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Nebraska Public Service Commission
Attn: Telecommunications/NUSF Department
1200 N Street, Suite 300
Lincoln, NE 68508
Re: Comment on NUSF-150 – Nebraska Telehealth Program

Dear Commissioners:

The Commission's effort to explore additional funding opportunities within the Telehealth Program reflects a timely and important commitment to expanding access to health services and innovative technologies in rural Nebraska. Pilot approaches that support emerging telehealth models, experiential learning, and advanced training have the potential to strengthen local workforce pipelines, build institutional capacity, and support long-term sustainability in rural communities. The comments offered here are intended to support that goal by highlighting practical implementation considerations that may influence the effectiveness, reach, and durability of any pilot program established through this proceeding.

Community colleges are not explicitly identified as eligible recipients or partners within the proposed Telehealth Pilot Program. This omission is significant given the role these institutions play in health care workforce education and ongoing skill development. Community colleges deliver simulation-based and experiential training that prepares students and incumbent workers for clinical environments that increasingly rely on telehealth technologies. In many rural regions, community colleges operate in areas that do not have major medical centers and serve as the primary access point for health education and training. These institutions already maintain sites, instructional capacity, and training infrastructure that allow them to reach rural learners and health professionals through programs that are timely, recurring, and closely aligned with local workforce needs. Clarifying eligibility to explicitly include community colleges as eligible entities would strengthen the program's ability to reach rural communities and support workforce readiness. Without such clarification, the program risks limiting participation in areas where community colleges are central to health care training and workforce development, which could reduce the overall impact of the pilot.

The order primarily emphasizes infrastructure and equipment as eligible uses of the Telehealth Program support. While these investments are necessary, the exclusion of personnel costs creates a gap that may affect successful implementation. Advanced telehealth and simulation systems require specialized staff to operate, maintain, and secure the technology. This includes instructional designers who align technology with training objectives, simulation technicians who manage equipment and learning environments, IT and network specialists who support connectivity and performance, and staff responsible for cybersecurity and data protection. Infrastructure investments made without corresponding personnel support risk being underutilized or failing to deliver their intended benefit. Allowing pilot program funds to support limited personnel costs that are directly tied to implementation,

operation, and sustainability would improve the likelihood that funded projects achieve their goals and provide lasting value to rural communities.

Immersive learning and simulation technologies, including high-resolution and low-latency systems, require a level of technical support that extends well beyond initial installation. These systems are not self-sustaining and demand ongoing calibration, regular software updates, and active troubleshooting to function as intended. Effective use also depends on faculty training and continuous technical support to ensure that instructional goals are met and that equipment is used appropriately. In addition, simulation environments must comply with privacy, security, and data management requirements that are increasingly complex. The experiential and immersive learning projects referenced in the order depend on this level of specialized staffing to operate reliably and safely. Without dedicated personnel to support these functions, investments in advanced simulation and telehealth technologies are unlikely to reach their full potential.

The order raises important questions about how funded infrastructure will be managed over time and who will bear responsibility for ongoing maintenance, upgrades, and eventual replacement. Clear expectations are also needed regarding how cybersecurity, data governance, and compliance obligations will be addressed once systems are in operation. Many rural and educational institutions do not have centralized information technology capacity sufficient to manage advanced telehealth and simulation systems without dedicated support. Providing guidance within the pilot program on infrastructure lifecycle management would help applicants plan responsibly and align projects with long term operational realities. Such guidance could include clarification of allowable uses of funds for management, maintenance, and technical oversight, as well as expectations for coordination with existing institutional or state technology frameworks. Addressing these issues upfront would strengthen project viability and reduce risk over the life of the investment.

Based on the considerations outlined above, several targeted modifications to the order would strengthen program design and implementation:

- The eligibility language should be clarified to explicitly include community colleges as eligible entities. This could be addressed in Section A, paragraph 2, lines 12 through 18, where the Commission discusses eligible health care providers and facilities.
- The Commission should consider allowing limited and clearly defined personnel support when such costs are directly tied to the operation, security, and sustainability of funded infrastructure. This clarification could be incorporated in Section A, paragraph 1, lines 22 through thirty, where eligible uses of Telehealth Program support are described.
- The order would benefit from additional guidance related to infrastructure management and long-term responsibility, including expectations for maintenance, cybersecurity, and system oversight. This guidance could be added in Section A,



paragraph 3, lines 8 through 16, in the discussion of pilot program design and evaluation.

- The Commission is encouraged to recognize education and healthcare partnerships as a core component of rural telehealth capacity by explicitly acknowledging their role in pilot projects. This recognition could be reflected in Section A, paragraph 1, lines 5 through 11, where examples of eligible pilot activities are provided.

These revisions would improve clarity, expand rural reach, and support the sustainability of investments made through the Telehealth Pilot Program.

The Commission's willingness to seek input on the future direction of the Telehealth Program reflects a thoughtful approach to strengthening access and innovation across rural Nebraska. Addressing eligibility, staffing, and infrastructure management within the order would help ensure that pilot projects are practical, sustainable, and responsive to the realities faced by rural institutions and training providers. These considerations are offered in support of the Commission's stated goals and with appreciation for the opportunity to contribute to this proceeding.

Thank you,

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