

TABLE OF CONTENTS

Executive Summary	1
Summary of Key Suggested Modifications for the Health Infrastructure Program	3
Summary of Key Suggested Modifications for the Health Broadband Services Program	5
I. Introduction	6
II. Comments on Health Infrastructure Program	8
a. Consortium Applications	8
b. Network Characteristics.....	9
c. Competitive Bidding Process.....	12
d. Eligible Costs	13
e. Ineligible Costs	15
f. Funding Amounts and Prioritization.....	16
III. Comments on Health Broadband Services Program	18
IV. Conclusion	20

**Before the
Federal Communications Commission
Washington, D.C. 20554**

In the Matter of)
)
Rural Health Care Support Mechanism) WC Docket No. 02-60

**Comments of
Modern Technologies Group/AirCom Consultants, Inc./Quality Tower Services Ltd**

Executive Summary

Modern Technologies Group, AirCom Consultants,¹ and Quality Tower Services Limited² (“MTG/AirCom/QTSL”) respectfully submit these comments in response to the Notice of Proposed Rulemaking (“NPRM”) issued by the Federal Communications Commission (“FCC” or “Commission”) concerning two programs, Health Infrastructure Program and Health Broadband Services Program, to address rural health care’s broadband needs.³ Modern Technologies Group, AirCom Consultants, and Quality Tower Services Limited (hereinafter “MTG/AirCom/QTSL”) possess over 75 years of combined experience designing and implementing wireless and wireline systems in rural America. MTG/AirCom/QTSL’s unique background and experiences in this area informs its comments contain herein.

MTG/AirCom/QTSL applauds the FCC for recognizing the importance of broadband in delivering healthcare services to rural and tribal lands whose access to infrastructure and services have lagged their urban/suburban counterparts. Broadband is the missing link to meet many of America’s health Information Technology (IT) related goals including reducing health care costs, improving health care delivery, facilitating health and clinical research, and improving

¹ The Arizona-based Modern Technologies Group and AirCom Consultants have over 35 years of specialized experience in building telecommunications infrastructure to rural and tribal lands including rural health care facilities. Its principal, Rhonda McKenzie, brings a wide range of experience and knowledge including as an executive with major telecommunications carriers, an entrepreneur founding and running successful telecommunications companies, and as an M.B.A and as a Ph.D. in Public Policy with Health Care Informatics CCHIT certification. .

² Quality Tower Services Limited has over 35 years of experience in tower construction for delivering telecommunications and broadcast services. Its principal, George Jackson, has a wide range of experience and knowledge owning and operating several successful telecommunications companies and is well-versed in the challenges of building infrastructure in rural America.

³ FCC, In the Matter of Rural Health Care Support Mechanism, Notice of Proposed Rulemaking,[hereinafter “NPRM”], WC Docket No. 02-60, July 15, 2010.

coordination of care among different health care providers.⁴ Health IT initiatives such as conversion to electronic health records, enabling remote medical care, and providing remote medical training are all enabled by broadband access to health care providers. In addition, in the event of a natural disaster, terrorist act, or war on U.S. territory, a dedicated HIE (Healthcare Informatics Enterprises) broadband network could save American lives.

Interconnection of healthcare networks and systems is required to maximize the benefits of many if not all health IT initiatives. The upcoming deadline of January 1, 2014 for transitioning medical records to electronic medical record (EMR)/electronic health record (EHR) formats will be greatly aided by more ubiquitous broadband access. The FCC's Health Infrastructure Program and Health Broadband Services Program are critical and timely in helping the nation toward this goal. No matter how a health care provider transforms its internal systems, without interconnection and intrastate and interstate interoperability to other systems, the provider is building "medical records to nowhere."

In Arizona, the critical importance for broadband infrastructure and services has never been higher. Rural and tribal lands of Arizona face serious connectivity problems exacerbated by their remoteness, the poor economy, high unemployment, inability to afford medical care, and lack of access to quality health care. Arizona's Native American population which numbers over 250,000 between 21 federally recognized tribes, is particularly affected by lack of broadband infrastructure. Reservations and tribal communities comprise over a quarter of Arizona's lands. Some Native Americans travel 60 miles or more to obtain access to basic health care services. If the rural health care provider determines that the patient requires specialized care, the patient may have to travel even further to obtain the care required at great personal expense. Studies show that rural residents are less likely to be able to afford insurance or medical services as compared to their urban counterparts. Cost and lack of access to care mean fewer preventative services that leads to chronic, or serious diseases and conditions. Ultimately, broadband to health care facilities can provide rural residents with access to doctors anywhere in the U.S. Rural physicians and medical personnel can access training, staying current with their certification requirements, with state-of-the-art informatics technology without traveling great distances. In short, broadband can revolutionize health care in rural communities.

MTG/AirCom/QTSL strongly supports the FCC's recognition of the need for flexibility in allowing state organizations, public entities, and non-profits to participate in consortium applications proposed under the Broadband Infrastructure Program. Based upon its knowledge of health IT infrastructure requirements, MTG/AirCom/QTSL offers its views on minimum network standards. Lastly, MTG/AirCom/QTSL would encourage the FCC to continue its leadership supporting minority businesses. To that end, MTG/AirCom/QTSL advocates for additional consideration for small business and women-owned enterprises participating in these programs. The following subsections summarize these items and present views on other key items included within MTG/AirCom/QTSL's comments.

⁴ U.S. Department of Health and Human Services, The Office of the National Coordinator for Health Information Technology (ONC), About ONC webpage, <http://healthit.hhs.gov/portal/server.pt?open=512&objID=1200&mode=2> (accessed August 25, 2010).

Summary of Key Suggested Modifications for the Health Infrastructure Program

- ***Support consortium applications that will allow state organizations, public entities and non-profits to apply for funding on behalf of eligible healthcare providers***

Cooperation among many partners should be encouraged. MTG/AirCom/QTSL is pleased that the NPRM recognizes the collaboration required in developing expensive and complex broadband infrastructure projects to enable access to rural health care providers. Allowing a larger set of entities besides eligible health care providers will allow those with specialized knowledge of broadband healthcare delivery to participate as key members of the application team. Entities specializing in designing and building health care broadband network facilities understand the requirements for security, redundancy, dedicated connectivity, privacy, and reliability standards of health care information networks delivering critical health care information.

- ***Support requiring health care providers to have an ownership interest, indefeasible right of use (IRU), or capital lease interest in facilities funded by the program***

Broadband facilities for health care must be secure, dedicated, and ensure confidentiality of the data being transmitted as required by the US Health and Human Services Office of the National Coordinator for Health Information Technology (ONC).⁵ Health care providers are in the best position to ensure these service requirements are met. Ownership by entities without health care investment is undesirable if the ownership entity does not understand the unique requirements of delivering broadband services to health care and may not have the incentives to meet national health IT goals.

- ***Increase key requirements for broadband infrastructure projects to ensure that rural health care providers have the necessary infrastructure to meet current and future needs***

The FCC should not limit that capability of networks delivering broadband to health care providers in these communities. MTG/AirCom/QTSL recommends giving applicants who propose speeds higher than 10 Mbps, the minimum speed the NPRM established, additional consideration during the application evaluation review. By encouraging higher speeds the FCC can ensure higher bandwidth applications to rural locations such as chest radiography, MRIs, and PET scans. The FCC must also require applicants to demonstrate how their network meets the unique security, redundancy, dedicated connection, privacy, and reliability requirements required of health care networks. Health care broadband networks have specialized requirements that

⁵ Health IT Standards Committee, Privacy & Security Workgroup Recommendations, March 2010, http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_11113_911085_0_0_18/PrivSecWG_IFRComments_final_3-5-10.pdf.

broadband infrastructure providers must understand in building robust and reliable networks that are needed by the nation's rural health care facilities.

- ***Grant recipients using competitive bidding for vendor contracts should ensure that the vendor has experience in delivering infrastructure at reasonable costs and without unnecessarily high markups***

MTG/AirCom/QTSL has witnessed many instances of waste, fraud, and abuse that can plague infrastructure projects funded by government and taxpayer dollars. Some vendors who neither have the requisite project management expertise for broadband infrastructure nor understand the challenges of building broadband infrastructure for health care seek to undercut experienced vendors. Only after the vendor is awarded a contract and begins performance, does the grant recipient discover that the vendor cannot deliver what was promised without delays or additional costs. Some vendors mark up their subcontractor rates by 50%, which represents a near windfall profit.

MTG/AirCom/QTSL proposes two ways to help combat waste, fraud and abuse of government funds when winning applicants use vendors to perform infrastructure construction activities. (1) First, as part of a grant recipient's request for proposal (RFP), it must seek from bidders the evidence of experience, certifications, and licenses in broadband construction. In addition, knowledge of cost-effective approaches to building broadband infrastructure should be demonstrated. This will provide the necessary support for the health care providers' mandatory credential certifications that the facility or service provider is the most cost-effective option chosen.⁶ (2) Second, the health care provider, in its RFP, must state that the vendor markup on subcontractor use should not exceed twenty percent.

- ***Encourage and facilitate small business enterprise and women-owned business enterprises participation***

The FCC has a unique opportunity to help create jobs and improve the local economies of the areas where broadband infrastructure will be built through funding of this program. The FCC should remove barriers to small business enterprises (SBEs) and women-owned enterprises (WBEs) from participating in the program. SBEs and WBEs are positioned to hire and train new workers needed to build and maintain the rural health care infrastructure. However, SBEs and WBEs can be prevented from applying or bidding on contracts if requirements are onerous. To help facilitate SBE and WBE participation, the FCC should give qualified non-profit SBEs and WBEs incentives, including reducing or waiving capital matching requirements, streamlining administrative reporting requirements, and increasing the performance bond minimum requirement to contracts of \$300,000 or higher from the current \$150,000 floor.

- ***Increase the available funding for infrastructure projects to \$150 million and allow applicants to apply for projects in excess of \$15 million without need for a waiver***

⁶ NPRM at para 86.

Building infrastructure in rural and tribal communities is an expensive undertaking, compounded by lack of access to broadband backbone providers, low population density, large geographic coverage areas, and tough terrain. The Commission should increase available funding of the Health Infrastructure Program by an additional \$50 million and remove the waiver requirement for projects exceeding \$15 million. Raising the amount for the Health Infrastructure Program will help bring infrastructure to more rural health care providers in order to take advantage of state-of-the-art health IT initiatives. Eliminating the waiver will give the FCC the best possible applications to select for funding. Limiting the per project cap to \$15 million may have the effect of discouraging prospective applicants of projects that seek to connect many rural health care providers including on tribal lands. Prospective applicants may not apply if they believe their application will receive reduced consideration if they include a waiver request of the cap.

Summary of Key Suggested Modifications for the Health Broadband Services Program

- *One-time support for installation costs should be increased to 85%*

Health care providers are typically resource constrained entities and may require additional funding to pay for reasonable and customary installation costs. MTG/AirCom/QTSL propose that the Health Broadband Services Program increase the one-time support for installation charges from 50 percent to 85 percent. This increase will provide health care providers additional incentives to obtain broadband and help minimize any budgetary impacts they may have.

(HITECH Act) as part of the American Recovery and Reinvestment Act. This program provides incentive payments to eligible health care providers for adopting the "meaningful use" of certified EHR technology.⁷ The HITECH Act legislatively mandated the National Health Information Technology Coordinator position who is responsible for advancing the Administration's development of a nationwide Health IT infrastructure for electronic use and information exchange.⁸

Access to broadband services for health care in the state of Arizona, especially in its rural and tribal communities, face many of the challenges found in other rural areas. Arizona's rural areas are spread out over large geographic areas with low population densities and rough terrain, and lack access to broadband middle-mile infrastructure. Private funding to build broadband to rural areas has not provided adequate broadband coverage to meet Arizona's broadband health care needs. Arizona's rural and Native American residents lack access to accessible health care facilities and some have to travel great distances and at great personal expense to get even basic health care services. These new FCC programs can make a meaningful impact to bring much needed broadband to these areas and in meeting national goals for health IT.

MTG/AirCom/QTSL has earned over 75 years of experience building both commercial and government telecommunications networks to rural communities and to tribal lands and is focused on bridging the digital divide to Arizona's rural health care providers. MTG/AirCom/QTSL

⁷ Center for Medicaid and Medicare, <http://www.cms.gov/EHRIncentivePrograms/>

⁸ U.S. Department of Health and Human Services, The Office of the National Coordinator for Health Information Technology (ONC), Home Page, http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_onc/1200, accessed September 8, 2010.

respectfully submits the following comments to ensure the promise of these programs is fulfilled in order to help meet rural health care's expanding broadband needs. Section II contains MTG/AirCom/QTSL's comments on the Health Infrastructure Program. Section III contains MTG/AirCom/QTSL's comments on the Health Broadband Services Program.

II. Comments on Health Infrastructure Program

a. Consortium Applications

Support allowing state organizations, public entities, or non-profits to file on behalf of eligible health care providers and as the legal and financially responsible entity

The NPRM proposes to allow state organizations, public entities, and non-profit entities to act as administrative agents for a consortium of eligible health care providers for the Health Infrastructure Program.⁹ MTG/AirCom/QTSL fully supports the proposal to allow these groups to act as consortia leaders and function in an administrative capacity. MTG/AirCom/QTSL believes that health care providers may require the expertise of these entities in building robust, secure, and cost-effective infrastructure. By providing this flexibility to applicants, the Health Infrastructure Program will be greatly served by allowing eligible health care providers to benefit from those that have a deep understanding of the challenges of bringing broadband infrastructure to rural communities and health care facilities.

Support the proposal that requires state organizations, public entities, or non-profit entities acting as legal and financial entity owning the facilities to hold title in dedicated network for the benefit of eligible health care providers

⁹ NPRM at para 27.

The NPRM proposes that state organizations, public entities, or non-profit entities acting as the legal and financially responsible entity owning the dedicated facilities hold the title to the dedicated network facilities exclusively for the benefit of the health care providers.¹⁰ MTG/AirCom/QTSL supports this proposal. Any infrastructure built with federal funds under this program must be primarily for the benefit of serving the health needs of rural America. The use of these networks for non-health activities must be limited to ensure these network meet the performance needs of health IT applications. For rural health care providers, this requirement is especially important in ensuring trust in the privacy and security of health information carried over the networks. Allowing non-health care applications to use the network raises the possibility that health information could be obtained for improper purposes such as discriminating on employment matters, denying insurance coverage or raising insurance rates for pre-existing conditions, or charging discriminatory prices based on patient financial information. These networks must be dedicated for health IT and non-health care uses should be strictly circumscribed.

b. Network Characteristics

Give additional consideration to applications that propose higher speeds

The NPRM asks whether the program should propose a minimum speed of 10 Mbps to health care providers connected under the health infrastructure program.¹¹ While we cannot comment on the appropriate minimum speed for the program, higher speeds will enable additional capabilities. MTG/AirCom/QTSL encourages giving applications that propose higher speeds

¹⁰ NPRM at para 28.

¹¹ NPRM at para 20.

than the minimum speed additional consideration during the application evaluation period.

Future health care services will be employing greater amounts of video, including two-way high definition video conferencing and use in remote surgical applications. Encouraging higher speeds through the program will provide incentives to applicants to build more robust connections to rural health care providers being targeted by the program.

Minimum Quality of Service Standards are mandatory for networks dedicated to Health IT needs

The NPRM asks whether the program should have minimum quality of service standards to meet health IT needs.¹² Indeed, the program should “aim high” as the following observation by Robert Heldman, an authority and thought leader on the requirements of modern communications infrastructure, observes.

As an aside, we cannot underestimate the importance of success. As more and more services go "online", as more and more doctors and nurses, administrators, pharmacists and test centers communicate in "real time", the network cannot be designed on a contention basis in which users share a limited availability of capacity. (It must be available 100 percent of the time. It can't go down or be under limitations.) Each user will need their access unlimited as much as possible. A successful network cannot introduce delay. Therefore, narrowband transport mechanisms cannot cause undue input/output delays to processing mechanisms. As these develop, the shift must be

¹² NPRM at para 20.

feasible to high-speed transport systems that can more successfully and quite economically handle the greater demands of higher volume and higher resolution.¹³

This description is still considered the standard of transmission quality for broadband for health care services. MTG/AirCom/QTSL's assessment concerning the minimum quality of service standards needed for a broadband network dedicated for health IT is heavily influenced by Heldman's work.

MTG/AirCom/QTSL proposes that the connection to health care providers be dedicated, secure, private, and disaggregated from non-health care uses. The quality of service (QoS) requirements in the Omnibus Broadband Initiative Technical Paper No. 5, "Health Care Broadband in America: Early analysis and a path forward", August 2010, provides an uptime target of 99.9%, latency targets <50 ms primary and <120 ms back-up, jitter metrics of <20 ms, and packet loss <1%. These targets serve as a good minimum set of standards.

Support technology-neutral approach to connecting health care providers

The NPRM requests comment on the proposal to allow any available technology that can meet the definition of broadband to be used for the purposes of connecting rural health care providers.¹⁴ MTG/AirCom/QTSL believe that legacy plant, dark fiber, high speed wireless, new fiber, copper in the ground or air are all suitable options depending on the size of the health care facility. Where applicants can make use of the existing infrastructure and can do so cost-

¹³ See Robert K. Heldman, *Future Telecommunications-Information Applications, Services, & Infrastructure*, 1993, Chapter 3, "Information applications' services", page 45.

¹⁴ NPRM at para 50.

effectively, MTG/AirCom/QTSL believes that the program should encourage the use of existing plant (a.k.a. “legacy plant”) to minimize costs and prevent overbuild. However, where the existing infrastructure is of lower capacity than needed or too costly to use, the applicant may need to build its own facilities to connect these health care providers.

c. Competitive Bidding Process

MTG/AirCom/QTSL has witnessed, through vendor markups and project mismanagement, many instances of waste, fraud, and abuse that can plague infrastructure projects funded by government and taxpayer dollars. MTG/AirCom/QTSL offers the following suggestions to help reduce this behavior to the extent practicable.

Any vendor solicited through a competitive bidding process should be required to have a program manager experienced with construction who can ensure a cost-effective approach to building infrastructure needed for broadband

MTG/AirCom/QTSL proposes that award recipients who bid out portions of their project establish requirements for experienced personnel to demonstrate that they have successfully met construction timeframes and budget requirements. Specifically, MTG/AirCom/QTSL suggests placing as a precondition that a vendor in its bid demonstrate that the vendor’s program manager be experienced with construction of the type being performed. The vendor should submit a minimum of three broadband infrastructure projects that the program manager has completed successfully, in a cost-effective manner, with references.

Limit Vendor Markups from Winning bidders to a reasonable rate

MTG/AirCom/QTSL proposes that vendors who employ subcontractors to perform portions of work obtained through a competitive bidding process limit the markup of subcontractor rates to no more than 20 percent. In MTG/AirCom/QTSL's experience, many large companies who successfully receive contracts for work on government funded projects, obtain large profit margins through use of subcontractors. These large company prime contractors mark up the subcontractor rates up to 50 percent of the costs specified in the application for grant funds. While MTG/AirCom/QTSL recognizes the challenges in building large-scale infrastructure projects, excessive profit from use of government funds should be prevented. Using federal funds for rural health care broadband needs heightens the need to prevent this practice. Vendor subcontractor bids should be submitted upon request for markup review. If the markup exceeds 20% then the award recipient has the authority to conduct an audit, at the vendor's expense, to recoup amounts over the 20% threshold.

d. Eligible Costs

Increase the administrative support limit from \$100,000 to \$200,000

The NPRM asks for comment on limiting the rate of support for project administration to \$100,000 per year.¹⁵ MTG/AirCom/QTSL agrees that the primary focus of the program should be to fund infrastructure. However, administering an infrastructure build can be a complex undertaking. MTG/AirCom/QTSL's experience on projects of similar scope recommends increasing the limit to \$200,000 per year. Additional project administration oversight could assist in ensuring timelines are met and costs do not overrun.

¹⁵ NPRM at para 38.

Aggregate amount of administrative expense limit should be reduced from 10 percent to 5 percent

The NPRM asks for comment on limiting the aggregate administrative expense limit to 10 percent of the total budget of the project.¹⁶ Based on MTG/AirCom/QTSL's experience, an aggregate limit of 5% provides a sufficient margin to cover the administrative overhead.

Consider alternative funding mechanisms to assist with improvement and maintenance costs

The NPRM proposes limiting the support for maintenance costs to a confined period.¹⁷

MTG/AirCom/QTSL recognizes that the program requires sustainability and funds will not be available after the completion of the project. MTG/AirCom/QTSL suggests that the FCC consider future funding mechanisms to help rural infrastructure maintenance needs to alleviate any potential funding shortfalls for improvement and maintenance purposes. The operation of the network is critical to providing advanced health care in rural areas, and it is of paramount importance that funds are available, if needed, to ensure the continued operation of these networks. As well, additional funding mechanisms sustain new jobs, such as infrastructure technicians, created in rural communities through this program. These new jobs are essential in maintaining the required assurance of 100% reliability and security of newly built broadband health care infrastructure.

Allow waiver for network design costs that exceed \$1 million

¹⁶ NPRM at para 38.

¹⁷ NPRM at para 39.

The NPRM asks for comment on limiting eligible design costs to \$1 million per project.¹⁸

MTG/AirCom/QTSL agrees that the focus of the program should be on infrastructure. However, a network covering a large geographic area requiring many new tower sites or facilities or improvements to existing facilities may bring network design costs over \$1 million.

MTG/AirCom/QTSL recommends that the FCC allow network design costs over \$1 million to be eligible for funding for projects that cover wide areas and require design of new or modified plants.

e. Ineligible Costs

The NPRM proposes that certain costs not directly associated with network design, construction, or deployment of a dedicated network for health care providers be ineligible for program funding and lists a series of costs that are not eligible.¹⁹ MTG/AirCom/QTSL recommends the following two refinements to this list.

Exception should be made for continuous power sources needed for cell sites dedicated to HC infrastructure

Continuous power sources to wireless tower sites are directly associated with the deployment of a dedicated network and should be eligible costs for program funding. To cost-effectively build to some rural health care providers, wireless broadband infrastructure bridges the connectivity gap to rural communities without the need for expensive fiber outlays. Some of these tower sites are remote and do not have access to power. In these cases, where an applicant demonstrates the

¹⁸ NPRM at para 36.

¹⁹ NPRM at para 42.

need for wireless broadband infrastructure, the FCC should allow funds to be used for continuous power sources.

Exception should be made for certain legal costs associated with site acquisition

Certain legal costs associated with site acquisition and advice on local zoning ordinances for siting of broadband facilities such as wireless cell towers or plants are directly related to construction of broadband facilities and should be eligible costs. These costs are normally not large. In MTG/AirCom/QTSL's experience, site leasing and zoning advice for wireless towers average \$4500 per site in the constructed network. MTG/AirCom/QTSL recommends allowing these legal costs as long as they are directly related to infrastructure construction.

f. Funding Amounts and Prioritization

Increase funding available for infrastructure from \$100 million to \$150 million

Bringing broadband to health care providers in rural America presents many challenges. These providers face the same difficulty rural residents have in obtaining fast, affordable broadband. Rough terrain, a lack of available Internet backbone providers, low population density all contribute to the high cost of building infrastructure to these parts of the country. By directing an additional \$50 million to the Health Infrastructure Program, the Commission will help bring necessary broadband infrastructure to more rural health care providers. The additional funds can be used to offer higher capacity networks. In the case of consortium applications, a higher amount for infrastructure could help the project reach more health care providers.

No Project Cap

The NPRM seeks comment on whether \$15 million or some other cap should be in place for projects seeking infrastructure funding.²⁰ MTG/AirCom/QTSL proposes no project cap due to the geographic terrain and vastness of rural communities and the great need for medical and health educational broadband access as is the case in Arizona.

A cap may have the unintended effect of discouraging potential applicants from applying for more expansive projects that seek to offer higher capacity networks or connect more health care providers including those that may pose a high cost to connect, relative to the overall project. While the NPRM proposes a waiver process, allowing applicants to submit projects without requiring a waiver will encourage comprehensive plans instead of imposing a limitation that may deter more expansive projects from applying.

Give Priority to projects that connect the highest number of eligible health care providers

For a case in which the number of projects that apply and qualify for funds exceeds a set cap, the NPRM ask whether priority should be given to projects that connect the greatest number of rural health care providers.²¹ MTG/AirCom/QTSL believes that priority should be given to those projects seeking to connect the highest number of rural health care providers. Projects that connect the highest number of health care providers offer the greatest value for government dollars by ensuring limited funds benefit the largest number of hospitals.

Provide incentives for SBE and WBE participation

²⁰ NPRM at para 30.

²¹ NPRM at para 31.

MTG/Aircom/QTSL supports the efforts of the FCC to further SBE and WBE involvement in its telecommunications programs. The FCC should continue these efforts in the Broadband Infrastructure Program by identifying ways to encourage their participation. SBEs and WBEs could act as a non-profit entity consortium leader applying for funding for eligible health care providers or as a vendor participating in an award recipient's RFP process. Through their participation in the program, SBEs and WBEs can stimulate economic development and entrepreneurship through job creation and training. The FCC should explore appropriate incentives to help foster their participation to enhance the secondary benefits of funding health care broadband infrastructure in rural areas through increased, localized rural job creation. Some incentives the FCC should consider are reducing or waiving capital matching requirements for non-profit SBE or WBE entities acting as consortium leaders, streamlining administrative reporting requirements, and increasing the performance bond minimum requirement for contracts of \$300,000 or higher from the current \$150,000 floor.

III. Comments on Health Broadband Services Program

MTG/AirCom/QTSL salutes the Commission for its recognition that both lack of infrastructure and ability to afford access to broadband services is required to meet the needs of rural health care providers. MTG/AirCom/QTSL respectfully submits the comments below on the Health Broadband Services Program.

100 Mbps is an acceptable minimum recommended bandwidth for rural hospitals

The NPRM seeks comment on whether a minimum set of broadband speed requirements per facility type should be considered, such as 100 Mbps service for large hospitals.

The NPRM proposes to provide support for those “eligible rural health care providers for the recurring costs of access to advanced telecommunications and information services that enable rural health care providers to post their own data, interact with stored data, generate new data, or communicate over private dedicated networks or the public Internet for the provision of health IT.”²² While speeds higher than the minimum speeds suggested may be needed, MTG/AirCom/QTSL agrees that the minimum speeds suggested should be the baseline. Further, recipients seeking funds should be encouraged to purchase the access that they need and can afford with funding from the program.

One-time Support for installation costs should be at 85%, not 50%

The Commission does well to note that the “existing internet access program...does not provide support for the costs of construction or infrastructure build-out necessary for the installation of Internet access services”²³ and MTG/AirCom/QTSL is convinced that this is precisely the reason why a proper infrastructure has yet to be built for rural America. Thus, MTG/AirCom/QTSL is of the opinion that the one-time support for reasonable and customary installation charges for broadband access should not be capped at 50 percent, as the Commission proposes²⁴, but should be funded up to 85 percent at the very least.

²² NPRM at para 96.

²³ NPRM at para 100.

²⁴ (*Id.*) NPRM at para 100.

The Program must contain some provision to streamline the paperwork and process of leasing dark or lit fiber

The Commission’s proposal that “eligible health care providers should be able to receive support for the lease of dark or lit fiber to provide broadband connectivity from any provider”²⁵ is laudable in theory, but will be meaningless in practice if, as has been experienced by smaller telecommunications solutions providers like MTG/AirCom/QTSL, these leasing attempts take up to five (5) years of negotiation and paperwork to finalize.

No objection to reasonable rules to demonstrate that satellite services are the most cost-effective solution

MTG/AirCom/QTSL supports reasonable rules requiring a health care provider seeking support for satellite services to be able to demonstrate that such service is the most cost-effective option available to meet the provider’s needs.²⁶ In MTG/AirCom/QTSL’s experience such a showing is easily enough demonstrated if it is in fact the case in a particular rural context.

IV. Conclusion

MTG/AirCom/QTSL applauds the FCC efforts in expanding its Rural Health Support Mechanism with the creation of these two programs. The Health Infrastructure Program and the Health Broadband Services Program are important steps to helping rural America realize the nation’s health care IT goals. The proposals in the NPRM on these programs are poised to bridge the digital divide that exists for rural health care.

²⁵ NPRM at para 102.

²⁶ NPRM at para 103.

Building broadband infrastructure and providing subsidies for broadband service to these rural areas brings them state-of-the-art health care that was previously unavailable. The high cost of delivering broadband to these rural and Native American communities left them in the desert, both literally and figuratively, as is the case in Arizona. Fostering broadband infrastructure build out and access creates a true “broadband oasis”.