



Rural Health Panel

College of Public Health – N232A

105 River Street

Iowa City, IA 52242

(319)-384-3832

<http://www.rupri.org/panelandnetworkviewer.php?id=9>

Keith-mueller@uiowa.edu

Keith J. Mueller, PhD., Chair

Andrew F. Coburn, Ph.D.

Jennifer P. Lundblad, Ph.D., M.B.A.

A. Clinton MacKinney, M.D., M.S.

Timothy D. McBride, Ph.D.

Charlie Alfero

January 24, 2018

Federal Communications Commission

WC Docket No. 17-310

By electronic submission at <http://www.regulations.gov>

RE: Promoting Telehealth in Rural America 47 CFR Part 54

To Whom It May Concern:

The Rural Policy Research Institute Health Panel was established in 1993 to provide science-based, objective policy analysis to federal policy makers. The Panel is pleased to offer comments in response to the proposed rule for Promoting Telehealth in Rural America, specifically the Federal Communications Commission (FCC) Rural Healthcare (RHC) Program. Our comments are limited to rural-specific issues and are structured to parallel general questions posed, or issues stated, by the FCC (not technical comments regarding specific sections of the proposed rule).

This paragraph refers to telehealth support, in general, and that these factors might be considered during telehealth support deliberations. Telehealth expands access and improves the quality of healthcare for rural community members. The RUPRI Panel is supportive of improving rural broadband to support telehealth use and understands that this cannot be achieved without improving access to modern communications services. When supporting telehealth, the FCC should consider distance between providers and connection costs. The FCC may also wish to consider the local economy served by telehealth. A hospital or clinic serving a low-income area, or a hospital or clinic in financial distress, may have difficulty supporting telehealth services.

The following paragraph refers specifically to the FCC's request for ideas about how to distribute RHC program funds. The Panel believes that the criteria for funding should match the program's purpose. For example, if the program's purpose is to compensate individual providers for the differences between urban broadband access rates and rural rates, then program payments should reflect that difference. One FCC approach might be to determine an average broadband access cost for health care facilities across the U.S. Then, the hospital or clinic requesting RHC program funding would submit its broadband access costs to

the FCC. The difference between the average broadband access cost and costlier rural broadband access cost should determine RHC funding priority.

The Panel commends the FCC's work on these important issues and we thank you for the opportunity to submit comments for this proposed rule.

Sincerely,

The Rural Policy Research Institute Health Panel

Keith J. Mueller, PhD – Chair
Andrew F. Coburn, PhD
Jennifer P. Lundblad, PhD, MBA
A. Clinton MacKinney, MD, MS
Timothy D. McBride, PhD
Charlie Alfero