

SECRETARY'S RECORD, PUBLIC SERVICE COMMISSION

BEFORE THE NEBRASKA PUBLIC SERVICE COMMISSION

In the Matter of the Nebraska Public Service Commission, on its own motion, to explore additional funding opportunities in the Telehealth Program.) Application No. NUSF-150
)
) ORDER OPENING DOCKET,
) SEEKING COMMENT, AND SETTING
) WORKSHOP
)
) Entered: December 16, 2025

BY THE COMMISSION:

O P I N I O N A N D F I N D I N G S

As part of the Nebraska Universal Service Fund (“NUSF”) program, the Nebraska Public Service Commission (“Commission”) has recognized the Legislative goal to ensure that “providers of health care to rural areas should have access to advanced telecommunications services as described in the Telecommunications Act of 1996 (“The 1996 Act”).¹ The 1996 Act requires that telecommunications carriers provide telecommunications services for health care purposes to rural public or non-profit health care providers at rates that are “reasonably comparable” to rates in urban areas.² Consistent with The 1996 Act’s directive and Legislative goals, the Commission established the Telehealth Program and created a mechanism for telecommunications carriers to receive support from the NUSF to offset the costs of providing services to eligible rural health care providers. From time to time over the years, the Commission has re-evaluated the program goals and requirements. The Commission opens this proceeding to consider modifications to the program eligibility requirements and to explore ways in which Telehealth program funding can be used in the current health care environment.

A. Telehealth Pilot Program

The Commission seeks comment on whether to establish a Telehealth Pilot Program designed to bring the benefits of innovative technologies, educational opportunities, and telemedicine services to rural areas of the state. The Pilot Program would be designed to provide funding for a limited period of time for the connection of dedicated broadband networks and the advanced services provided over such networks for special projects.

¹ Neb. Rev. Stat. § 86-323.

² 47 U.S.C. § 254(h)(1)(A).

One example would be to include funding availability for the transmission of experiential and immersive learning content such as UNMC's iExcel project.³ The UNMC iExcel project requires high resolution, low latency dedicated bandwidth over a private network with advanced cybersecurity and encryption protocols. We seek comment on creating an opportunity to provide Telehealth support by creating a Pilot Program for connectivity from UNMC to other network sites in the State of Nebraska, as well as Telehealth support for the purchase of items that are used for the network such as servers, routers, firewalls, switches and other devices or equipment necessary for the broadband connection. We invite commenters to suggest other ways in which Telehealth Pilot Program funding could be used. We seek comment on what other types of equipment in this project may be eligible for Telehealth Pilot Program support.

In addition, we seek comments on the creation of a Pilot Program which would allocate Telehealth support for connectivity for health monitoring purposes. Specifically, we seek comment on using Telehealth support for connectivity for low income households and daycare facilities in association with the Briggs & Barrett Project⁴ or similar projects designed to bring connectivity for critical health monitoring to families. We seek comment on a proposal to support the costs of connectivity for a set period of time where parents of infants are using health monitoring equipment⁵ such as those which are used to lower the risk of Sudden Infant Death Syndrome ("SIDS"). Supporting low-income families with the costs for connectivity or Wi-Fi capability in their home using this or similar health monitoring equipment can translate into saving infants from SIDS, detect RSV, and draw attention to other health related emergencies. In addition, providing support to daycare facilities to assist with the cost of connectivity for infant health monitoring may offer working parents additional assurance with daycare options.

We seek comment on how to evaluate Pilot Program applications and gauge effectiveness of support received to advance NUSF goals. If a Pilot Program is established should the Commission open a window for all applications to be filed or accept applications on a rolling basis? How much funding should be allocated for the Telehealth Pilot Program? Should there be a cap on each project or applicant? If so, what should the funding cap be? Are there additional sources of funding that might

³ See <https://www.unmc.edu/iexcel/>.

⁴ See <https://www.bbproject.org/>.

⁵ See e.g., <https://www.bbproject.org/owlet-dream-sock>.

also be used for similar purposes? We note that the Nebraska Broadband Office has discussed exploring expanded access to healthcare technologies as a potential use of unspent BEAD funding.⁶ Is there benefit in coordinating funding from multiple sources? How should the Commission judge the success or continuation of the Pilot Program?

B. Expansion of the Defined Categories of Health Care Providers

We also seek comment on whether to expand the list of defined categories of health care providers or facilities for which advanced telecommunications service providers may seek support from our Telehealth program. The Commission's list of defined categories stems, in part, from the definitions in the 1996 Act and FCC Orders implementing the Rural Health Care Program.⁷ Eligible HCPs, as defined in the 1996 Act include (1) post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools; (2) community health centers or health centers providing health care to migrants; (3) local health departments or agencies; (4) community mental health centers; (5) not-for-profit hospitals; (6) rural health clinics; and (7) consortia of HCPs consisting of one or more entities falling into the first six categories.⁸ The FCC subsequently added skilled nursing facilities to the list of eligible entities.⁹ Eligible HCPs must be non-profit or public.¹⁰

In 2021, the Commission adopted modifications to its Telehealth Program and determined the following as eligible: a public or nonprofit entity and be one of the following types of facilities: (a) not-for profit hospital, (b) rural health clinic, (c) community health or community mental health center, (d) a local health department, (e) skilled nursing facility, or (f) a consortium with sites as noted above.¹¹

⁶ <https://nebraskaexaminer.com/2025/10/11/nebraska-broadband-office-proud-of-its-work-connecting-homes-and-businesses>.

⁷ See 47 U.S.C. § 254(h)(7)(B) and §§ 254(h)(1)(A), (h)(2)(A), (h)(4); see also *In the Matter of Rural Health Care Support Mechanism*, WC Docket No. 02-60, REPORT AND ORDER (December 21, 2012) at para. 11.

⁸ 47 U.S.C. § 254(h)(7)(B).

⁹ See *In the Matter of Rural Health Care Support Mechanism*, WC Docket No. 02-60, MEMORANDUM OPINION AND ORDER; (June 8, 2017), incorporating provisions of the Rural Healthcare Connectivity Act of 2016, Public Law 114-182, 130 Stat. 512(2016); see also 47 CFR § 54.600.

¹⁰ 47 U.S.C. §§ 254(h)(1)(A), (h)(2)(A), (h)(4).

¹¹ *In the Matter of the Nebraska Public Service Commission, on its own Motion, seeking to administer the Nebraska Telehealth Program, NUSF-57, Progression Order No. 6, ORDER* (January 5, 2021) at 5.

Currently, eligible entities must avail themselves of federal support through the FCC's Rural Health Care program, specifically the Healthcare Connect Fund (HCF). The Commission's Telehealth program provides supplemental support that is tied to and contingent upon participation in the federal program. Due to the fact that the program mirrors the federal program and provides supplemental support, the Commission has relied on the federal mechanism to ensure that costs are reasonable through the competitive bidding process, eligible through the FCC's oversight, and that eligible entities are held accountable through the Universal Service Administrative Company's ("USAC's") audits and program integrity measures.

However, limiting eligibility based on public and nonprofit health care facilities as the FCC's rules do, may result in a gap in rural Telehealth accessibility. Accordingly, the Commission seeks comment on whether to expand the defined categories of eligible health care providers to include for-profit entities. The Commission seeks comment on including rural for-profit clinics, offices and facilities as eligible on the same basis as non-profit and public health care organizations. The Commission also seeks comment on the financial impact of expanding the Telehealth program to include the for-profit entities. If included, how should the provider support be determined? Should the same level of rurality criteria be applied? If not, why not. Should the Commission require that the service be competitively bid, consistent with the requirements in the federal Healthcare Connect Fund Program? What other safeguards should be in place?

Comment Deadline

Comments responsive to the issues raised herein may be filed on or before **January 29, 2026**, at 5:00 p.m., Central Time. Comments may be submitted to: psc.nusf@nebraska.gov. Reply comments and information may be filed with the Commission on or before **February 12, 2026**, at 5:00 p.m., Central Time, in the same manner. Persons submitting reply comments are asked to electronically serve a copy of their comments on those filing initial comments.

Workshop

A public workshop will be held on **Tuesday, February 24, 2026, at 1:30 p.m., Central Time**, in the Commission Hearing Room, 300 The Atrium Building, 1200 N Street, Lincoln, NE 68508 and via WebEx. If auxiliary aids or reasonable accommodations are needed for attendance at the meeting, please call the

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Commission at (402) 471-3101. For people with hearing/speech impairments, please call the Nebraska Relay System at (800) 833-7352 (TDD) or (800) 833-0920 (Voice). Advance notice of at least seven days is needed when requesting an interpreter.

O R D E R

IT IS THEREFORE ORDERED by the Nebraska Public Service Commission that the above-captioned docket be opened.

IT IS FURTHER ORDERED that comments may be filed by interested parties on or before **January 29, 2026**, in the manner prescribed herein. Reply comments may be filed on or before **February 12, 2026**.

IT IS FURTHER ORDERED that a public workshop be held on **Tuesday, February 24, 2026 at 1:30 p.m., Central Time** in the Commission Hearing Room, 300 The Atrium Building, 1200 N Street, Lincoln, NE 68508 and via WebEx.

ENTERED AND MADE EFFECTIVE at Lincoln, Nebraska, this 16th day of December, 2025.

NEBRASKA PUBLIC SERVICE COMMISSION

COMMISSIONERS CONCURRING:

Eric M. Hamer
Cliff
Kevin Stocker
David Weller

Tim Schram

Chair

ATTEST:

John Weller

Executive Director