

United States Senate

WASHINGTON, DC 20510

February 27, 2017

156

Chairman Ajit Pai
Commissioner Mignon Clyburn
Commissioner Michael O’Rielly
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Dear Chairman Pai and FCC Commissioners:

Too many health care providers today – especially in rural areas – do not have access to affordable broadband of sufficient quality to support today’s health care needs. Because rural areas have fewer doctors, aging populations, continuing economic challenges, and higher rates of serious injuries, chronic illnesses, and chemical dependency, increasing access to care in rural communities via broadband-enabled telemedicine has never been more important.

Unfortunately, health care providers that rely on the Federal Communications Commission’s (FCC) Rural Health Care (RHC) program for broadband funding may see their support reduced or eliminated in the next few months. We ask that you take steps to leverage existing funding to avoid these reductions. Due to an unexpected recent surge in applications, the \$400 million cap on the RHC program has already been met or exceeded for FY 2016. The Universal Service Administrative Company (USAC) which administers the RHC program announced on January 13, 2017 that the third filing window for FY 2016 funding has been cancelled because all of the funding for FY 2016 has been exhausted, due to high demand.

As a result, there is no funding available in FY 2016 for new applicants including “Skilled Nursing Facilities” (SNFs), which are now eligible for program support due to recent federal legislation. In addition, existing healthcare providers that have relied on funding over the last several years may not receive the same funding they have received in years past and may have to drop some of their broadband connections, causing disruption and harm to patient care.

Furthermore, because of the high demand for funding and the \$400 million cap, applicants for FY 2017 funding are likely to apply early in the funding year, which could lead to an exhaustion of FY 2017 funds even earlier than in FY 2016.

The Rural Health Care program was initially used to enable rural healthcare providers simply to connect to the internet and send low-resolution X-rays and other medical tests to experts in urban healthcare facilities. Now that the technology has matured and innovation in telehealth continues to bring new services to rural areas, patients can have real-time two-way videoconferences with

medical experts, reducing their need to travel hours for a 30-minute consult at a physician's office, and doctors in rural America can collaborate with experts in their fields anywhere in the world. The growth in demand for funding for these high-capacity broadband circuits is strong evidence that broadband services provide tremendous value to rural patients, health care clinics and hospitals.

Unfortunately, the lack of funding for rural health care telemedicine services will harm several of our constituents, as these examples show:

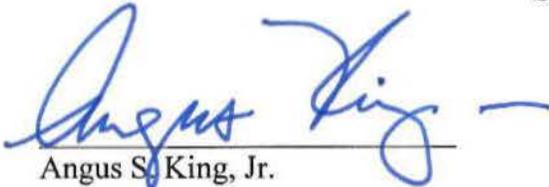
- Using the Rural Health Care Pilot Program funding, New England Telehealth Consortium (NETC) built a successful telehealth network that currently serves 321 hospitals, clinics, and behavioral health sites in Maine, New Hampshire and Vermont. This network, which provides high bandwidth private broadband telehealth connectivity and internet connectivity, is critical to the operational communications between health care sites in New England and to the continuation of care to several hundred thousand patients. The NETC network is reliant on the RHC program support and would be harmed if funding is delayed or reduced.
- The New Mexico Telehealth Alliance is managing the Southwest Telehealth Access Grid (SWTAG) consortium. The consortium serves several healthcare organizations in the region, such as the Primary Care Association and close to 100 Federally Qualified Health Centers, as well as over 200 hospitals and clinics in the region and even in other states that are joining the consortium beyond the Southwest. The funding provided through the FCC's RHC Fund are critical to providing telehealth services and health information exchange needed by resource-limited healthcare providers. Without this funding, many of the members could not afford the broadband needed to support their network requirements and address the healthcare needs of their patients. This will especially impact Native Americans who reside on Indian reservations where behavioral health services and suicide prevention efforts are underway using telehealth. Furthermore, lack of affordable broadband will impact tele-stroke programs that can evaluate and treat acute stroke patients in distant or rural hospitals, preventing avoidable brain damage.

We ask you to address the future of the RHC as soon as possible. The Commission can and should take steps to avoid flash cuts or sudden funding reductions for health care providers that use this vital program. Specifically, we encourage you to act on the letter recently filed by the New England Telehealth Consortium and the Schools, Health & Libraries Broadband ("SHLB") Coalition and other requestors in the RHC docket. The SHLB letter proposes the FCC establish a mechanism similar to that in the E-rate program to allow previously committed but unexpended RHC funds from prior years be made available for current applicants. In addition, USAC is reporting that \$90 million of unused funding from the Pilot program may be available. Because previously committed funds have already been collected, re-allocation of these funds will not

require increased universal service fund collections. The Commission could take such action immediately on an interim basis to ensure that health care providers and consortia do not face funding reductions, thereby giving the Commission time to work on strengthening the future of the RHC program.

We appreciate your attention on this important matter and your efforts on behalf of improving healthcare in rural America.

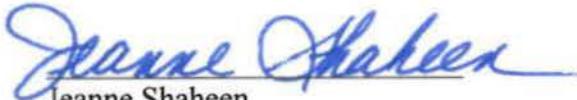
Sincerely,



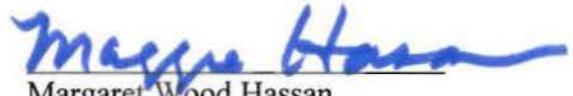
Angus S. King, Jr.
United States Senator



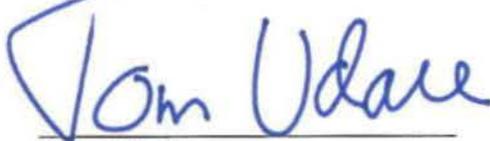
Susan M. Collins
United States Senator



Jeanne Shaheen
United States Senator



Margaret Wood Hassan
United States Senator



Tom Udall
United States Senator



Martin Heinrich
United States Senator