

Rural Health Panel

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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 lawmakers. The Panel is pleased to offer comments in response to the proposed rule for Promoting Telehealth in Rural America. Our comments are limited to rural-specific questions posed, or issues stated, in the draft rule.

The Panel is encouraged by the efforts of the FCC to increase broadband access for rural providers. We encourage FCC to lead an effort to quantify the actual costs of connecting and operating broadband capacity supporting access to healthcare services. With that information subsidies could be prioritized to reduce the cost burden among providers based on the amount needed, not a specific location. We also underscore the importance of concurrently developing a consumer-based strategy. Increased access and availability to broadband will not be beneficial on a patient-level if the services are not affordable or available. While actions to assure access to affordable broadband in multiple settings and circumstances, including home-based services, is beyond the scope of the authority of the FCC in this rule, the Panel wishes to be clear that resolving access issues in rural America will require more support to extend broadband into patient homes.

Discussion Item 4: Rurality Classifications for Health Care Providers

We do not recommend using Medically Underserved Areas/Populations (MUA/P) to classify rural providers in the Rural Health Care Telecommunications Program. The criteria for the MUA/P program emphasize the ratio of primary care physicians to population, which does not address the critical role of institutional providers such as rural hospitals. Further, while well-intentioned, the designation of an area or a population without including the role of specific providers in caring for the underserved may result in priorities supporting providers who are not principally engaged in meeting the needs of the underserved. In addition,

the majority of designated MUPs are in urban areas. Finally, MUA/P designation are not frequently updated; reviews of the HRSA website listing MUA/Ps reveals that the designations of more than 80 percent of the areas have not been updated for ten or more years. For these reasons the Panel recommends the FCC not use MUA/P designation as a means of classifying rural health care providers. Instead, we recommend a combination of Health Profession Shortage Areas to designate places, and the CMS designation of essential providers to identify specific providers in HPSAs who are providing services most needed locally.

Discussion Items 6-14: Defining Rural Area for the Purposes of Program Participation

The Panel recommends the Commission define rural areas in a manner consistent with the purposes of the program, to lower the costs of broadband to healthcare providers in rural places where costs are driven up because of low density population, hard-to-reach areas, and the most remote locations. Doing so requires a means of measuring rurality at geographies smaller than counties (i.e., census tracts or ZCTAs). There are alternatives for the Commission to consider. A starting point is to first define rural in a manner that includes rural places in what are otherwise metropolitan statistical areas. The Federal Office of Rural Health Policy's (FORHP's) definition of rural utilizes Rural-Urban Commuting Area (RUCA) codes, which allow rural areas to be defined on a census tract level. FORHP published a revised definition of rurality (85 FR 59806), which went into effect at the beginning of fiscal year 2022. FORHP defines the following locations as rural: 1) All non-metropolitan counties, 2) All metropolitan census tracts with RUCA codes 4-10, 3) Large area metropolitan census tracts with a minimum area of 400 sq. miles with population density of 35 or less per sq. mile and RUCA codes 2-3. FORHP's revised definition expanded eligible areas to include metropolitan counties that do not have an Urbanized Area. That definition could be modified to meet the needs of defining degrees of rurality by using RUCA codes to define rural areas adjacent to urban areas, non-adjacent rural places, and remote rural places. The Panel recommends the FCC wait to select a preferred rurality measure until the 2020 decennial census findings are finalized and rural locations are prioritized accordingly.

Discussion 12: Alternative Method of Determining Degrees of Rurality

The Panel is supportive of the Commission implementing an alternative method to determine rurality tiers. The Panel agrees the Index of Relative Rurality (IRR) provides a more accurate method to assign rural rates and allocate funding, as it is spatially flexible and produces a unit-free measure of rurality. We note that the data necessary to use this index are available at the level of census tracts, making it possible to create the narrow definitions of place needed to target the resources available to the Commission for this Program. Further, the indicators in the Index are associated with the difficulties of providing broadband access in a cost-efficient manner: size, density, remoteness, and built-up area. The IRR creates a definition that can be measured and is clearly related to the specific program using it, criteria the Panel has long supported as essential in defining rural to meet policy objectives. It is important to note, the IRR methodology is not a classification and can be applied across a breadth of proposals and aligns with the FCC's current efforts.

The Panel also suggests the Commission consider using Frontier and Remote (FAR) Area codes, available from the FORHP, as a means of defining the most remote of rural areas. FAR areas utilize both population size and distance dimensions to determine the relation between low populations and high geographic remoteness. The Panel believes both FAR area codes and the IRR are sufficiently granular classifications to accurately define degrees of rurality.

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.

The Rural Policy Research Institute Health Panel

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