



**California
Telehealth
Network**

An OCHIN organization

OCHIN

A driving force for health equity

Transmitted via electronic mail to WMSubmission@mail.house.gov

May 10, 2024

The Honorable Cathy McMorris Rodgers
Chairwoman
Energy and Commerce Committee
House of Representatives
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Bob Latta
Chairman
Communication and Technology Subcommittee
Energy and Commerce Committee
House of Representatives
2467 Rayburn HOB
Washington, DC 20515

Re: Statement for the Record – "Perspectives from the Fields: The State of Rural Broadband in America"

Dear Chair Rodgers and Latta,

On behalf of the California Telehealth Network (CTN) and OCHIN, we appreciate the opportunity to submit comments for the record in response to the U.S. House of Representatives' Energy and Commerce Committee's Communications and Technology Subcommittee Field hearing: *"Perspectives from the Fields: The State of Rural Broadband in America."* We applaud your focus on securing meaningful connectivity for every American and closing the digital divide. Significant challenges remain for California rural healthcare providers accessing affordable broadband connectivity and we urge Congress to modernize the Federal Communications Commission's (FCC) Rural Health Care (RHC) program's Healthcare Connect Fund (HCF) so that rural providers do not have to continue to boot strap broadband solutions and divert scarce staff time and funding needed to deliver care to meet arcane federal agency requirements.

CTN and OBNS Consortia and Broadband

CTN is a not-for-profit organization that includes the largest consortium of rural and safety-net health care providers in California that participate in the Federal Communications Commission's (FCC) Rural Health Care (RHC) program's Healthcare Connect Fund (HCF). The OCHIN network members serve 6.1 million patients in 2,000 health care delivery sites and manages a Broadband Network Services (OBNS) consortium that also serves safety-net providers across the nation. Both CTN and OBNS consortia members include rural health clinics, rural hospitals, tribal health clinics, as well as rural counties and health districts. Both consortia assist their members navigate the extremely complicated processes for obtaining HCF subsidies and reimbursement as well as the regular spot audits of the FCC contractor, the Universal Administrative Company (USAC). Between the CTN and OBNS consortia 58 safety-net providers participated in HCF funding year 2023.

The Challenge

Rural communities face unique and formidable challenges that threaten their resiliency and sustainability. In California and across the nation, rural providers' lack of broadband is compounded by a bureaucratic and overly complex federal subsidy programs that benefits telecommunications companies when it does function properly while exacting a tax of time and resources from rural providers to submit all the documentation and respond to ongoing audits. Addressing worsening health outcomes in Rural America and building vibrant rural communities go together. Rural providers that can sustainably provide health care in prosperous and challenging times alike remain the backbone of rural communities as a significant employer. And just as healthcare providers play a central role in rural communities, the vitality of our nation is dependent on a thriving Rural America.

- **Limited Broadband Access and Complex and Unreliable Subsidy Programs.** Rural areas often lack access to high-speed internet infrastructure, which is essential for health information exchange, EHR, and a host of virtual services including telehealth, eConsults, and remote physiological monitoring. Without reliable connectivity, rural healthcare providers cannot deliver a range of virtual services and access online resources. The existing FCC program for rural health care providers requires specialized expertise, is complex, legalistic and resource intensive with loss of funding for failing to meet exacting, voluminous and duplicative documentation requirements. The providers that need it the most lack the resources (staff) to provide the volumes of documentation and information required by the FCC.
- **Skyrocketing Cybersecurity Risks and Threats and Inadequate Resources to Implement New AI Systems.** Rural healthcare facilities have limited resources to invest in essential cybersecurity measures and infrastructure upgrades, making them vulnerable to cyberattacks and data breaches. Protecting patient privacy and securing digital health systems against cyber threats requires foundational investments that have not been made in Rural America. And as the race to innovate in health care is fueled by AI breakthroughs among flagship health systems and large technology companies, rural and underserved providers and communities will only be left further behind without the necessary broadband connectivity, health IT infrastructure, staffing, and essential guardrails needed to implement and innovate in this space. All of this requires significant investments targeted to onboard rural and underserved providers. **While the FCC's programs could be a source of funding to strengthen cybersecurity, the funding cannot be accessed because the amount of resources and technical requirements (both technological and legal) are prohibitive.**

RECOMMENDATIONS

Many of the challenges outlined above require strategic and targeted funding and programmatic streamlining of existing federal programs to remedy. CTN and OCHIN recommend the following priority changes:

- **Modernize and Transform Existing Federal Broadband Subsidy Program to Reliable and Secure Broadband Grant Program for Rural Providers.** Rural health care providers in California and across the nation continue to face significant challenges accessing a key federal program that Congress authorized and funded to support their access to broadband. The FCC's Healthcare Connect Fund is marked by excessive bureaucracy, complexity, and administrative burdens that exclude many of the intended beneficiaries while subjecting actual recipients to significant financial exposure and uncertainty. Significant reforms are needed including:

- **Restructure the program to operate like the eRate program or the California Teleconnect Fund.** We urge Congress to borrow key elements of successful programs such as the California Public Utilities Commission’s California Teleconnect Fund (CTF) and the federal eRate program. These programs are streamlined, have significant program integrity, and do not divert essential staff time and resources to apply to and to receive funding from.
 - **Award Funds Upfront so Healthcare Providers Accounts Are Not in Arrears for a Year.** The HCF does not award funding upfront but requires providers to incur costs and operate in arrears for a full year before their accounts are brought current. This creates confusion and when there are disputes about the applicability of the subsidy or there are vendor billing failures, providers face large unexpected and unplanned bills. CTN and OBNS consortia members have faced this when they lost eligibility for highly technical reasons and due to vendor billing errors and delays. Rural providers in these instances faced large bills that resulted in health care funding being diverted to cover these costs. Further, this lag impacts all members where, for example, CTN and OBNS consortia members are just now receiving payment for funding year 2022 to pay their vendors.
 - **Structure as Grant Program for Healthcare Providers.** Besides providing funding upfront to meet the monthly costs, the program should be a grant program for providers rather than a subsidy that goes to telecommunications vendors. Currently, providers—even those in the consortia—are saddled with managing the documentation requirements of the FCC HCF program. The accounts of rural providers are not priorities for the largest and most prevalent telecommunication vendors. Providing documentation and information needed to prepare subsidy requests and obtain reimbursement are challenging as these companies are not always responsive even though the health care provider is simply serving as the pass through for the payment. If the payment is made to the provider, a true up can be provided after the close of the funding year. Health care providers can steward this funding more appropriately.
 - **Expand Funding to Cover Additional Connectivity Options.** The program should also expand to cover other methods of achieving connectivity beyond broadband to include, satellite, for example. While we should continue to push for comprehensive mid-mile and last mile broadband connection, providers should not be deprived of alternative methods of connectivity in the interim.
 - **Require FCC to Issue Bids in order to Modernize the Contractor Administering the HCF Program.** Congress should require the FCC to seek new contractors that are able to administer the program in a streamlined, user-centered manner that reduces the burden on rural providers.
- **Reform FCC’s Programs So Rural Providers Are Able to Scale Cybersecurity Technical Support and Assistance to Underserved Communities and Providers.** Rural healthcare organizations and providers serving underserved communities require targeted funding to implement ongoing organization-specific cybersecurity best practices, training and awareness programs for employees and patients. They also need consistent funding to build technical support and assistance programs to enhance and strengthen provider cybersecurity for under-resourced communities and providers. Offering remote assistance, hotline services, and online services will help healthcare providers address cybersecurity

incidents, implement security measures, and navigate complex technical challenges. **If the FCC's programs were reformed to meet the needs of rural providers, existing programs and funding could be used to support enhanced cybersecurity and maintenance.**

- **Simplify Existing Federal Grant Programs to Support Modernization of Hosted Certified Health IT Systems in Rural Communities that are Prerequisites to Strong Cybersecurity and Connectivity.** Currently, providers in rural and underserved communities utilize dated, fragmented technologies, which makes them vulnerable to threats and attacks from cybercriminals. Outdated technologies may have limited security features and not support modern security measures, such as multi-factor authentication and encryption, leaving them more susceptible to attacks and data breaches. Providers may also not have up-to-date patches to address security vulnerabilities which opens them up to increased risk of cybercriminals using these as potential vectors of compromise. We recommend that Congress require the USDA to streamline and simplify its community grants program as this could be used to fund adoption of modernized certified hosted health IT. We also urge Congress to clarify that this funding covers software licenses as an essential component of infrastructure investment on an ongoing basis. This could be achieved as part of Farm Bill reauthorization which would expand funding for critical access hospitals in rural communities. Currently, the arcane requirements of this program prevent rural providers, who do not have grant writers, from applying to these programs and preclude the acquisition of essential 21st Century infrastructure.

CONCLUSION

Thank you for your leadership. Please contact me at stollj@ochin.org if you would like additional data and information.

Sincerely,



Jennifer Stoll
CTN President &
OCHIN Chief External Affairs Officer