medical specialist, telera-diology, medical images, and professional development and continuing education.

The proposed network will connect to Internet 2, thus allowing ACTION members access to health care facilities and research centers across the nation.

Shared network infrastructure will allow ACTION members to make group commu-nications purchases, thus increasing efficiencies and lowering operating costs.

Our citizens will benefit because health care professionals will have improved ac-cess to patients' medical records and the ability to see and hear patients at a distance, expanding consultation, diagnosis, and treatment options.

Sincerely,

Noel H. Merrihew III
Supervisor



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

April 26, 2007

Jennifer Prime
Federal Communications Commission
WC Docket No. 02-60
445 12th Street SW
Washington, DC 20554

Rural Health Care Pilot Program Review Panel

Dear Ms. Prime:

This letter is to support the application submitted by the Research Foundation of the State University of New York on behalf of the Adirondack-Champlain Telemedicine Information Network (ACTION) to develop and operate a fiber optic network connecting health care providers in Clinton, Essex, and Franklin counties, New York.

The five hospital members of this group and the St. Regis Mohawk Tribe Health Center have worked in collaboration on various health projects and programs for a number of years. All of these hospitals participate in rural health networks to provide improved and expanded services to their communities while conserving resources.

Despite these efforts, there is a shortage of providers in the region. An additional obstacle preventing these organizations from further collaboration is the lack of a high speed broadband infrastructure that would enable all providers

This project will allow the ACTION providers to share patient electronic medical records, medical specialists, teleradiology, medical images, and professional development and continuing education. ACTION will also be able to make group communications purchases to increase efficiencies and lower operating costs so that they will remain viable health care providers for their community.

We look forward to working with ACTION as they implement their project and will offer assistance and guidance as necessary.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karen A. Madden'.

Karen A. Madden
Director

Charles D. Cook Office of Rural Health



THE ASSEMBLY
STATE OF NEW YORK
ALBANY

JANET L. DUPREY
Assemblywoman 114TH District

Clinton County
Essex County
Franklin County

April 20, 2007

Federal Communications Commission Rural Health Care Pilot Program Review Panel

Dear Ladies and Gentlemen,

I am pleased to support to the application submitted by the Research Foundation of the State University of New York on behalf of the Adirondack-Champlain Telemedicine Information Network (ACTION) consortium that proposes to construct and operate a fiber optic network connecting health care providers in Clinton, Essex and Franklin counties, New York.

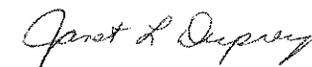
The region lacks an affordable, high speed broadband infrastructure between all of the medical facilities capable of handling large image and data files with degradation. A modern fiber optic network dedicated to health care is necessary to support the telehealth needs of this rural region.

The ACTION proposal will connect all the medical centers in the three counties, allowing them to share patient electronic medical records, medical specialists, teleradiology, medical images, and professional development and continuing education. The proposed network will connect to Internet 2, thus allowing ACTION members access to health care facilities and research centers across the nation.

Through this funding our area communities will benefit because health care professionals will have improved access to patients' medical records and the ability to see and hear patients at a distance, expanding consultation, diagnosis, and treatment options.

If you wish to discuss this issue further, please feel free to contact my office.

Sincerely,


Janet L. Duprey
Member of Assembly



Office of Franklin County Manager

355 West Main Street, Suite 456, Malone, New York 12953-1826

JAMES N. FEELEY

County Manager
jfeeley@co.franklin.ny.us

April 11, 2007

Mary L. Shantie

Sec. County Manager
mshantie@co.franklin.ny.us

Rita T. Marlow

Asst. Purchasing Agent
rmarlow@co.franklin.ny.us
(518) 481-1694

Federal Communications Commission
Rural Health Care Pilot Program
Attn: Review Panel

Good Day:

I am writing to support the application submitted by the Research Foundation of the State University of New York on behalf of the Adirondack-Champlain Telemedicine Information Network (ACTION) consortium. ACTION proposes to construct and operate a fiber network connecting health care providers in Franklin, Clinton and Essex Counties, New York.

Adirondack Medical Center in Saranac Lake and the Alice Hyde Medical Center in Malone, as well as the other health care facilities making up ACTION, are challenged by the need to provide excellent services to patients that may be some distance from their facility. Franklin County has a poor and aging population of limited means to afford adequate personal transportation and has a limited public transportation system, which leads to persons being unable to or unwilling to seek medical care due to distances.

Further, Franklin County is recognized as being an area which is underserved by many key physician specialties and the recruitment and retention of nurses and allied health personnel is always a challenge. A dedicated broadband network can help overcome these challenges.

The ACTION proposal will connect all of the medical centers in this three county region, allowing them to share patient electronic medical records, medical specialists, teleradiology, medical images and professional development and education. The establishment of this network holds so many promises in elevating access to healthcare in this region.

Should this network become a reality Franklin County residents will benefit from improved access to specialists, expand consultation, diagnosis and treatment options currently unavailable to them.

I urge the Review Panel to give this application their strongest consideration for award.

Sincerely,

James N. Feeley,
Franklin County Manager

JNF:mls



THE SENATE
STATE OF NEW YORK

- CHAIRMAN
- LOCAL GOVERNMENT
- COMMITTEES
- AGRICULTURE
- CRIME VICTIMS, CRIME & CORRECTION
- EDUCATION
- ENVIRONMENTAL CONSERVATION
- HEALTH
- HOUSING
- RACING, GAMING & WAGERING
- TOURISM, RECREATION & SPORTS DEVELOPMENT

ELIZABETH O'C. LITTLE
SENATOR, 45TH DISTRICT

ROOM 903
LEGISLATIVE OFFICE BLDG.
ALBANY, NY 12247
(518) 455-2811

5 WARREN STREET
GLENS FALLS, NY 12801
(518) 743-0968

305 WEST BAY PLAZA
PLATTSBURGH, NY 12901
(518) 561-2430

WEB ADDRESS:
WWW.SENATORLITTLE.COM

April 10, 2007

Jennifer Prime
Federal Communications Commission
Rural Health Care Pilot Program Review Panel
WC Docket No. 02-60
445 12th Street SW
Washington, DC 20554

Dear Ms. Prime,

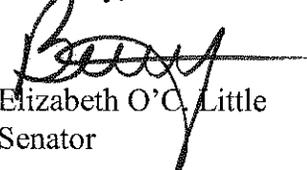
As the New York State Senate representative for the 45th district, please accept my strong support of the State University of New York's application submitted on behalf of the Adirondack-Champlain Telemedicine Information Network (ACTION) consortium requesting funding to construct and operate a fiber optic network connecting health care providers in Clinton, Essex, and Franklin Counties.

Our hospitals and medical centers strive to provide excellent service, but are constantly challenged by patient distance from their facilities, an aging population, insufficient physicians in some key specialties, and insufficient nursing staff. A dedicated broadband network can help ameliorate all of these difficulties.

The ACTION proposal will connect all of the medical centers in the three counties, allowing them to share patient electronic medical records, medical specialists, teleradiology, medical images, and professional development and continuing education.

I strongly support this application and I hope it will be given favorable consideration for funding.

Sincerely,


Elizabeth O'C. Little
Senator

EOL/sjd

JOHN M. McHUGH
23rd DISTRICT, NEW YORK

COMMITTEE ON ARMED SERVICES
SUBCOMMITTEE ON MILITARY PERSONNEL
RANKING MEMBER
SUBCOMMITTEE ON READINESS

**COMMITTEE ON OVERSIGHT
AND GOVERNMENT REFORM**
SUBCOMMITTEE ON FEDERAL WORKFORCE,
POSTAL SERVICE, AND THE DISTRICT OF COLUMBIA
SUBCOMMITTEE ON NATIONAL SECURITY
AND FOREIGN AFFAIRS

**PERMANENT SELECT COMMITTEE ON
INTELLIGENCE**
SUBCOMMITTEE ON TERRORISM, HUMAN
INTELLIGENCE, ANALYSIS, AND COUNTERINTELLIGENCE
SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS

Ms. Jennifer Prime
Federal Communications Commission
445 12 St., NW
Washington, D.C. 20554



Congress of the United States
House of Representatives
2366 Rayburn House Office Building
Washington, DC 20515-3223

(202) 225-4611
<http://mchugh.house.gov>
April 6, 2007

DISTRICT OFFICES

HSBC BANK BUILDING
120 WASHINGTON STREET, SUITE 200
WATERTOWN, NY 13601-2576
(315) 762-3150

104 FEDERAL BUILDING
PLATTSBURGH, NY 12901-2938
(518) 563-1406

28 NORTH SCHOOL STREET
P.O. BOX 800
MAYFIELD, NY 12117-0800
(518) 661-6486

205 SOUTH PETERBORO STREET
CANASTOTA, NY 13032-1312
(315) 697-2063

Dear Ms. Prime:

I am writing to offer my strong support for the application you have received from the Research Foundation of the State University of New York on behalf of the Adirondack-Champlain Telemedicine Information Network (ACTION) consortium, which encompasses organizations within Clinton, Essex, and Franklin Counties in Northern New York. For your information, each of these counties is located in my Upstate New York 23rd Congressional District.

According to ACTION officials, the consortium proposes to construct and operate a fiber optic network connecting health care providers in Clinton, Essex, and Franklin Counties, New York. As you know, hospitals and medical centers throughout the country and, especially in rural areas, such as Upstate New York, are challenged to provide excellent service due to patients' geographic distance from their respective health care facilities, an aging population, insufficient physicians in key specialties, and insufficient nursing staff. However, a dedicated broadband network can help mitigate all of these difficulties.

Currently, New York's North Country lacks an affordable, high speed broadband infrastructure between all of its medical facilities capable of handling large images and data files without severe degradation. A modern fiber optic network dedicated primarily to health care is necessary to support the telehealth needs of this rural region.

To deal with this critical problem, ACTION proposes to connect all of the medical centers in the three counties, allowing them to share patient electronic medical records (EMRs), medical specialists, teleradiology, medical images, and professional development and continuing education. Thus, the proposed network will connect to Internet 2, allowing ACTION members access to health care facilities and research centers across the nation. Shared network infrastructure will allow ACTION members to make group communications purchases, thus, increasing efficiencies and lowering inflated operating costs.

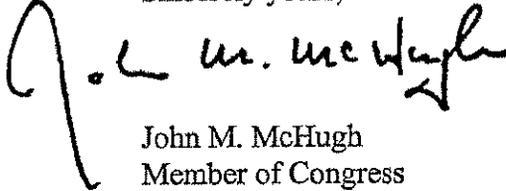
Page 2

The hard-working citizens of this region will surely benefit from this funding because health care professionals will have improved access to patients' medical records and the ability to see and hear patients at a distance, expanding consultation, diagnosis, and treatment options.

Lastly, let me close by commending the Federal Communications Commission (FCC) and the Universal Services Administration Company for their leadership and commitment to establishing the Rural Health Care Pilot Program. I firmly believe that the proposal put forth by Adirondack-Champlain Telemedicine Information Network (ACTION) consortium, if funded, would result in creating a national model for other rural health care providers nationwide. Accordingly, I urge your favorable review of this important funding request.

With every good wish, I remain

Sincerely yours,

A handwritten signature in black ink that reads "John M. McHugh". The signature is written in a cursive style with a large initial "J" and a long, sweeping underline.

John M. McHugh
Member of Congress

JMM/cjm