



MONTANA
TELECOMMUNICATIONS
ASSOCIATION

April 29, 2009

Marlene Dortch, Secretary
Federal Communications Commission
445 12th Street, SW
Washington, D.C. 20554

RE: WC Docket No. 05-377; CC Docket No. 96-45; FCC 08-122. *Federal-State Joint Board on Universal Service; High-Cost Universal Service Support. Interim cap on CETC high-cost support.*
WC Docket No. 02-60. *Rural Health Care Pilot Program.*
GN 09-51; FCC 09-31. *National Broadband Plan.*

Dear Ms. Dortch,

On April 28, the undersigned met with Jennifer Schneider (office of Chairman Copps), Nick Alexander (Office of Commissioner McDowell) and the following staff of the Wireline Competition Bureau: Jennifer McKee, Ian Dillner, Katie King, Ted Burmeister, Tom Buckley, Claude Aiken, and Ernesto Beckford. We discussed the above-captioned matters. In particular:

RE: *Interim CETC High-Cost Support Cap.* We discussed the need for the Commission to adopt an appropriate regulatory process to apply to CETCs seeking an exemption from the cap pursuant to ¶31 of the May 1, 2008 Order (FCC 08-12). While ¶31 provides that carriers may file their own costs in order to seek an exemption from the cap, there are no FCC standards, regulations or other procedures to guide such carriers. Relevant issues include, among others, whether to include ICLS, IAS, LSS and other regulatory revenues in wireless support; the need for a national average wireless loop cost benchmark; the effect on state or national capped funds when one, or more, carriers are exempted from the cap; etc.

RE: *Rural Health Care Pilot Program (RHCPP).* We discussed the need to ensure that rural health care projects that are funded by the Pilot Program and/or other universal service support do not result in the development of “parallel networks” which siphon traffic and revenue from private infrastructure investment. Current rules may encourage construction of “excess capacity” for the purpose of implementing “sustainability” plans. Such excess capacity construction may ultimately discourage private investment in the public network, to the detriment of all telecom

consumers. MTA encourages the FCC to clarify that RHCPP and other USF-supported health care projects work cooperatively with existing network providers to the maximum extent possible to develop health care networks that use current or enhanced private telecom network infrastructure.

RE: *National Broadband Plan*. We discussed the importance of including rural telecommunications providers as effective, efficient means for deploying broadband solutions to the nation's rural areas. Rural telecom providers have substantial existing network infrastructure capable of delivering broadband capabilities effectively to rural consumers. They already meet public accountability, transparency, and sustainability goals. MTA also stressed the importance of including middle-mile solutions providers in any National Broadband Plan. MTA also cautioned against relying on international surveys or studies (e.g., OECD) prior to the completion of a comprehensive national broadband inventory such as that provided for under PL 111-385.

Respectfully Submitted,

/s/

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