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NATIONAL RURAL HEALTH ASSOCIATION

February 25, 2010

Chairman Julius Genachowski
Commissioner Meredith Attwell Baker
Commissioner Mignon Clyburn
Commissioner Michael J. Copps
Commissioner Robert M. McDowell

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

Re: GN Docket No. 09-191

Dear Chairman Genachowski and Commissioners:

Once again, the National Rural Health Association (NRHA) applauds the Federal Communication Commission's effort to engage in a dialogue with diverse constituencies before implementing its proposed two additional net neutrality principles. We are grateful for the opportunity to submit reply comments on the Notice of Proposed Rulemaking concerning net neutrality.

As stated in our previous comments, the NRHA is a national nonprofit membership organization with more than 18,000 members. The association's mission is to provide leadership on rural health issues. The NRHA membership is made up of a diverse collection of individuals and organizations, all of whom share the common bond of an interest in rural health.

We would like to reiterate our support of policies that support an open and reliable internet, while at the same time protecting the networks that are so critical to the delivery of healthcare information and telemedicine data. We still believe access to broadband internet is still an issue that requires the FCC's full attention. Two additional net neutrality principles would only confuse the situation and may even have the unintended consequence of discouraging adoption because of additional costs and less reliability. Rural communities require broadband internet connections that are supported by secure and managed networks so that critical telemedicine applications can be delivered in a consistent and timely manner. As we stated in our initial comments, the security for telemedicine applications provided by managed networks would be in jeopardy should the FCC pursue a nondiscrimination principle. The proposed nondiscrimination principle is of particular concern as it does not clearly articulate standards for quality of service, standards which are critical to operating reliable telemedicine networks.

The NRHA continues to believe that the existing principles are sufficient to allow proper management of broadband networks while deterring unwanted behavior by the service providers. The addition of two principles would skew this delicate balance and risks harming the networks that so vitally provide telemedicine services to millions of Americans. In addition to skewing the network management balance

and risking harm to existing networks, the net neutrality principles could have the unintended consequence of causing higher broadband access prices.

We at the NRHA remain hopeful that under the FCC's watchful eye the proposed additional net neutrality principles will receive the scrutiny they deserve as we look forward to increasing rural broadband internet access, continuing the development of telemedicine, and promoting reasonable network management and quality of service standards.

Thank you for your consideration of our concerns. We look forward to hearing from you on this matter, and we hope that we can work together to best realize the promise of telemedicine to improve the lives of rural America.

Sincerely,

Alan Morgan
Chief Executive Officer
National Rural Health Association