

From: [Diane Calmus](#)
To: [BOCrfc2015](#)
Subject: Broadband Opportunity Council
Date: Thursday, June 04, 2015 9:14:12 AM
Attachments: [NRHA Broadband Opportunity Council 2015 Final.docx](#)

Good Morning,

Attached are the National Rural Health Association's comments for the Broadband Opportunity Council.

Please feel free to contact me with any questions or problems.

Best,

Diane Calmus, JD

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February 12, 2015

National Telecommunications and Information Administration
U.S. Department of Commerce
1401 Constitution Avenue NW., Room 4626,
Attn: Broadband Opportunity Council
Washington, DC 20230.

Re: Broadband Opportunity Council Notice and Request for Comment

Dear Broadband Opportunity Council,

The National Rural Health Association (NRHA) is pleased to offer comments as stakeholders on expanding broadband deployment and adoption. We appreciate your commitment to improving rural America's broadband access, and look forward to our collaboration to ensure our mutual goals are met.

NRHA is a non-profit membership organization with more than 21,000 members nation-wide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care infrastructure, from hospitals to individual patients. We work to improve rural America's health needs through government advocacy, communications, education and research.

Broadband capacity is critical for health care in rural America. Broadband access enables rural providers to transfer large EHR files, run telehealth services, monitor and develop assistive technologies, and to keep up with other emerging health technologies. Robust health IT systems are essential for narrowing the access gap in rural America by leveraging health care providers in rural communities as well as those that connect through telemedicine, interoperable electronic health records, and other health technologies that continue to develop.

While schools and libraries are natural allies in expanding access to broadband in rural America, for rural health care, broadband access can literally be a matter of life and death. Because of this, health care providers must be the central focus for the need to expand broadband access in rural communities. Technology that relies on broadband offers the opportunity for health care providers to expand their reach into rural America, transmit information between providers, connect rural professionals with opportunities for continuing education, and ensure patients have access to quality local health care.

Rural America's health providers face significant barriers in access to a robust broadband network. Lack of clear financial incentives and access to capital, coupled with long distances between sites, contributes to a system in which rural providers are in danger of being left behind in the digital divide. In contrast, the benefits of broadband and a fully integrated health information technology system have the potential to address many of rural America's current health care hurdles.

While many positive steps have been taken by the federal government to expand broadband access to rural America, there is still a great deal of work to be done. NRHA believes there are some hurdles within the current framework that can be eliminated in order to achieve our shared objectives.

First, we urge the Commission to increase its efforts to foster interagency collaborations. While we applaud the use of the specialized expertise of the various federal agencies, we believe that this approach has led to silos of information and programs that compete rather than complement other programs with similar aims. Instead, a lead agency should coordinate among the various involved federal agencies to avoid duplication of efforts and to eliminate unnecessary and often confusing different program requirements from different agency partners.

The programs need to minimize administrative burdens on community partners. NRHA is concerned that many providers face significant burdens in navigating the complicated application and administrative process associated with this program. Further, difficulties in hiring and retaining staff with the skills necessary to navigate complex federal requirements coupled with the technological skills is difficult in rural America. Many rural health providers, though eligible, will not receive benefits simply due to the associated paperwork and filing requirements overtaxing their available staff.

For example, the Rural Health Care Pilot Program presented significant administrative burdens on health providers. Rural providers, who have problems with staffing professionals as it is, simply did not have the resources to staff individuals specifically charged with the administrative requirements set forth in this program. These administrative burdens set communities up to fail, or merely discourage them from participating in the first place.

Rural America is complex and diverse, a one size fits all approach will not meet the unique needs of each community instead a flexible approach is required. Each community will need to identify the unique needs and characteristics of that community then work with federal partners to devise a plan specific to that community to ensure success. Program requirements need to be tailored to the needs and resources of a given community. Programs must be designed to work with the small entities that form the infrastructure of the rural community. This needs assessment needs to look at the lifespan of the program and on sustainability after the work with the federal partner is complete.

Finally, the program must look to ensure not only that people are actually taking part in the program and achieving broadband access. Communities completing the initial application for the program are not enough, success must be measured by how many are able to move through the entire process and have sustainable broadband access in the end.

A useful model is the federal rural electrification efforts of the 1920s and 30s. In the effort to increase rural electrification, the focus was initially on simply extending electrical lines to rural America, however, while rural Americans wanted electricity the majority of farmers couldn't make the business case for electrification. These early efforts left about 90 percent of rural America without electricity. The federal Rural Electrification Agency (REA) recognized that efforts wouldn't expand rural electrification unless they created a way to allow rural Americans to afford the electricity and the electronics that required the electricity. The program subsidized not only the electric lines but also the electric devices such as clothes irons and radios. Only after this important shift did we see a change in the adoption of electricity in rural America. This ultimately led to market competition and lowered prices to a point where subsidies were no longer required and the private market took over. Expanding broadband into rural America needs to focus on more than just getting the lines laid. However, current federal programs focus on infrastructure and informing rural Americans of the importance of broadband. More is needed. We look forward to any further collaboration ensuring the one-quarter of Americans living in rural America have access to the broadband services, and therefore the health providers, they need.

Thank you again for the chance to offer comments as a stakeholder. We very much look forward to continuing our work together to ensure our mutual goal of improving quality of and access to care for all rural Americans. If you would like additional information, please contact Diane Calmus, NRHA government affairs and policy manager, at dcalmus@NRHArural.org, or 202-639-0550.

Sincerely,



Alan Morgan
Chief Executive Officer
National Rural Health Association