



**Written Testimony to the Senate Committee on Business and Commerce
Hearing on Charge #4
August 14, 2012**

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On behalf of Christus Health and the Texas Hospital Association, thank you for the opportunity to address the Committee regarding the need for highly available and highly affordable broadband for Texas, especially for rural Texas and for broadband deserts that exist within urban areas. As a point of information, I am also a PhD student in Urban Planning. Leveraging technology for rural social and economic development is a research interest of mine.

CHRISTUS has a long and proud history with Texas. From its origins in Galveston in 1866 and opening the first private hospital in Texas in 1869, CHRISTUS today is Texas' largest and most diverse non-public health care system. Each day, CHRISTUS ministers to more than 1 million Texans in its hospitals, clinics, nursing homes, hospice and other health care services. We are very interested in leveraging information and communication technology to improve the reach of health care to all persons. Nearly half of CHRISTUS' payer mix is Medicaid, Medicare, and self-pay. For our most recent fiscal year, CHRISTUS provided more than \$330 million in charity care and uncompensated care to the poor and underserved.

I am here today to talk about the need for affordable broadband for Texas. When it comes to connecting to "the Internet" most of us take it for granted. It's just there - like water, or air or sunshine. If you live in rural Texas or in some inner city environments, when it comes to broadband, the sun may not shine very often and you may feel like you're an asthmatic from time to time.

It may be informative if we take a step back and reflect upon the rate of change in technology capabilities. The first day the iPad was available was May 3, 2010. As of April of this year, Apple sold more than 62 million iPads. From its launch date on June 29 of 2007, Apple sells more than 30 million iPhones each month. The social network Facebook launched in February of 2004 and today has more than 900 million users. The first Twitter message was published on March 24, 2006 and today

- from one message sent at a geek conference, to more than 300 million tweets each day. iPhones are being used as electronic stethoscopes, sonograms and for many other diagnostic purposes. Mobile health, the ability to diagnose and treat using smart phones and other devices is rapidly become common. Telehealth, enabling care to be delivered remotely to areas which lack a specialist or even primary care is a mature technology which can impact the shortage of medical professionals.

None of these technologies existed 10 years ago. Today, they are the most popular hardware and social networks of all time. The rate of change in capability and adoption of information and communication technology is startling. We must not lose sight of the fact that change will continue to occur at a pace faster than can be legislated.

When it comes to healthcare, access alone is insufficient. Improving health rests upon communication and understanding. As associate project coordinator for the Texas FCC rural health care pilot program, our public bidding process for broadband for Texas' rural hospitals resulted in many quotes of \$10,000 per month for a broadband circuit for many of the rural facilities. Imagine if your home phone bill was \$10,000 per month. CHRISTUS' rural facilities include a mobile van that is the only health care provider for certain communities in South Texas. Christus would not be able to provide the access or the amount of care to these communities without affordable broadband. Additionally, the Medicaid 1115 Waiver includes an expectation to use telehealth to provide care. Our rural communities and urban "broadband deserts" need parity if we are to provide cost-efficient care, including providing affordable broadband to those individuals in the urban broadband deserts to access health information on line.

I applaud the Committee and its understanding that rural Texas needs parity with urban Texas pertaining to broadband access and cost. While we may anticipate additional innovation in broadband communication capability, underneath it all is radio spectrum which is licensed by the FCC for use by various commercial carriers. The question we must ask is how will individuals and businesses access the internet protocol or IP network? Regardless of advances in communication technology, many of the IP network calls will connect through a circuit switch. The committee and the legislation should ensure that all methods of connecting to the network – as noted by the acknowledgement of future "successor protocols" – while also maintaining current connection methods – are important. Perhaps a broader statement along the lines of "communication services including IP" would indicate the broader range of network technologies. It is still possible that a call that begins with a cell phone may not connect to an IP network. Broadening the definition will prevent misinterpretation or misunderstanding of the law's intent.

Regarding the cost of broadband access, it is imperative that businesses and individuals have access to affordable broadband networks. The Texas Universal Services Fund can be of tremendous value by creating parity between urban and rural broadband access. I would encourage the Committee to consider all anchor

institutions eligible to receive support – hospitals, schools, libraries, local governmental agencies and others – so that the costs are not prohibitive.

Our future will be a connected one. Assuring access and affordability to these communication networks is one of if not the most cost effective way to further economic develop, provide local jobs, improve access to health care services including wellness and prevention and enabling our rural communities to share in the same benefits the urban areas enjoy.

Thank you for allowing me the opportunity to address you today.