

**Before the
Federal Communications Commission
Washington, D.C. 20554**

In the Matter of)
)
Promoting Telehealth for Low-Income) WC Docket No. 18-213
Consumers)



REPLY COMMENTS

I. INTRODUCTION & SUMMARY

ACA Connects – America’s Communications Association (“ACA Connects”) hereby submits reply comments in response to the Federal Communications Commission (“Commission”) Notice of Proposed Rulemaking (“NPRM”) in the above-captioned proceeding.¹ In its comments on the NPRM and its earlier filings in this proceeding,² ACA Connects recommended measures to ensure that the pilot program makes efficient use of existing broadband infrastructure so that the scarce Universal Service Fund (“USF”) dollars allocated for the pilot program are stretched as far as

¹ See *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Notice of Proposed Rulemaking, FCC 19-64 (rel. July 11, 2019).

² See Comments of ACA Connects, WC Docket No. 18-213 (filed Aug. 29, 2019) (“ACA Connects Comments”); see also Comments of American Cable Association, WC Docket No. 18-213 (filed Sept. 10, 2018); Reply Comments of American Cable Association, WC Docket No. 18-213 (filed Oct. 10, 2018) (“ACA Connects NOI Reply Comments”); Letter From Brian Hurley, American Cable Association, to Marlene H. Dortch, Secretary, FCC, WC Docket No. 18-213 (filed Nov. 16, 2018).

possible. In these reply comments, ACA Connects reiterates and builds upon these recommendations in light of comments filed by other parties.

II. THE COMMISSION SHOULD ADOPT ACA CONNECTS' RECOMMENDATIONS TO ENSURE COST-EFFECTIVE USE OF EXISTING BROADBAND INFRASTRUCTURE WITHIN THE PILOT PROGRAM

More than two dozen parties from the health care sector filed comments in response to the NPRM, which suggests there will be high demand for pilot program funds. The Commission can do its best to meet this demand by adopting the measures ACA Connects proposed in its initial comments to ensure that pilot projects leverage existing broadband infrastructure as cost-efficiently as possible.

First, the Commission should adopt ACA Connects' recommendation that it establish an appropriate per-patient cap on support for broadband Internet access. We agree with UnitedHealth's observation that the costs of broadband service may vary and that the program must take this variation into account.³ Accordingly, ACA Connects proposed that the per-patient cap be indexed to the commercial rates a provider charges for service within a particular geographic area, so that patients in higher-cost areas can receive a larger subsidy while still protecting against the use of program funds on wasteful overbuilds.⁴

Next, ACA Connects and others expressed support for the adoption of competitive bidding requirements, which are an established feature of the Commission's

³ Comments of UnitedHealth, WC Docket No. 18-213 at 4 (filed Aug. 29, 2019).

⁴ See ACA Connects Comments at 4. We noted that a per-patient cap would "create a baseline of cost-efficiency for the pilot program" and "foster competition among applicants to develop the most cost-effective proposal possible." See *id.*

USF programs.⁵ We encourage the Commission to follow ACA Connects' proposals for implementing competitive bidding in the pilot program in a manner that maximizes the efficient use of USF support.⁶ In particular, ACA Connects urged the Commission to implement measures to ensure to the greatest extent possible that health care providers' Requests for Proposals ("RFPs") elicit competitive bids.⁷

Finally, there is broad support in the record for the Commission's proposal that broadband providers be allowed participate in the program regardless of Eligible Telecommunications Carrier ("ETC") status.⁸ As ACA Connects explained in its initial comments, the proposal is amply justified on both legal and policy grounds.⁹

III. DISBURSEMENT OF PROGRAM FUNDS DIRECTLY TO HEALTH CARE PROVIDERS IS THE BEST APPROACH TO ENCOURAGE WIDESPREAD PARTICIPATION FROM BROADBAND PROVIDERS

ACA Connects agrees with USTelecom's suggestion that the program disburse funds directly to the health care provider that is conducting a pilot project and not to the broadband provider(s) from which the health care provider receives service.¹⁰

Requiring broadband providers to shoulder the burden of seeking reimbursement for services they provide to a pilot project would dampen participation, especially among

⁵ See Comments of Muskogee (Creek) Nation, WC Docket No. 18-213 at 8 (filed Aug. 29, 2019); Comments of Virginia Telehealth Network, WC Docket No. 18-213 at 10 (filed Aug. 29, 2019); Comments of Medical University of South Carolina Comments, WC Docket No. 18-213 at 11-12 (filed Aug. 29, 2019).

⁶ See ACA Connects Comments at 4-6.

⁷ See *id.* at 5-6. We also argued that, "[w]hen evaluating bids, the Commission should look favorably on projects that – based on the geographic area the applicant proposed to cover and how it sought to obtain bids – obtained competitive bids from more than one provider." See *id.* at 5.

⁸ See Comments of ConnectME, WC Docket No. 18-213 at 8 (filed Aug. 29, 2019); Comments of Hughes, WC Docket No. 18-213 at 5 (filed Aug. 29, 2019); Comments of NCTA, WC Docket No. 18-213 at 3 (filed Aug. 29, 2019); see also ACA Connects NOI Reply Comments at 5, n.10. (identifying commenters on the Notice of Inquiry in this proceeding that supported eligibility for non-ETC broadband providers).

⁹ ACA Connects Comments at 2-3.

¹⁰ See Comments of USTelecom, WC Docket No. 18-213 at 2-3 (filed Aug. 29, 2019).

smaller broadband providers with limited personnel and resources to devote to these tasks. This is particularly so if the Commission follows through on its proposal to withhold funds when a health care provider fails to meet its data reporting obligations,¹¹ a factor that is entirely beyond the broadband provider's control. At any rate, the health care provider is the party ultimately responsible for making all key decisions regarding the design and implementation of its pilot project, including the issuance of RFPs to procure broadband connectivity. As such, the health care provider is the party best positioned to assume responsibility over receiving and administering program funds.

IV. CONCLUSION

ACA Connects appreciates the opportunity to participate in this proceeding, and it encourages the Commission to take its reply comments under consideration.

Respectfully submitted,



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¹¹ See NPRM, ¶ 75.