Submitted via electronic form, 11/30/20

Thank you for the opportunity to comment on the COVID-Response Telecommunications Plan.

Bi-State Primary Care Association (Bi-State) is a 501(c)3 nonprofit organization, formed by two health and social service leaders in 1986 to expand access to health care in Vermont and New Hampshire. Today, Bi-State represents 31 member organizations across both states that provide comprehensive primary care services to over 300,000 patients at 142 locations. Our members include Federally-Qualified Health Centers (FQHCs), clinics for the uninsured, rural health clinics, Area Health Education Center programs, and Planned Parenthood of Northern New England.

The COVID-19 pandemic has underscored for all of us that telecommunications infrastructure has become a vital lifeline to essential services. Even before this pandemic struck, there had been a decade-long movement of essential information online – from finding employment to applying for government benefits to accessing education or even just basic information. Prior to COVID-19, telehealth comprised a negligible percentage of health care in Vermont, but we knew that other rural regions had utilized this tool as a critical component of patient access and had been preparing to expand providers' use of virtual systems for care. Telehealth connects patients who may otherwise forgo or delay care due to transportation barriers, childcare needs, difficulty getting time off work. It helps patients with health conditions that make sitting in a crowded waiting room, especially during certain times of year like flu season, unsafe. It connects patients and their providers to specialists for guidance. It makes possible new forms of care, like remote monitoring of chronic conditions. Many public health professionals now consider the ability to use broadband to be a key contributing factor to overall health.

Vermont should treat broadband connections as the essential service that they have become.

For years, Vermont has delayed broadband expansion by policies that prioritize the fastest service over adequate, affordable service. These decisions have harmed our ability to treat patients during COVID-19. When the pandemic struck, patients and providers alike lacked adequate connections at home. Lack of coverage has cost us years of experience building a culture of online connections, because the conventional wisdom has been 'don't try virtual platforms, not enough rural Vermonters are online'. Individual Vermonters without strong digital literacy have lacked an easy onramp to gaining that literacy because they had no broadband access at home or because the access available was too expensive for someone just starting to engage with the online world.

During COVID-19, audio-only telephone was an accepted form of telehealth, and our practices utilized that option when patients did not have broadband, equipment, and/or the digital comfort to engage via video. Due to this telephone option, we were unable to provide trends on FQHC utilization as a function of broadband coverage – we do not have data structured in a way that we can know if broadband was a necessary component of making the connection. However, we do know that in many forms of telehealth, audio-only is not the *preferred* mode of connection and so we consider lack of at least 25/3 speed Internet to be a true barrier to care even if COVID-19 waivers made that data difficult to provide.

We recognize that there are policymaking trade-offs and that we cannot reclaim the years of progress that we have lost to an underdeveloped broadband infrastructure. Nonetheless, we encourage policymakers to prioritize rapid expansion so that every residence can reach the 25/3 broadband coverage that is adequate for accessing essential services. Bringing Vermont up to faster Internet is a laudable goal, and we understand it will be particularly important for business development in the future, but it should never have come at the expense of denying Vermonters critical online access today. As a state, we can have a goal of deploying 25/3 (or above) as quickly as possible to all residential addresses without abandoning our goals of continuously improving network speed using the best available current technology.

Our experience in connecting patients for health care has additionally shown gaps in true broadband access unrelated to the underlying infrastructure. For example, old equipment or no at-home equipment, inadequate routers, lack of knowledge about how to increase Internet speed (ethernet connections, reducing other uses of bandwidth, updating operating systems, etc.), preference for connecting via smartphone, and overall lack of digital comfort all impact effective access. We also need to improve accessibility for Vermonters with disabilities. We need to work with those providing critical online experiences, such as telehealth, to ensure they have the skills to provide a good experience. We do not have an opinion on whether the Broadband Corps outlined in this proposal is the best method for achieving this objective of helping everyone engage better online with the tools available to them, but agree with the recognized need.

We would add a recommendation that the state's Telecommunications and Connectivity Advisory Board be filled to meet their eight-member maximum and that the additional representatives bring the perspective of organizations and/or individuals engaged in crossing the digital divide to deliver critical services such as health care, education, access to benefit programs, and/or civic participation.

Thank you for the opportunity to comment on the COVID-Response Telecommunications Plan.

Sincerely,

Helen Labun
Director of Vermont Public Policy
Bi-State Primary Care Association