

**Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554**

In the Matter of)	
)	
Connect America Fund)	WC Docket No. 10-90
)	
A National Broadband Plan for Our Future)	GN Docket No. 09-51
)	
High-Cost Universal Service Support)	WC Docket No. 05-337
)	

To: The Commission

**COMMENTS
OF
THE NATIONAL ASSOCIATION OF BLACK OWNED BROADCASTERS, INC.**

The National Association of Black Owned Broadcasters, Inc. (“NABOB”), by its attorney, hereby submits its Comments in the above-captioned proceeding.¹ NABOB submits these Comments to address an issue that was only mentioned indirectly in the Notice of Inquiry and Notice of Proposed Rulemaking in this proceeding, but which was discussed at length in the National Broadband Plan.² NABOB proposes that the Commission adopt the recommendation in the National Broadband Plan, which proposed that the Commission create a Health Care Broadband Fund. In support of this recommendation, NABOB submits the following:

In the NOI/NPRM, the Commission pointed out that, on March 16, 2010, the Commission released a Joint Statement on Broadband stating that “[t]he nearly \$9 billion

¹ *Notice of Inquiry and Notice of Proposed Rulemaking* (NOI/NPRM), FCC 10-58, released April 21, 2010. The Commission established June 21, 2010, as the deadline for submitting initial comments. NABOB requests leave to submit these Comments, two days after the deadline.

² Federal Communications Commission, *Connecting America: The National Broadband Plan*, (rel. Mar. 16, 2010) (“National Broadband Plan”).

Universal Service Fund (USF) and the intercarrier compensation (ICC) system should be comprehensively reformed to increase accountability and efficiency, encourage targeted investment in broadband infrastructure, and emphasize the importance of broadband to the future of these programs.”³ The Commission pointed out that it delivered to Congress the National Broadband Plan on that same day.

The Commission explained that the NOI/NPRM is intended as the first in a series of proceedings to implement the Commission’s vision to:

adopt cost-cutting measures for existing voice support and create a Connect America Fund (“CAF”), without increasing the overall size of the Fund, to support the provision of broadband communications in areas that would be unserved without such support or that depend on universal service support for the maintenance of existing broadband service.⁴

The Commission focused its discussion in the NOI/NPRM on developing the detailed analytic foundation necessary for the Commission to distribute funds in an efficient, targeted manner that avoids waste and minimizes burdens on American consumers. The Commission stated that it seeks comment on: (1) whether the Commission should use a model to help determine universal service support levels in areas where there is no private sector business case, and (2) the best way to create an accelerated process to target funding toward new deployment of broadband networks in unserved areas, while it considers final rules to implement fully a new CAF funding mechanism that efficiently ensures universal access to broadband and voice services.⁵

³ *Joint Statement on Broadband*, GN Docket No. 10-66, FCC 10-42, 2 (rel. Mar. 16, 2010).

⁴ NOI/NPRM at par. 1

⁵ *Id.* at par. 2.

The Commission did not address the specific programs the new CAF will be designed to create. NABOB submits that the Commission should begin discussing those programs in this proceeding, because knowing what programs will be funded by the new CAF could generate more public comment on how the CAF should be modeled. In particular, one of the areas that should be considered at this time is the National Broadband Plan's call for the funding of e-Health Care initiatives. In Chapter 10, Health Care, Recommendations, the National Broadband Plan recommends that:

- The FCC should replace the existing Internet Access Fund with a Health Care Broadband Access Fund.
- The FCC should establish a Health Care Broadband Infrastructure Fund to subsidize network deployment to health care delivery locations where existing networks are insufficient.
- The FCC should authorize participation in the Health Care Broadband Funds by long-term care facilities, off-site administrative offices, data centers and other similar locations. Congress should consider providing support for for-profit institutions that serve particularly vulnerable populations.

NABOB submits that the Commission should implement these recommendations and consider a model of universal service support that allows cross platform B2B: Broadcast to Broadband strategies to accommodate e-Health Care pilots in medically underserved areas. These strategies should enable local broadcast "Anchor Institutions", transmitting community based "Internet & Health Literacy" programming, to partner with broadband patient-centered chronic disease management initiatives supported by local healthcare providers.

Although 123 million housing units have broadband that meets the National Broadband Availability Target, many Americans do not. Currently, 14 million Americans are without broadband that meets the National Broadband Availability Target. Although sparsely populated

areas tend to have larger underserved populations, nearly every state has underserved areas with health disparities spanning the rural/urban divide.

Local “Anchor” broadcast and telecommunications companies are a primary source of real-time information to many medically underserved communities. They serve both urban and rural communities within their respective Total Service Areas. In its traditional role, the FCC has focused on wireline network connectivity. However, in today’s cross-platform ecosystem, it will be heterogeneous networks, mobile applications, devices and individual actions that will drive successful e-Health Care pilots.

The key to a B2B strategy is to use all distribution platforms as an integrated whole to provide access to high quality, multi-media medical information whenever and wherever the community chooses. The cross-platform approach is agnostic as to the communications channel, whether it is broadcast television or radio, satellite radio, online Web 2.0 networking, 3G mobile location based services, video-on-demand, streaming video or podcast. This strategy expands the *reach, depth and effectiveness* of medical communications, while providing local broadcasters with an opportunity to bridge the divide between traditional broadcast and the rapidly growing digital platforms of the future.

Addressing health disparities is a well articulated National priority. This year, the Department of Health and Human Services has funded: the \$235 million "Beacon Communities" program; \$650 million Community Prevention and Wellness program; \$643 million Health Information Technology Extension program; and \$20 billion to enable Electronic Health Records and Health Information Exchanges. Other supporting agencies include the U.S. Department of Agriculture - Rural Utilities Service Broadband Initiatives Program and the Department of

Commerce - National Telecommunications and Information Administration Broadband Technology Opportunities Program, which together are disbursing \$7 billion to broadband projects in under-served areas.

The FCC Health Care Broadband Access Fund should support cross platform bundled services, including broadcast, wireless and broadband Internet access for eligible health care providers who partner with local "Anchor" broadcast institutions. This program would replace the existing underutilized Internet Access Fund. Health care providers eligible to participate in the new program would include both rural and urban health care providers, based on local health referral patterns. The FCC should develop funding mechanisms based on criteria that address such factors as: (1) the deployment of cross-platform strategies that use culturally relevant "Anchor" institutions to target health disparities in medically underserved communities, (2) ability to pay for broadband services, (3) lack of broadband access, or affordable broadband in medically underserved areas, and (4) Public or safety net institutional status.

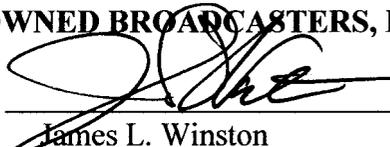
To enable health care providers and local broadcasters to participate in cross-platform efforts, 14% of the Health Care Broadband Access Fund should be allocated to these pilot efforts. To encourage participation, the FCC should also simplify the application process and provide clarity on the level of support that providers can reasonably expect, while protecting against potential waste, fraud and abuse. After approximately three years of data collection for the new Health Care Broadband Access Fund, the FCC should examine, based on the success of that program, whether the Fund needs to be adjusted.

Conclusion

For the forgoing reasons, NABOB requests that the Commission: replace the existing Internet Access Fund with a Health Care Broadband Access Fund, establish a Health Care Broadband Infrastructure Fund to subsidize network deployment to health care delivery locations where existing networks are insufficient, and authorize participation in the Health Care Broadband Funds by long-term care facilities, off-site administrative offices, data centers and other similar locations. Congress should consider providing support for for-profit institutions that serve particularly vulnerable populations.

Respectfully submitted,

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