

February 3, 2022

RE: National Telecommunications and Information Administration Infrastructure Investment and Jobs Act Implementation Request for Comment.

Dear National Telecommunications and Information Administration,

The National Rural Health Association (NRHA) is pleased to offer comments on the National Telecommunications and Information Administration's (NTIA) request for comment on the broadband programs included in the Bipartisan Infrastructure Law (BIL), otherwise known as H.R. 3684, the Infrastructure Investment and Jobs Act. We appreciate NTIA's continued commitment to the more than 60 million Americans residing in rural communities. Further, we look forward to continued collaboration to ensure the health care providers in these communities, and their patients, have the broadband access they need to be part of the 21st Century Health Care Delivery System.

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, including rural community hospitals, critical access hospitals, doctors, nurses, and patients. We work to improve rural America's health care needs through government advocacy, communications, education, and research.

We appreciate the Biden Administration's continued emphasis on narrowing the gap between rural and urban communities when it comes to broadband connectivity. This summer, when Congress was debating the legislative text to include in the BIL, NRHA was pleased to see the inclusion of provisions from the *Digital Equity Act*. NRHA encourages NTIA to implement this important funding with these provisions in mind, which we believe set the groundwork for ensuring parity between rural and urban communities when it comes to broadband access.

As part of the distribution of BIL funds, NTIA needs to have reliable rural maps and designation criteria to make allocation decisions. The existing FCC mapping overestimates reliable internet connectivity in rural areas. The lack of reliable data makes it challenging, if not impossible, for states to make informed decisions on reaching "the last mile." While we recognize the need for a national standard, states should be able to use their own maps and findings where more accurate and valid than the FCC versions.

Further, rural areas in states that do not have offices or programs specific to broadband, or are low resourced, should not be penalized relative to those that did. Those sates with the most rural areas <u>may be less equipped to address equitable distribution</u>, especially in the upper Midwest and southeastern parts of the country. **State digital equity plans need to address the equity needs of rural residents. Technical assistance should be provided to states that are lagging behind in the development of their broadband programs. Additionally, NRHA requests that each state funded under the Broadband Equity, Access, and Deployment program be required to allocate an amount of new broadband investment in rural areas proportional to the percentage of households without broadband in these areas.**

Allocation based on need will be critical given this once in a generation opportunity to address the rural urban digital divide. If done poorly, faulty allocation cements in existing geographic inequities. Absent adequate broadband expansion, the decline of rural health, and rural communities, is hastened, given that broadband is critical for full use of telehealth, for distance education, and economic development necessary for the health and wellness of rural communities across the country.



As you may know, at the beginning of the COVID-19 pandemic, in March 2020, Congress and the Trump Administration took decisive action to expand telehealth access nationwide. At the time, this was necessary to ensure that patients around the country were able to remain in touch with medical professionals when many hospitals were closed to elective services. Analysis by the Centers for Medicare and Medicaid Services showed a nearly 63-fold jump according to 2019 data. However, rural beneficiaries had lower use of telehealth compared to their counterparts. The report cited lower telehealth use by rural beneficiaries may be due to limitations in broadband access and challenges with Internet availability and affordability. NRHA members cite that broadband connectivity is often the first hurdle to using telehealth. Not only for the provider themselves, but often for the patient relying on broadband to connect with a doctor. NRHA urges NTIA to implement the \$65 billion in a manner conducive to tackling the rural-digital divide, ensuring rural providers and patients can participate in the 21st Century Health Care Delivery System.

According to the Federal Communications Commission (FCC), 22.3 percent of rural Americans lack coverage from 25/3 Mbps broadband, compared to just 1.5 percent in urban communities. This statistic is devastating, particularly as society has shifted to a more virtual setting in record speed since the advent of COVID-19. NRHA urges NTIA to focus on broadband projects that meet a 25/3 minimum, with priority given to those projects that provide faster speeds.

Poor broadband access has been particularly evident in the health care sector. The CMS report showed not only an increased 63-fold in usage, and for behavioral health care specifically, there has been a 32-fold increase in utilizing services via telehealth. However, for communities lacking broadband services, they have not had the opportunity to partake in telehealth services in the same manner as their urban and suburban counterparts. NRHA believes telehealth can increase health care outcomes in rural communities and will improve quality of life. However, this is solely dependent on the ability for these communities to access broadband services.

NRHA believes implementing the *Digital Equity Act* is of incredible importance. It is imperative that NTIA invests the funding necessary to ensure that rural and underserved communities have access to broadband connectivity, with the rural reality in mind. Using different connectivity options, such as utilizing utility poles, may have to be necessary in some communities due to the rural geographic realities. One-size-fits-all policies will not work in our rural communities, and we believe innovative policies to prioritize access to connectivity in these communities is critical.

As NTIA moves forward with the implementation of the \$65 billion from the BIL, NRHA urges prioritization of funding for rural communities and the development of policies with the rural geographic realities in mind.

Thank you for the chance to offer comments on this request for comment and for your consideration of our comments. We very much look forward to continuing our work together to ensure our mutual goal of improving access to broadband connectivity in rural communities. If you would like additional information, please contact Josh Jorgensen at jiorgensen@ruralhealth.us.

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