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January 19, 2021

Comments on COVID-19 Telehealth Program Application Evaluation Metrics

WC Docket No. 20-89

Thank you for the opportunity to comment on the Federal Communication Commission's (FCC) COVID-19 Telehealth Program as you prepare for awarding an additional $249.95 million to the previous $200 million allocated by Congress. In the Consolidated Appropriations Act of 2021, Congress requires the Commission to seek comment on metrics the Commission should use to evaluate applications for funding, as well as how it should treat unfunded applicants for the prior program. Specifically, you are seeking input on how to target applications from providers in the hardest hit areas that would have the greatest impact on the pandemic.

Rural communities fit squarely in your target population. As the Chair of the National Advisory Committee on Rural Health and Human Services (NACRHHS), I believe the FCC's telehealth program can play an important role in helping respond to the myriad health care challenges that have emerged during the COVID-19 pandemic. The NACRHHS is a Federal Advisory Committee that advises the Secretary of the U.S. Department of Health and Human Services on rural issues. Recognizing the significant challenge in finding a strategy that allows these funds to be awarded efficiently, while also leaning into those areas that would most benefit from this investment, I would like to point out a number of steps the FCC could take to ensure that rural concerns are addressed.

Of primary concern is that the initial award of funds for the program was heavily tilted toward large urban areas at the expense of under-resourced rural communities. You have an opportunity with this allocation of funds to target areas of need more strategically. As noted in your solicitation, during the initial round of funding the effect of the pandemic was variable across the country with urban areas being initially hardest hit. In the ensuing months, the impact on rural communities has intensified significantly, as noted by the CDC COVID 19 Data Tracker.

It is important for the Commission to understand that the impact of the pandemic has exacerbated the challenges of a very fragile rural health infrastructure. Given the rapidly changing dynamic of the pandemic, linking to key COVID-19 factors such as county caseloads, available acute and intensive care hospital beds and positivity rates is only marginally accurate because they only represent a point in time and can change dramatically between application, review and an award decision. The FCC would benefit from using a range of proxy measures for high-need communities using available public data.

Identifying High-Need Areas:

The FCC should consider requiring applicants to use a variety of public data sources to identify high-need areas in their submissions, and those applicants should get priority in funding. This would include the following factors:

- **Health Professional Shortage Areas (HPSAs)**: The FCC should require applicants to list the average primary care HPSA score for the counties to be served. This information is easily available at the Health Resources and Services Administration (HRSA). In other programs, the FCC has prioritized funding for Medically Underserved Areas and or Populations (MUAs/Ps) which is also a designation maintained by HRSA. We believe the HPSA is a better indicator because it is regularly updated, whereas the MUA/P list is not updated.

- **Communities with High Rates of Avoidable or Excess Mortality due to the Five Leading Causes of Death**: The FCC should give priority to applicants that include a majority of communities that have higher rates of avoidable or excess death from the five leading causes of death. This is an appropriate proxy for a range of broader health challenges for many communities. The CDC's Data Visualization galleries include a variety of ways to identify these communities.

- **Rural Focus:** The FCC should give priority to applicants that have a majority of their communities classified as rural. Given the limited clinical infrastructure in rural communities, the FCC support will play a critical role in overcoming the geographic barriers rural patients see in ensuring access to essential health care services. Administratively, it might be simpler to use an HHS definition of rural to align FCC awards to what is reimbursable by HHS rules for telehealth, although that is currently less of an issue with waivers for reimbursement under the pandemic.

- **Poverty:** The FCC should give priority to applicants that include persistent poverty areas within their catchment region. This data is readily available from the USDA.

- **Clinical Infrastructure**: The FCC has traditionally used broad terminology to identify health care providers. For example, in its Rural Health Program the FCC uses the term rural health clinic to mean a clinic in a rural area. However, the health care field, and specifically Medicare, has a statutory designation for a "Rural Health Clinic (RHCs)," to fund these essential components of the rural health care safety net. The other essential parts of the rural safety net are Federally Qualified Health Centers (FQHCs), Critical Access Hospitals, Medicare Dependent Hospitals and Sole Community Hospitals. We recommend the FCC give priority to applications, which include

such statutorily defined safety net providers as they have been designated by Congress and vetted by HHS to serve areas and populations of highest need.

- **Support for Administrative Costs**: The FCC should allow awardees to use a capped portion of their funds to cover administrative costs. In the past, the FCC has generally not allowed this, which means applicants must absorb the overhead of procuring broadband or other services. Most programs that provide federal support recognize limited administrative support as allowable costs. Failure to do so may prevent under-resourced communities from applying.

Given the timing of these awards, we realize there is likely not time to conduct an objective review of the applications. I therefore recommend FCC consult with other key federal programs with experience in awarding funds through a competitive process about how to bring impartial decision-making into future FCC funding solicitations. The existing Memorandum of Understanding between the U.S. Department of Health and Human Services (HHS), the U.S. Department of Agriculture (USDA) and the FCC provides an opportunity for the agencies to learn from each other and enhance collaboration. HHS and USDA have a long-established track record of awarding grants competitively through objective review processes and could work with FCC to add that process into future awards. Adopting such measures might also help address some of the concerns cited by Congress that prompted this request for information.

Thank you for your consideration of these issues.

Sincerely,

The Honorable Jeff Colyer
Chair