

October 1, 2012

Ex Parte

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: *Rural Health Care Universal Support Mechanism*, WC Docket No. 02-60

Dear Ms. Dortch:

On September 27, 2012, Chris Nierman and Megan Delany of General Communication, Inc. ("GCI") and I, on behalf of GCI, spoke with Linda Oliver and Elizabeth Valinoti McCarthy of the Telecommunications Access Policy Division of the Wireline Competition Bureau. We discussed the points raised in the attached document, and distributed a copy of the Alaska Native Tribal Health Consortium Responses on the Benefits and Needs of Alaska Telemedicine Providers, which were included as an attachment in GCI's comments.¹ We urged that, where appropriate, any order improve and streamline processes in the Primary Program as well as in any new programs.

Please contact me if you have any questions.

Sincerely,



John T. Nakahata
Counsel to General Communication Inc.

cc: Linda Oliver
Elizabeth Valinoti McCarthy

¹ Comments of General Communication, Inc., Attachment 1, WC Docket No. 02-60 (filed Aug. 23, 2012).

Universal Service Rural Health Care Reform

Health Care in Rural Alaska Depends on Broadband

- Telehealth bandwidth usage is increasing
 - GCI typically provisions 3 or 5 Mbps connections for all health clinics using high definition video conferencing.
- Bandwidth needs will continue to rise, especially with the deployment of more low-latency, terrestrial networks, which provide better service and support more applications.
- Expanded use of telemedicine in Alaska can also reduce costs.
 - Telemedicine saved over \$30 million in an 11 year period in health care related travel costs alone.

Pilot Program Lessons Should Streamline All RHC Programs, Including the Primary Program

- Consortia should be optional, not required, for any program.
- Applicants for all programs should be able to include multiple sites on a single application, and substitute site and services on applications where appropriate.
 - Eliminate the Primary Program requirement that each separate location must be treated as an individual health care provider.
- Evergreen contract requirements should be simplified for all programs
 - Should apply to whole contract, including service growth in out-years, as in E-Rate, and to permit electronic filing of Form 466 in out-years.
- Allow service providers online transparency to help correct errors, as in e-rate. Recent USAC changes have not addressed this problem.
- Both the Broadband Services Program and the Primary Program should support equipment needed at urban sites for rural telemedicine.
 - If RHC Programs support bridges, they should also support conferencing services, as E-Rate already does, thus preserving neutrality in buy v. build decisions.
- Do not adopt new exclusions regarding the definition of “point-to-point”
- Do not require HCPs to become telecommunications network operators.
- Avoid micromanaging health care providers’ networks and technology decisions

Other Ways the FCC Can Improve the Primary (and any other) Program

- Disburse support more than twice per year (reduces carrying costs).
- Require applicants to submit their applications within 120 days of the start of the funding year, or of the service start date, whichever is later.
- Capping rates for superior, low-latency terrestrial services by the rates for satellite services will create negative incentives to deploy terrestrial facilities that HCPs need
- Expand eligible health care providers to include skilled nursing facilities, but without a “majority of beds” test in small communities that are unlikely to have more than one site.