



comment on whether to include funding availability for the transmission of experiential and immersive learning content such as UNMC's iExcel project.<sup>3</sup>

Second, we sought comments on the creation of a Pilot Program which would allocate Telehealth support for connectivity for health monitoring purposes. Specifically, we sought comment on using Telehealth support for connectivity for low-income households and daycare facilities in association with the Briggs & Barrett Project<sup>4</sup> or similar projects designed to bring connectivity for critical health monitoring to families. Specifically, we sought comment on a proposal to support the costs of connectivity for a set period of time where parents of infants are using health monitoring equipment 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.

Finally, we sought 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 the Nebraska Telehealth Program. The Commission noted that its list of defined categories is derived from the definitions in the federal Telecommunications Act of 1996 ("1996 Act") and FCC Orders implementing the Rural Health Care Program.<sup>5</sup> 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.<sup>6</sup> The FCC subsequently added skilled

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<sup>3</sup> See <https://www.unmc.edu/iexcel/>.

<sup>4</sup> See <https://www.bbproject.org/>

<sup>5</sup> 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.

<sup>6</sup> 47 U.S.C. § 254(h)(7)(B).

nursing facilities to the list of eligible entities.<sup>7</sup> Eligible HCPs must be non-profit or public.<sup>8</sup>

*Comments Filed*

In response to the Commission's order, the Commission received comments from the following interested parties: ALLO Communications ("ALLO"), the Nebraska Rural Independent Companies ("RIC"), Northeast Community College, the Nebraska Rural Broadband Alliance ("NRBA"), and the University of Nebraska Medical Center ("UNMC"). No reply comments were filed.

ALLO supported the establishment of a pilot program and its focus to ensure high-quality Telehealth solutions are available in rural Nebraska.<sup>9</sup> For this reason, ALLO has already pursued various telehealth initiatives and partnerships.<sup>10</sup> ALLO has collaborated with UNMC and others to determine the feasibility of deploying next-generation services to rural Nebraska locations.<sup>11</sup> For the use cases explored by ALLO with UNMC, ALLO has donated its costs of demonstrating the feasibility of distributing secure high bandwidth, low latency, secure communications. The project's initial returns have been encouraging.<sup>12</sup> Additionally, ALLO stated, ALLO's SmartTown program, which allows unused bandwidth from ALLO routers to be used for additional purposes, could be leveraged to help low-income households, individuals with limited mobility, and other vulnerable populations in ALLO communities.<sup>13</sup>

ALLO recommended the Commission take the following criteria into account:

- Prioritize projects utilizing proven, existing fiber networks without significant funds for fiber or infrastructure extension.

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<sup>7</sup> 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.

<sup>8</sup> 47 U.S.C. §§ 254(h)(1)(A), (h)(2)(A), (h)(4).

<sup>9</sup> See Comments of ALLO Communications, LLC, filed January 29, 2026 at 3. ("ALLO Comments").

<sup>10</sup> *Id.*

<sup>11</sup> *Id.*

<sup>12</sup> See *id.* at 4.

<sup>13</sup> *Id.*

- Prioritize awarding funds to applicants that are Nebraska ETCs with proven operations across both rural and metro Nebraska.
- Prioritize projects with proven feasibility.
- Give preference to public-private-partnerships focusing on those that connect UNMC sites to other network sites in Nebraska.
- Prioritize funding projects that provide both in-home and community benefits through symmetric high bandwidth, low latency connectivity including lower income households.
- Prioritize funding projects supporting the purchase of items that are used for network operations such as servers, routers firewalls, switches and other devices or equipment necessary for the broadband connection and solutions.
- Prioritize funding projects with scalable, community-wide impacts and in-home applications.<sup>14</sup>

The RIC members filed comments stating that other federal funding received by the State of Nebraska may dramatically impact the issues presented by the Commission in this proceeding and may render moot the potential expansions of Telehealth funding from the NUSF for at least the next five years.<sup>15</sup> In support of this, RIC cited the Rural Health Transformation Program (“RHTP”) which is designed to strengthen and modernize health care in rural communities across the country. RIC stated that the State of Nebraska received \$218,829,075 from the RHTP.<sup>16</sup> RIC believed the proceeding should be deferred until the results of funding for other programs is known.

RIC further commented that the use of Telehealth program support for the costs of connectivity for health monitoring for families and daycare facilities is not an appropriate function for the Telehealth program.<sup>17</sup> RIC stated that affordability programs like the Affordable Connectivity Program (“ACP”) which ended on June 1, 2024 due to the lack of Congressional funding, can be very costly.<sup>18</sup> RIC further stated that the Legislature’s focus in its creation of the NUSF was to provide supplementation of federal universal service support mechanisms so that rural

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<sup>14</sup> *Id.* at 5.

<sup>15</sup> See Comments of the Nebraska Rural Independent Companies, filed January 29, 2026, at 2-3 (“RIC Comments”).

<sup>16</sup> *Id.* at 2.

<sup>17</sup> *Id.* at 5.

<sup>18</sup> *Id.*

Nebraskans would have comparable access to telecommunications services at affordable prices and the possible creation of funding for connectivity to health monitoring for low-income families and daycare providers is inconsistent with these legislative policies since the proposed funding is not supplemental to a federal support mechanism.<sup>19</sup>

Finally, RIC recommended against the expansion of the categories of healthcare providers that may seek support from the Telehealth Program.<sup>20</sup> RIC stated the Commission does not likely possess financial information regarding for-profit entities sufficient to ascertain whether a need exists for Telehealth program support or whether provision of Telehealth program support would be duplicative of support received by the for-profit entities from other public or private sources for the same purposes.<sup>21</sup>

Northeast Community College in Norfolk, Nebraska filed comments stating that community colleges are not explicitly identified as eligible recipients or partners within the proposed Telehealth Pilot Program. Community colleges deliver simulation-based and experimental training that prepares students and incumbent workers for clinical environments that increasingly rely on telehealth technologies.<sup>22</sup> NCC stated that the Commission's order does not explicitly identify community colleges as recipients or partners. The Commission's order also emphasizes infrastructure and equipment as eligible uses but does not include personnel costs which may create a gap to successful implementation.<sup>23</sup> NCC recommended the Commission add community colleges as eligible entities, that it allow for personnel costs, and that the Commission provide additional guidance for cybersecurity, maintenance and system oversight.<sup>24</sup>

The NRBA indicated that it wished to participate and wanted to reserve the ability to comment further later on in the proceeding.<sup>25</sup>

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<sup>19</sup> *Id.* at 6.

<sup>20</sup> *Id.*

<sup>21</sup> *Id.* at 7.

<sup>22</sup> See Comments of Northeast Community College, filed January 27, 2026, at 1 ("NCC Comments").

<sup>23</sup> *Id.* at 2.

<sup>24</sup> See *id.*, at 2-3.

<sup>25</sup> See Comments of the Nebraska Rural Broadband Alliance, filed January 29, 2026, at 1 ("NRBA Comments").

iEXCEL/UNMC is a designated Nebraska Board of Regents Center of Excellence. Its state-of-the art health professions simulation training center provides a venue where all healthcare professionals at every level of training, as well as in all disciplines, can learn and practice patient care skills through the adoption of experiential and immersive technologies.<sup>26</sup> iEXCEL/UNMC recommended approval of a pilot program for the purpose of partnering with Nebraska broadband service providers, rural healthcare and training institutions, cybersecurity providers, and technology-application contributors to build a statewide Hub & Spoke system for distributed learning and advanced healthcare.<sup>27</sup> According to iEXCEL/UNMC, this system would promote the adoption of advanced technologies that support tele-simulation, tele-proctoring, and ultimately advanced tele-health.<sup>28</sup> Each site would have the capability of receiving high density imagery across distance and in real time using medical modeling, simulation, and visualization technologies.<sup>29</sup> Endpoints for the iEXCEL Hub & Spoke delivery of simulation training are imagined to be learning institutions, critical access hospitals, and other healthcare delivery venues located throughout Nebraska.<sup>30</sup> iEXCEL/UNMC stated that 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." iEXCEL/UNMC's efforts to create a statewide Hub & Spoke network align closely with the definitions in the 1996 Act and FCC Orders and categories as defined in the Rural Health Care Program.<sup>31</sup>

### *Workshop*

The Commission held a public workshop on February 24, 2026 in Lincoln, Nebraska and by video conference equipment. Representatives provided information regarding the Briggs & Barrett Project and how the health monitoring equipment designed to prevent SIDs deaths could fit into a Commission Telehealth Pilot program. A representative from ALLO and UNMC also presented information regarding the iEXCEL/UNMC project and connectivity. The Commission took the information received under advisement.

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<sup>26</sup> See Comments of UNMC/iExcel, filed January 28, 2026, at 1 ("iEXCEL/UNMC Comments").

<sup>27</sup> *Id.* at 2.

<sup>28</sup> *Id.*

<sup>29</sup> *Id.*

<sup>30</sup> *Id.* at 3.

<sup>31</sup> *Id.* at 4.

*Health Monitoring Devices*

Upon consideration of the comments and discussion at the workshop, the Commission finds it persuasive to further explore a Telehealth Pilot program which encourages the use of the health monitoring devices in child care facilities licensed by the Nebraska Department of Health and Human Services ("DHHS"). Entities designated as an entity which accepts the Child Care Subsidy (Title XX) administered by DHHS will be prioritized.<sup>32</sup> The Commission's Telehealth Pilot program would focus on broadband connectivity to the licensed child care facilities using these health monitoring devices in their infant rooms. To further gauge the size of the Telehealth Pilot program, the Commission solicits the following information from eligible licensed daycare facilities on or before **July 15, 2026** using the application form prescribed by the Commission which is attached hereto as Attachment "A" and fully incorporated herein. Applicants must include the following:

- 1) Name, location, and license number of daycare provider
- 2) Letter of Interest in the Pilot Program
- 3) Current Broadband Provider
- 4) Cost of Broadband Services subscribed to
- 5) Speed tier currently subscribed to
- 6) Current infant room capacity
- 7) Number and type of devices purchased/used or to be purchased/used to monitor infants.

The filing of this data will give the Commission a baseline for determining the interest of licensed daycare and service provider interest, end-user service costs, and will assist the Commission in determining the overall size of the potential Pilot Program. This data should be electronically sent to [psc.nusf@nebraska.gov](mailto:psc.nusf@nebraska.gov).

*iExcel/UNMC*

In consideration of the iExcel/UNMC Pilot Program, the Commission finds that further study is needed to determine whether there are other federal or state grant funding opportunities available and to receive more information on the connectivity needs of the entities involved. We understand that there are current telehealth initiatives and partnerships underway, and we applaud those efforts.

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<sup>32</sup> See <https://dhhs.ne.gov/Pages/Child-Care-Providers.aspx>.

However, we want to ensure that any pilot program established is open to all NETCs in a competitively solicited process and is not duplicative of existing connectivity. Interested parties are invited to provide the Commission with further information in relation to connectivity needs as well as provide any specific proposals addressing connectivity where it is not available, on or before **July 15, 2026**. This data can be electronically sent to [psc.nusf@nebraska.gov](mailto:psc.nusf@nebraska.gov).

*Other Issues*

We appreciate the comments filed by NECC in this docket. The Commission's Telehealth program is embedded in the Nebraska Telecommunications Universal Service Fund Act ("NUSF") which directs the Commission to establish a program where comparable access to telecommunications and advanced telecommunications service is available in rural high-cost areas despite the higher costs to provide such service. Pursuant to the NUSF Act, the Commission's statutory authority limits Commission funding to eligible telecommunications carriers. Providing funding for personnel costs outside of those of an eligible telecommunications carrier, even though telehealth related, is outside the scope of the NUSF Act.

Other issues not specifically addressed, including the question related to expanding the list of eligible health care entities may be subject to further review in future progression orders.

**O R D E R**

IT IS THEREFORE ORDERED by the Nebraska Public Service Commission that the findings and opinions set forth herein be, and they are hereby, adopted.

IT IS FURTHER ORDERED that data responsive to this order can be filed for consideration on or before **July 15, 2026**, in the manner prescribed herein.

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SECRETARY'S RECORD, PUBLIC SERVICE COMMISSION

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Application No. NUSF-150

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ENTERED AND MADE EFFECTIVE at Lincoln, Nebraska, this 19th day of May, 2026.

NEBRASKA PUBLIC SERVICE COMMISSION

COMMISSIONERS CONCURRING:

*Eric M. Hamler*

*[Signature]*

*Kevin Stocker*

*[Signature]*

*Tim Schram*

Chair

ATTEST:

*[Signature]*

Executive Director



# Attachment "A"

## Nebraska Telehealth Pilot Program Application Form 2026

### Section I: General Information

Original  Revised

1. Funding Year:		3. License Number:	
2. Entity Name:		4. Internet Provider Name:	

### Section II: Child Care Provider Details

1. Entity Address:					
2. Entity Telephone Number:					
3. Authorized Representative Name:					
4. Authorized Representative Email Address:					
4a. City:		4b. State		4c. Zip:	
5. Number of Infants Authorized:					
6. Description of Devices to be Used:		7. Number of Devices to be used:			
8. Internet Service Provider Name:					
9. Internet Service Provider Services Subscribed to (e.g. speed tier package, voice, data):					
10. Monthly Cost of Internet Services:					

### Attach:

- NDHHS License
- Other supporting documentation if applicable.

### APPLICANT CERTIFICATION

- I certify that I am authorized to submit this request on behalf of the child care center.
- I certify that I have examined this request and to the best of my knowledge, all information contained on the application and in all attachments and supporting documents is true and correct.
- I certify that I have verified that the service provider has been certificated in Nebraska for purposes of receiving telehealth funding.
- I agree to perform and adhere to all requirements, and to comply with all state and federal regulations and requirements pertaining to this program.
- I understand that if any portion of the internet services subscribed to is changed or modified in whole or part, I will immediately notify the Nebraska Public Service Commission of this change. I also understand that support can only be provided to the service provider to offset the cost of service and that the support is used to provide affordable connectivity for access to health care monitoring. Support received may not be used for any other purpose other than that authorized by the Commission.

Click to enter text.

Printed Name of Authorized Person

Click to enter a date.

Date

Click to enter text.

Click to enter text.

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Title/Position of Authorized Person

Employer

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Signature of Authorized Person