



Received & inspected

APR 25 2012

Rockville, MD 20857

APR 18 2012

FCC Mail Room

TO: Commission's Secretary, Office of the Secretary, Federal Communications Commission

FROM: Administrator, Health Resources and Services Administration

SUBJECT: Comment on Rural Health Care Pilot Program Solicitation (WC Docket No 02-60; DA 12-273) - **INFORMATION**

ISSUE:

To share comments on the Funding Pilot Program Participant Transitional Out of the Rural Health Care Pilot Program in Funding Year 2012.

DISCUSSION:

We appreciate the opportunity to respond to your solicitation for comments regarding whether to fund Rural Health Care Pilot Program participants who will exhaust funding allocated to them before or during funding year 2012.

Additional funding for Rural Health Care Pilot Program participants who will exhaust their allocated funding would enable them to successfully complete their telehealth infrastructure projects and help facilitate a transition to the Rural Health Care support mechanism. This is particularly important if, as the March 9, 2012 notice suggests, differences between Pilot and Primary Program eligibility and funding rules make it difficult for Pilot Program participants to apply for funding in the Primary Program.

Regarding support levels, the example provided in the notice – have USAC calculate the yearly average amount of support for recurring costs that participants have received over the life of their Pilot projects and fund them at that amount – is a logical method that would ensure adequate funding is available to support the affected Pilot Program participants. Since the estimated cost is \$10 million and approximately \$30 million remains available from merged and withdrawn projects, it may be possible to consider funding these pilot projects beyond the 2012 funding year, as well as extending support for projects that exhaust their funding in 2013.

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The FCC's ongoing commitment to ensuring that rural health care providers have access to high-speed internet access and telehealth systems to facilitate delivery of high quality care to rural residents has enabled significant progress. Your flexibility and receptiveness to input in redesigning the Rural Health Care support mechanism is greatly appreciated.

A handwritten signature in cursive script that reads "Mary Wakefield".

Mary K. Wakefield, Ph.D., R.N.
Administrator