



December 23, 2009

Julius Genachowski, Chairman  
Federal Communications Commission  
445 Twelfth Street, S.W.  
Eighth Floor  
Washington, DC 20554

Re: NBP Public Notice #17  
GN Docket Nos. 09-47, 09-51, 09-137  
WC Docket No. 02-60

Dear Chairman Genachowski:

On behalf of the Health Information Exchange of Montana (“HIEM”), I write to provide our thoughts on the National Broadband Plan. As a participant in the Commission’s Rural Health Care Pilot Program, (“RHCPP”), we have been diligently working through the process of meeting the program’s requirements in order to connect numerous health care and educational facilities in northwestern Montana.

To date, we have completed the first stage of constructing our network, a 185 mile fiber link across the Continental Divide, along rights of way held by the Burlington Northern (“BN”) rail system. We are now in the process of building spurs off of this backbone into health care facilities, and within the next year we expect to construct additional fiber connections to other rural/frontier health care facilities, the University of Montana (“UM”), Flathead Valley Community College and two tribal colleges.

UM, which is providing the fifteen percent match for our efforts, will be able to use HIEM’s network for distance learning in its health care education curriculum. Given the extraordinary size of rural Montana, and the needs of students throughout the region, HIEM’s network will provide critical health and educational opportunities for our citizens. A more complete description of our plans and progress reports can be found with our application and subsequent filings with the Commission.

We write today because at this month’s open meeting, the Commission’s Broadband Task Force identified the possible extension, and expansion of the RHCPP. For this, we thank the Commission and wholeheartedly support extending the program. The RHCPP represents a critical and meaningful first step in filling enormous telecommunications needs in rural America that HIEM and others face. It scarcely bears mention that access to high-speed broadband enables our mission to provide rural citizens with high quality health care services comparable to those available in urban areas.

As a participant in the RHCPP that has been successful to date in investing program funds for the intended purpose, we offer the following suggestions for the RHCPP going forward.

### **Extend the June 2010 Deadline**

On December 7, 2009, HIEM filed with the Commission a request for a one year extension of the June 2010 funding deadline for the program. The reasons are set forth therein, but suffice it to say the short construction season in northwestern Montana, combined with the difficulty HIEM has had in working through program requirements and the bid process have combined to make it unlikely that HIEM can commit all of its award funds by the June 2010 deadline.

We anticipate issuing as many as eleven more requests for proposal to finalize connections from our fiber backbone to health care facilities, and extending our backbone into additional communities and academic institutions. By extending the June 2010 deadline, the Commission will ensure that HIEM has the best opportunity to meet all of the program goals, invest all committed funding, and fully construct the network that it has now begun.

*Extending the June 2010 deadline will ensure that the maximum amount of program funds can be invested for the benefit of rural citizens.*

### **Make the RHCPP Permanent**

Until rural health care hospitals and clinics have access to broadband facilities that are reasonably comparable to those available in urban areas, the RHCPP should continue. Before the RHCPP was developed, a small fraction of funds set aside in the universal service program for rural health care were being utilized. The RHCPP has several implementation issues, some of which are discussed within this comment letter; however the first order of business is to make the program permanent until the job is finished.

HIEM originally requested over \$27 million to complete a fiber build out in frontier northwestern Montana. The initial program award covered half that amount. There's plenty more for us to do and there are no reasonable alternatives. Until the RHCPP came along, health care facilities in remote areas of Montana have had no opportunity to access a high-speed connection to regional referral centers to enable distance medicine and learning.

For our educational and health care members, the RHCPP represents the most effective telecommunications outreach program ever attempted in this area, and there are literally thousands of people here who are depending on the continuation of this program to deliver meaningful improvements in health care. Most of these people don't know

today how important a remote X-Ray, MRI, or other diagnostic tool will be to them, until the day comes when they need it.

***Making the RHCPP program permanent is going to save lives and significantly improve the quality of health care for millions of rural/frontier Americans, and the benefits will multiply over time as broadband connections play an increasing role in rural health care outcomes.***

### **Modifying the Required Match**

One of the most challenging aspects of this program is the required 15% match, which must all be in cash. The challenges for HIEM are two-fold. First, the FCC's rules limit the pool of entities that can contribute the match. In many rural areas, including Montana, any limitation can be significant simply because there are not many entities in our frontier region that can contribute the roughly \$2.5 million needed for HIEM's award. Broadening the universe of entities that can provide matching funds, to include for-profit entities that are not telecommunications providers, would make it easier for program participants to raise funds without compromising program integrity.

Second, the match must be all cash. We note here that hospitals, health care providers, and educational institutions in our area participate in many other government programs for other purposes, and many if not most of those programs allow at least a portion of the matching funds to be in-kind contributions.

HIEM fully understands and agrees with the principle that program participants need to have "skin in the game" in order to help assure efficient investments and responsible stewardship of program funds. Nevertheless, HIEM believes the existing 15% cash hurdle is very high and that it should be modified if the Commission extends the existing pilot program or makes it permanent.

HIEM suggests that the match be reduced to ten percent (10%) and that up to half of that amount (5%) may be in-kind contributions from one or more eligible entities. This will provide substantial additional flexibility for program participants to meet the match, while maintaining program integrity. The amount of universal service support needed to accommodate this change would be no more than five percent of program funds.

***Broadening the universe of entities that can provide matching funds, and modifying the match from fifteen to ten percent (10%), up to half of which can be in-kind contributions from one or more eligible entities, will provide much needed flexibility for program participants.***

In closing, I want to reiterate how important the RHCPP has been for the people of northwestern Montana. We are on the verge of a significant breakthrough in how

health care services are delivered, and our ability to have access to such modern telecommunications infrastructure would have been impossible without this program.

Accordingly, on behalf of all HIEM members, we thank the Commission for this program, for the opportunity to participate in it, and for your continuing support. We urge the Commission to continue the program until all rural Americans have access to the benefits of modern health care that are today available in our urban areas.

Should you have any questions or require any additional information, please contact me directly at 406-751-6687 or [kipsmith@krmc.org](mailto:kipsmith@krmc.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Kipman Smith". The signature is fluid and cursive, with a long horizontal stroke at the beginning.

Kipman Smith  
Executive Director

cc: Hon. Michael J. Copps  
Hon. Robert M. McDowell  
Hon. Mignon Clyburn  
Hon. Meredith Attwell Baker  
Sharon Gillett, Esq.  
Jennifer McKee, Esq.  
Thomas Buckley, Esq.