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

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

**REPLY COMMENTS OF COMCAST CORPORATION**

Comcast Corporation (“Comcast”) submits this reply to the comments filed in response to the Notice of Proposed Rulemaking (“*NPRM*”) issued by the Federal Communications Commission (“FCC” or “Commission”) in the above-captioned proceeding.<sup>1</sup>

**I. INTRODUCTION AND SUMMARY**

Comcast joins other parties in this proceeding in applauding the Commission’s latest initiative for promoting the deployment of broadband infrastructure and services to serve rural health care providers that require access to advanced, high-capacity networks to deliver high-quality health care services to patients in rural areas.<sup>2</sup> In recent years, Comcast has been more actively pursuing opportunities to provide high-speed Internet and high-capacity data services to small and medium-sized businesses. As part of that effort, Comcast currently provides a variety of high-bandwidth services to health care providers that, *inter alia*, serve rural communities in a number of states. Comcast, consequently, has a keen interest in supporting sound proposals for universal service

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<sup>1</sup> *Rural Health Care Support Mechanism*, WC Docket No. 02-60, Notice of Proposed Rulemaking, FCC 10-125 (rel. July 15, 2010) (“*NPRM*”).

<sup>2</sup> *See id.* ¶ 2 (discussing the benefits of increasing broadband connectivity for rural health care providers).

reform that will foster the deployment of broadband facilities to unserved rural health care providers and encourage the use of that infrastructure for advanced medical services.<sup>3</sup>

The record in this proceeding shows overwhelming support for the Health Infrastructure Program (“HIP”) and Health Broadband Services Program (“HBSP”) outlined in the *NPRM*. The comments also reflect broad agreement that the Commission should: (1) encourage the efficient use of Universal Service Fund (“USF”) support to advance the overall goal of improving rural access to and use of broadband to enhance health care services; and (2) minimize the administrative and other burdens imposed on health care providers that participate in the programs. Comcast believes that the Commission’s efforts to reform its support program for rural health care should be guided by these two fundamental principles.

Thus, for example, Comcast supports the use of USF support for the construction and operation of high-capacity wide-area and other private networks that link different hospitals, clinics or other points in a rural health care provider’s system, including, as several commenters emphasize, connections between health care providers and third-party data centers that are not owned by rural health care providers. Comcast also concurs with those parties that pointed out that allowing broadband providers to retain ownership of the broadband facilities they deploy as part of the HIP would encourage their support for and participation in the program and avoid the imposition of the burdens of network ownership and management on health care providers. In addition, Comcast joins the broad array of parties that support affording eligible health care providers

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<sup>3</sup> *See id.*

flexibility in meeting their contribution requirements under the HIP, and ensuring that the reporting requirements associated with the HIP are reasonable and useful.

Comcast addresses these issues below, as well as other issues related to the proposals in the *NPRM*.

## **II. DISCUSSION**

Many of the comments focused on different actions the FCC can and should take that would promote the use of universal service support to fund broadband infrastructure deployment to improve the quality of health care in rural areas. To that end, as several parties noted, the Commission's reforms should permit the use of funds to construct broadband facilities that will provide high-speed access to the public Internet as well as facilities that enable rural health care providers to establish high-speed links connecting the various parts of their operations.<sup>4</sup> Comcast agrees with those parties and, in light of the critical importance of these broadband projects to improving the access of rural Americans to advanced health care services, Comcast urges the Commission to state

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<sup>4</sup> *See, e.g.*, Comments of Rural Nebraska Healthcare Network, Inc. at 15 ("Point-to-point connections . . . that enable rural health care providers to post their own data, interact with stored data, generate new data, or communicate over private dedicated networks . . . for the provision of health care" should qualify for support under the HBSP) ("Rural Nebraska Healthcare Network Comments"); Comments of Iowa Health System at 7 (health care providers need "assistance with the costs of access to the technology necessary to . . . communicate over private networks"); *see also* Comments of Utah Telehealth Network at 1-2 (filed by Deb LaMarche) (favoring support for "an essentially private network running over commercial carrier facilities") ("Utah Telehealth Network Comments"). (Except where otherwise indicated, all comments cited herein were filed in WC Docket No. 02-60 on September 8, 2010.)

clearly and explicitly that support from the HIP initiative may be used to support the construction of both public Internet access as well as private network facilities.<sup>5</sup>

As the Commission explained its discussion of the HBSP,

[a]ccess to advanced telecommunications and information services for health care delivery . . . is not limited to the public Internet and the features typically provided by Internet service providers. For example, due to privacy laws and electronic health care record requirements, secure transmission of health IT data needs to occur over a private dedicated connection between health care providers. In addition . . . many health care providers rely on private wide area networks to provide Health IT and access applications for the delivery of health care to rural areas. Limiting funding to transmission over the public Internet therefore may inhibit access to health IT necessary to improve health care delivery.<sup>6</sup>

Accordingly, the Commission should clarify that HIP support can be used to fund the construction of high-speed networks that use dedicated connections to link rural health care providers to each other or that connect various parts of an eligible entity's systems, allowing the entity to access and interact with its own data, regardless of whether the network is also used to connect to the public Internet.<sup>7</sup>

In a similar vein, the Commission should authorize the use of HIP support to construct and operate connections between a provider's facilities and off-site data centers

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<sup>5</sup> The rules set forth in the *NPRM* do not bar, but also do not expressly authorize, the use of HIP funds for private networks that are not connected to the public Internet. See *NPRM* at Appendix A, Proposed Rules, §§ 54.650, *et seq.*; *NPRM* ¶ 13.

<sup>6</sup> *NPRM* ¶ 95 (proposing that support be provided for costs associated with allowing eligible rural health care providers to access advanced telecommunications and information services that enable them to post their own data, interact with stored data, generate new data, or communicate over private dedicated networks) (citations omitted).

<sup>7</sup> See, e.g., Rural Nebraska Healthcare Network Comments at 15; Comments of Palmetto State Providers Network at 2 (filed by W. Roger Poston, II, Ed.D on Aug. 24, 2010) (proposing that health care networks be designed to use a wide area network configuration and minimize use of the public Internet).

used for health care purposes,<sup>8</sup> regardless of whether the data centers are owned in whole or in part by a rural health care provider.<sup>9</sup> As many parties noted, such data centers play a critical role in the provision of rural health care services.<sup>10</sup>

Another way for the Commission to maximize the utility of the support provided pursuant to the HIP – and minimize the burden on health care providers – is to allow the broadband providers to retain ownership of the high-speed facilities they construct using HIP funds and to allow those facilities to be used to offer advanced services to non-health care users in the same community. As Verizon and others noted, rural health care providers are not generally knowledgeable about or experienced in the operation of broadband networks.<sup>11</sup> Requiring health care providers to own the broadband infrastructure would impose a needless and substantial burden on those providers and

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<sup>8</sup> See *NPRM* ¶ 121.

<sup>9</sup> See, e.g., Comments of TeleQuality Communications, Inc. at 6 (funding should be provided for connections to health care administrative offices and data centers for health care purposes without the imposition of any ownership requirements) (“TeleQuality Communications Comments”); Joint Comments from Oregon Health Network and the Telehealth Alliance of Oregon at 3 (the FCC should permit funding for data centers that provide services to multiple eligible clinics and eligible off-site hospital data centers).

<sup>10</sup> See, e.g., Comments of West Wireless Health Institute at 5 (filed by Jennifer Temple on Aug. 30, 2010) (patient care will be inhibited if the connections between data centers and individual network sites are not funded); Comments of Cabarrus Health Alliance, *et al.* (“NC Entities”) at 11-12 (filed by David Kirby) (“support for connections to data centers is critical to program success”); Comments of the University of Hawaii Telecommunications & Information Policy Group at 5 (off-site data centers “provide many direct cost efficiencies and critical operations”); see also Comments of Charter Communications, Inc. at 17 (“Charter Comments”); Comments of ATC Broadband at 51 (“ATC Broadband Comments”).

<sup>11</sup> See, e.g., Comments of Verizon and Verizon Wireless at 5 (rural health care providers “are not generally in the business of running broadband networks, and this situation becomes even more complicated if a program applicant could be allowed (or even expected) to provide broadband services to both itself and to others”); Comments of the American Telemedicine Association at 4 (“American Telemedicine Association Comments”).

discourage the deployment of facilities that would clearly improve the quality of medical care in rural areas.<sup>12</sup> Indeed, as some commenters observed, barring facilities-based broadband network operators from owning facilities constructed to serve rural health care providers may deter such firms from bidding on such HIP projects.<sup>13</sup>

Moreover, the Commission should permit unused capacity on broadband facilities that are constructed to serve rural health care providers with support from the USF to be offered to non-health care customers. Expanding access to rural broadband networks would make more efficient use of the facilities and, thereby, reduce the costs that must be recovered from the fund. As a number of parties pointed out, the best use of HIP funds would be to build broadband networks that can benefit all sectors of a rural community.<sup>14</sup>

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<sup>12</sup> Utah Telehealth Network Comments at 1 (owning infrastructure is “a huge burden of responsibility for health care providers and not our area of expertise . . . It would be very costly to maintain and support.”); *see also* Comments of Broadband Principals at 2, 7-9 (the FCC should not force ownership responsibilities on health care providers, many of which will be unwilling to take on the burden of owning and managing broadband networks) (“Broadband Principals Comments”); Comments of Qwest Communications International, Inc. at 3 (“it is not in the best interest of the health care providers, the program, or the public to have health care providers own the funded networks. Health care providers are not in the business of managing telecommunications networks,” and such networks will not be sustainable in the long term) (“Qwest Comments”); TeleQuality Communications Comments at 3-4; Comments of Texas Health Information Network Collaborative (THINC) and CHRISTUS Health at 7 (filed by Hank Fanberg); ATC Broadband Comments at 11.

<sup>13</sup> Broadband Principals Comments at 9; *see also, e.g.*, Qwest Comments at 5 (Qwest would likely be unable to participate in the HIP if it were required to grant a financial interest in infrastructure constructed with HIP funds).

<sup>14</sup> *See* Comments of the Advanced Regional Communications Cooperative at 5-6 (Aug. 16, 2010) (scarce public funds could be used more effectively to support the build out of robust broadband networks that can carry digital traffic for all sectors of a community); *see also, e.g.*, Comments of Geisinger Health Systems at 13 (allowing ineligible entities access to excess broadband capacity would be “an ideal and efficient means by which to extend advanced telemedicine applications to more rural Americans”); Comments of the Health Information Exchange of Montana, Inc. at 9 (the availability of excess capacity is an enormous benefit to rural America and should not be

Of course, non-eligible entities should be required to pay their share of the costs for the capacity they use.<sup>15</sup>

Two other issues addressed in the initial comments warrant brief mention. First, the Commission should be careful to minimize the burden on rural health care providers that participate in the HIP. For example, the Commission should ensure that any reporting requirements it imposes are reasonable and designed to produce data that will be useful in evaluating the program's performance.<sup>16</sup> Although no one disputes the importance of gathering data from program participants as part of the effort to prevent waste, fraud and abuse, the Commission should ensure that its reporting requirements are not so burdensome that they discourage potentially eligible providers from participating in the HIP.<sup>17</sup>

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limited) ("Health Information Exchange of Montana Comments"); Comments of the University of Arkansas for Medical Sciences at 6 (priority should be given to projects that include additional capacity for use by non-health care entities).

<sup>15</sup> *NPRM* ¶ 68; *see also, e.g.*, Charter Comments at 12 (if excess capacity is used by non-eligible entities, those entities should pay their fair share of costs); Comments of the California Telehealth Network and the University of California Davis Health System at 18 (filed by Thomas Nesbitt MD) (a cost allocation method should be simple and should not be burdensome).

<sup>16</sup> *See, e.g.*, American Telemedicine Association Comments at 4; Comments of the California Hospital Association at 2 (Sept. 7, 2010) (streamlining the program's administration while keeping fiscal safeguards in place will assist in maximizing the number of eligible rural providers); *see also* Comments of the Arizona Rural Health Office at 4 (the FCC should align performance measures with those required by the United States Department of Health and Human Services and other federal agencies and enter into a data-sharing agreement or intergovernmental agreement that provides access to existing reports); Comments of the American Hospital Association at 4 (the FCC should reduce the burden of reporting requirements; the proposal to require participants to file quarterly reports in six areas is especially burdensome).

<sup>17</sup> *See, e.g.*, Comments of Oregon Association of Hospitals and Health Systems, at 1 (filed by Robin Moody) ("There is evidence that the program . . . is administratively burdensome to the point that it discourages uptake . . ."); *see also, e.g.*, Comments of

Second, the Commission should allow rural health care providers substantial flexibility in meeting their 15 percent contribution requirement under the HIP. As Charter explained, the proposed restrictions on sources of eligible funding would “unnecessarily and severely hinder RHPs from participating in the program,” thereby endangering the success of the program before it even begins.<sup>18</sup> Thus, for example, health care providers should be permitted to apply in-kind contributions to meet the 15 percent requirement.<sup>19</sup>

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National Rural Health Association at 3 (filed by Daniel Fernandez) (“Many rural health providers, though eligible, will not receive benefits simply due to the associated paperwork and filing requirements set forth in this NPRM.”).

<sup>18</sup> Charter Comments at 7.

<sup>19</sup> *See, e.g.*, Comments of the Benton Foundation at 4-5 (filed by Charles Benton) (the 15% contribution requirement is a significant burden for some entities and the FCC should permit in-kind contributions to count as matching funds); Charter Comments at 7-8; Health Information Exchange of Montana Comments at 3.

### III. CONCLUSION

In order to maximize the benefits of the HIP and minimize the burden on eligible participants, the Commission should take the actions recommended above.

Respectfully submitted,

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**Certificate of Service**

I hereby certify that on this 23rd day of September, 2010, I caused a true and correct copy of the foregoing Reply Comments of Comcast Corporation to be mailed by electronic mail to:

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