BEFORE THE PUBLIC UTILITIES COMMISSION
OF THE STATE OF CALIFORNIA

Order Instituting Rulemaking Regarding Broadband Infrastructure Deployment and to Support Service Providers in the State of California.	Rulemaking 20-09-001 (Filed September 9, 2021)

INSURE THE UNINSURED PROJECT (ITUP) COMMENTS ON ADMINISTRATIVE LAW JUDGE'S RULING ORDERING ADDITIONAL COMMENTS AS PART OF MIDDLE-MILE DATA COLLECTION

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I. Introduction

Insure the Uninsured Project ("ITUP") respectfully submits these comments in response to the Assigned Administrative Law Judge (ALJ) ruling issued September 9, 2021, ordering additional comments as part of the Commissions Middle-Mile Data Collection.

The Commission should consider the health care system as an important and necessary partner in broadband issues and in addressing digital equity. The lack of middle-mile broadband infrastructure contributes to broadband inequities across the state, which in turn, exacerbate

health disparities and increase significant barriers to accessing care through telehealth, health information exchange, community information exchange, and data-sharing.

For 25 years, ITUP[1] has been California's "big tent", neutral health policy convener and a health ecosystem backbone organization. ITUP brings together unique stakeholders in ways others cannot, creating connections across sectors, geographies, and policy areas. Our audience includes a network of over 3,600, including California elected and appointed officials, Legislative and Executive Branch staff, state and local consumer advocates, counties, health plans, health providers, including clinics, hospitals, and specialists, and community-based organizations. ITUP has been a leader in the health policy sphere in expanding the health care system's engagement in broadband policy efforts through education[2], outreach, and in developing strong partnerships to engage and promote broadband access and equity as a critical issue to expand the accessibility and quality of health care in California.

Each year, ITUP hosts regional convenings around the state with local health and public health leaders, community-based organizations, local government, and more, to discuss and elevate the barriers and challenges to addressing health disparities and inequities in California's health care system. In 2020, the COVID-19 pandemic both put a spotlight on health care and public health and exacerbated long-standing barriers to accessing health care. With physical distancing being an effective way to keep people safe from COVID-19 infection, many health facilities across the state switched to virtual health care delivery overnight. Telehealth, which is a health care delivery tool that has been under-utilized for many years, became the only way for many to access primary care services during the pandemic. In ITUP's regional

[1] See ITUP's website to learn more about our work.
[2] See ITUP Fact Sheet: Broadband For Health, May 21, 2021. This fact sheet highlights not only how the digital divide impacts the access to and quality of health care, but also provides broadband basics for non-broadband experts to engage in this conversation.

workgroups, we heard across the state, regardless of geography, that, especially for low-income consumers in the state's Medicaid program, "Medi-Cal", limited, insufficient, or lack of broadband access, and the digital divide, was the largest barrier for individuals to access critical health care during a health care crisis. Some examples[3] from local health partners on telehealth during the pandemic and digital divide issues include:

- ITUP partners reported 75-100 percent of visits being conducted via telehealth in 2020;
- Temporary policy changes permitted telephones to be used for telehealth[4]. Without this change, many low-income Medi-Cal members across the state would not be able to access health care through telehealth – the safest and at times the only option during the pandemic. Closing the digital divide for consumers, however, would make video-based telehealth an option for consumers;
- Beyond the pandemic, telehealth can increase access for those that do not have reliable transportation or the ability to take time away from work or family to go to a physician's office, especially for primary care and chronic care management.

II. Comments

A. The Commissioner Should Consider Health Data When Addressing Digital Redlining and Selecting Target Populations for Middle-Mile Infrastructure

ITUP urges the Commission to consider that health care data can help inform digital equity in placing the state Middle Mile infrastructure.

[3] ITUP Notes from the Field Series, Local Lessons Telehealth During COVID-19. September 29, 2021. This publication highlights the local anecdotes, best practices, and persisting challenges identified by local health partners.
[4] ITUP Fact Sheet, Telehealth and COVID-19, December 2020.

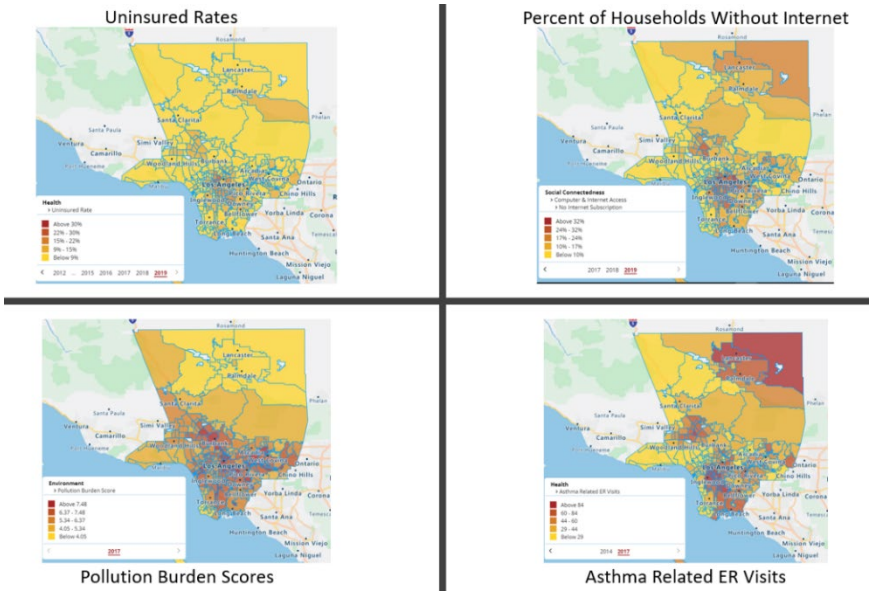
While the Commission and stakeholders around the state have discussed digital redlining in great detail[5], it should also be taken into consideration that historical redlining also contributes to health disparities that negatively impact communities of color and low-income Californians, in conjunction with the impacts of the digital divide.[6] Redlining is associated with lower life expectancy, higher rates of asthma, COPD (chronic obstructive pulmonary disorder), diabetes, hypertension, and other chronic conditions. For example, and as shown in **Figure 1**[7], in Los Angeles County, many of the neighborhoods with higher uninsured rates[8] are also the neighborhoods with a high percent of households without internet, those with a higher pollution burden, and with higher number of emergency room (ER) visits related to asthma. Health indicators such as the ones in **Figure 1**, as well as data on lead poisoning, life expectancy, infant mortality, and more, are complementary of digital inequities and can and should be considered a way to target communities that are in desperate need of reliable broadband and connectivity.

ITUP also urges the commission to consider Medi-Cal (California's Medicaid program) eligibility as a proxy for low socioeconomic status/poverty, and thus a focus for affordability, across California. To qualify for Medi-Cal, a person or family, must have an annual income at or below 138 percent of the federal poverty level (FPL). This translates to an annual income of $17,774 for an individual or $36,570 for a family of four and adjusted appropriately according to family size.

[5] AJL Ruling, May 28, 2021; See comments Accessible Technology Electronic Frontier Foundation, and Public Knowledge for more on considerations around digital redlining.
[6] National Community Reinvestment Coalition, Redlining and Neighborhood Health, 2020.
[7] USC Price, Neighborhood Data for Social Change, https://map.myneighborhooddata.org
[8] Both the statewide and Los Angeles County average uninsured rate is about 9%, thus any neighborhood with a darker shade of yellow or orange has higher uninsured rates than the state and county average.

As of June 2021, approximately 14 million Californians[9] are enrolled in Medi-Cal, which is roughly 35 percent of the state's total population. This means that over one-third of the state lives in abject poverty or are working poor. This data, as shown in **Table 1**, can be used to measure broadband affordability, and can also be used to target regions of the state where open access middle mile infrastructure in communities that lack the financial resources necessary for sufficient connectivity. **Table 1** also highlights the sheer volume of underserved or unserved individuals in urban areas, such as Los Angeles, that should be considered for the state middle mile infrastructure. **Table 2** shows the unserved household data by regions, demonstrating that the Central Valley, Orange County, and Los Angeles County have the highest number of households without reliable broadband in the state. ITUP urges the Commission to consider this data when implementing the state middle mile network.

Figure 1. Historical Redlining Perpetuates Digital and Health



[9] Department of Health Care Services (DHCS) Medi-Cal Enrollment Snapshot.

Table 1: Medi-Cal Enrollment Data, by County- Proxy for Broadband Affordability in Targeting Middle Mile Infrastructure[10]

County	Medi-Cal Enrollment	Percent of California's Total Medi-Cal Enrollment	Number of Unserved Households (Broadband speeds less than 6Mbps or 1Mbps up)[11]
Los Angeles	3,941,853	28.19%	45,645
San Diego	907,056	6.49%	39,530
Riverside	905,388	6.48%	19,690
Orange	903,181	6.46%	50,022
San Bernadino	897,834	6.42%	19,242
Sacramento	574,858	4.11%	12,414
Fresno	493,609	3.53%	11,908
Kern	439,835	3.15%	10,957
Alameda	435,855	3.12%	10,817
Santa Clara	418,163	2.99%	17,091
San Joaquin	296,691	2.12%	5,722
Contra Costa	284,616	2.04%	6,371
Tulare	259,533	1.86%	8,468
Stanislaus	244,518	1.75%	2,329
Ventura	239,122	1.71%	7,694
San Fransisco	222,984	1.59%	1,438
Monterey	196,506	1.41%	5,792
Santa Barbara	158,221	1.13%	4,274
San Mateo	149,492	1.07%	2,847
Merced	140,461	1.00%	4,882
Solano	126,867	0.91%	4,305
Sonoma	124,365	0.89%	4,706
Imperial	95,345	0.68%	4,639
Butte	80,283	0.57%	2,672
Santa Cruz	79,730	0.57%	2,791
Madera	75,820	0.54%	2,074
Shasta	67,135	0.48%	3,225
Placer	66,749	0.48%	4,294
San Luis Obispo	62,685	0.45%	3,213
Kings	62,110	0.44%	3,353
Humbolt	58,873	0.42%	4,214
Yolo	58,144	0.42%	2,652
Marin	50,073	0.36%	2,238

[10] Data extracted from ITUP 2021 Regional Health Insurance Coverage Fact Sheets.
[11] Data extracted from the following source: California Research Bureau, Part 1: The Digital Divide: Broadband Infrastructure, Affordability, and Devices, May 1, 2021.

Sutter	43,067	0.31%	937
Mendocino	41,081	0.29%	4,697
El Dorado	39,993	0.29%	3,750
Napa	34,702	0.25%	1,338
Yuba	34,422	0.25%	1,429
Lake	33,971	0.24%	3,081
Tahama	29,291	0.21%	3,220
Nevada	26,858	0.19%	2,793
Siskiyou	19,333	0.14%	1,644
San Benito	18,966	0.14%	681
Tuolumne	13,871	0.10%	1,497
Glenn	13,382	0.10%	1,345
Calaveras	12,933	0.09%	1,136
Del Norte	12,315	0.09%	964
Colusa	10,652	0.08%	1,639
Amador	8,600	0.06%	898
Lassen	8,488	0.06%	1,153
Plumas	6,746	0.05%	738
Inyo	5,920	0.04%	1,142
Mariposa	5,482	0.04%	1,148
Trinity	5,379	0.04%	1,943
Modoc	3,551	0.03%	1,594
Mono	3,477	0.02%	734
Sierra	796	0.01%	627
Alpine	296	0.00%	111

Table 2. Medi-Cal Enrollment and Broadband Adoption by Region

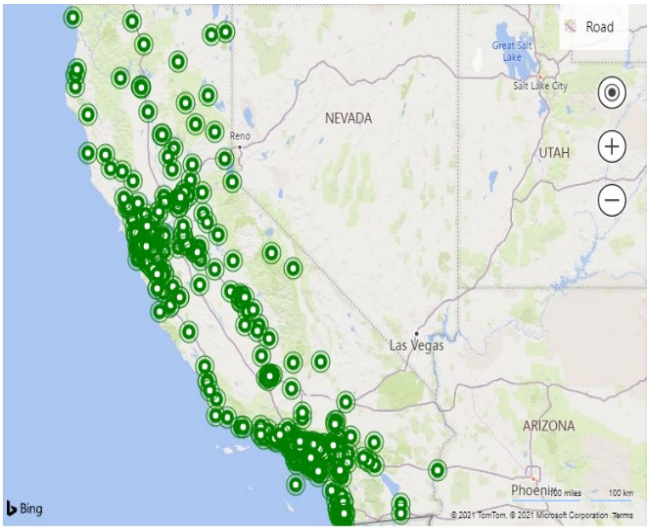
Region	Number of Unserved Households (Broadband speeds less than 6 Mbps or 1 Mbps up)[12]
Central Valley[13]	54,214
Orange County	50,022
Los Angeles County	45,645
San Diego and Imperial Counties	44,169
Inland Empire[14]	38,932
Bay Area[15]	37,955
North Rural[16]	37,915
Central Coast[17]	24,445
North Central[18]	15,832
Sacramento	12,414

[12] Data extracted from the following source: California Research Bureau, Part 1: The Digital Divide: Broadband Infrastructure, Affordability, and Devices, May 1, 2021.
[13] Includes the following counties: Fresno, Kern, San Joaquin, Stanislaus, Tulare, Merced, Madera, Kings, Toulumne, Inyo, Mariposa, and Mono
[14] Includes the following counties: Riverside and San Bernandino
[15] Includes the following counties: Santa Clara, Alameda, Contra Costa, San Francisco, San Mateo, and Marin
[16] Includes the following counties: Butte, Shasta, Humboldt, Nevada, Sutter, Mendocino, Yuba, Lake, Tehama, Glenn, Colusa, Siskiyou, Lassen, Del Norte, Plumas, Trinity, Modoc, and Sierra
[17] Includes the following counties: Ventura, Santa Barbara, Monterey, San Luis Obispo, Santa Cruz, and San Benito
[18] Includes the following counties: Sonoma, Solano, Placer, Yolo, El Dorado, Napa, Calaveras, Amador, and Alpine

B. Statewide Middle Mile Networks Should Provide Direct Services to Health-Related Anchor Institutions

ITUP urges the Commission to consider the state's large health care system facilities as anchor institutions served by the state Middle Mile network. Health facilities have long been essential community anchor institutions that can be leveraged to provide broadband in communities. Across California, there are over 400 hospitals (445 hospitals shown in **Figure 2**[19]) and several large clinic systems across the State of California, regardless of geography, that can be leveraged as anchor institutions for direct service under the statewide middle mile network. Five of these hospitals are the University of California Medical Centers (Davis, Irvine, Los Angeles, San Diego, and San Francisco), which are already part of the CENIC network, and could potentially be used as models when considering using other hospitals as anchor institutions.

Figure 2. Map of California Hospitals



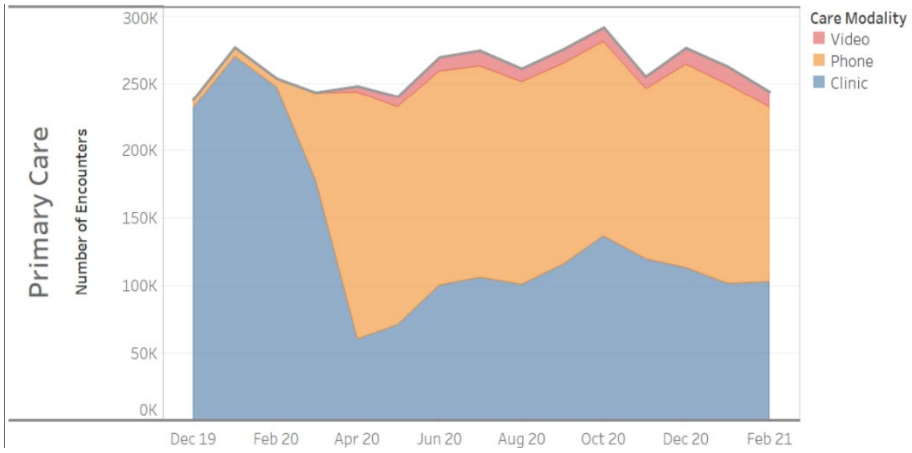
C. Additional Broadband for Health Considerations

Current and future innovations in health care delivery systems will increasingly rely upon reliable, appropriate, and affordable broadband and connectivity to be meaningful. As mentioned above, telehealth became essential during the pandemic and has transformed access to health care for many Californians, especially in low-income and communities of color. Data from the

[19] California Hospital Association, Hospital Directory Search. This source contains a list of hospitals and can be sorted regional association.

Center for Community Health and Evaluation[20] supports the anecdotes ITUP heard throughout the state during our regional workgroups and shows that 53-75 percent of primary care visits were conducted by telehealth; and of those visits, 94 percent were conducted via telephone (see **Figure 3** below). Broadband connectivity is a key part of making video visits more prevalent and accessible in the future. The California Health Care Foundation also conducted a survey to gain further insight into patient experiences with telehealth during the pandemic and reported that the majority of those surveyed were either just as satisfied or more satisfied with telehealth over an in-person visit. Among low-income Californians (defined as less than 200 percent of the federal poverty level (FPL)), 71 percent (and 68 percent of people of color with low incomes) would like to maintain the option to use telehealth to access their care.[21] Consumers want to access health care through a virtual modality; however, the Commission should consider that this will not be possible for all Californians without sufficient, reliable, and affordable broadband.

Figure 3. Telehealth Use During the Pandemic



In addition to virtual care and telehealth, data-sharing, and linking data across sectors (examples: health, education, housing, connectivity, criminal justice), is another "use case" for broadband for health care. Such innovations can improve health outcomes within a community

[20] California Health Care Foundation, Making Telehealth Work: Key Insights from the California Safety Net, Webinar, August 30, 2021.
[21] California Health Care Foundation, Listening to Californians with Low Incomes: Health Care Access, Experiences, and Concerns Since the COVID-19 Pandemic, October 2020.

as well as for an individual, but it requires accessible broadband. The Commission should consider these health care issues as use cases for broadband and in consideration for where to build the middle mile infrastructure.

III. Conclusion

ITUP appreciates the opportunity to file these comments on the ALJ Ruling and on the consideration for health care to be a part of the broadband conversation and solution in California. The Middle Mile infrastructure is a major piece to the puzzle in broadening broadband accessibility and addressing equity issues, in concert with efforts to address getting broadband to the household, and enhancing connectivity and digital literacy, which are also key pieces to advancing digital equity. ITUP appreciates the gravity and scale of the work the assigned Commissioner, Administrative Law Judge, and CPUC staff have committed to ensuring broadband deployment that advances equity, and respectfully requests consideration of the above comments.

Dated: October 1, 2021

Respectfully submitted,

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