



FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON

OFFICE OF
THE CHAIRMAN

May 15, 2020

The Honorable Mike Doyle
U.S. House of Representatives
306 Cannon House Office Building
Washington, DC 20515

Dear Congressman Doyle:

Thank you for your letter regarding the Commission's efforts to improve access to telemedicine in response to the COVID-19 pandemic. During this crisis, connected care can help us treat coronavirus patients, enable patients with other conditions to get care while maintaining social distancing, and protect health care professionals from greater exposure. I'm committed to using every resource at the FCC's disposal to deal with this unprecedented national emergency.

As you know, in March, the Commission asked Congress to provide us with emergency telehealth funding. At a time when our country is facing unprecedented challenges, telemedicine services have never been more important. I'm thankful Congress included \$200 million in the CARES Act for the FCC to establish a COVID-19 Telehealth Program to help health care providers provide connected care services to patients at their homes or mobile locations. Following enactment of the CARES Act, I immediately presented my plan for the COVID-19 Telehealth Program to my fellow commissioners, and they unanimously voted to approve it. On April 2, 2020, the Commission released the Order formally establishing the Program. It will provide immediate support to eligible health care providers responding to the COVID-19 pandemic by fully funding their telecommunications services, information services, and devices necessary to provide critical connected care services until the program's \$200 million in funding has been expended or the COVID-19 pandemic has ended. Under the COVID-19 Telehealth Program, both rural and non-rural health clinics are eligible to receive funding. Using a streamlined application process, the Commission will make decisions on applications as rapidly as possible on a rolling basis. And in making funding decisions, we have had and will continue to have a preference of awarding funding to areas hardest hit by COVID-19, as well as to projects geared toward high-risk and vulnerable patients, including those most in need of engaging in social distancing.

Early results are quite positive. In just a few weeks since the Commission stood up the Program and opened the Program application portal on April 13, we have received hundreds of applications. Unsurprisingly, there's tremendous interest in and demand for COVID-19 Telehealth Program funding for connected care services. Consistent with my intention for the Commission to make funding determinations as expeditiously as possible, we've already approved six sets of funding requests since April 13, supporting 82 health care providers in 30

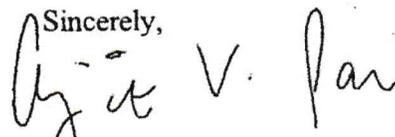
states for a total of \$33.26 million in funding. As suggested above, the Commission will continue to evaluate applications and will distribute additional funding on a rolling basis.

Although you ask about loosening the requirements of the Rural Health Care (RHC) Program to expand eligibility to all healthcare facilities nationwide, I would note all healthcare facilities nationwide already *are* eligible (with some needing to apply through a consortium) except for those (like for-profit hospitals) that Congress has prohibited from participating. What is more, I believe that more targeted efforts, such as the COVID-19 Telehealth Program, are better suited to address the immediate demands of the pandemic. Indeed, the RHC Program is fully subscribed and has been for the last several funding years. Further expanding the program would thus have the effect of diverting critical universal service funding away from the rural health care providers that need such funding the most.

To be sure, the RHC Program has a role to play in addressing the pandemic, and the Commission has taken a number of steps to help meet connectivity needs through that Program. For example, the Commission unanimously adopted my February proposal to fully fund all eligible RHC Program services for the current funding year with an additional \$42.19 million in funding. On March 26, we took additional action to assist RHC Program participants, including extending the RHC Program application window until June 30, 2020, easing competitive bidding requirements for health care providers with expiring evergreen contracts and extending deadlines for responses to inquiries from the Universal Service Administrative Company. The Commission's action will help ensure that rural healthcare providers have the resources, as well as the flexibility, they need to promote telehealth solutions for their patients.

In addition, we have implemented other actions, such as waiving our gift rules governing the RHC and E-Rate programs until September 30, 2020, to enable service providers to offer, and hospitals, schools, and libraries to solicit and accept, improved connections or additional equipment for telemedicine or remote learning during the coronavirus outbreak. And we have clarified that schools and libraries that are closed due to the COVID-19 outbreak are permitted to allow the general public to use E-Rate-supported Wi-Fi networks while on the school's campus or library property. These critical actions will make it easier for broadband providers to support telehealth and remote learning efforts during the pandemic.

Please let me know if I can be of any further assistance.

Sincerely,

Ajit V. Pai



OFFICE OF
THE CHAIRMAN

FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON

May 15, 2020

The Honorable Anna Eshoo
U.S. House of Representatives
202 Cannon House Office Building
Washington, DC 20515

Dear Congresswoman Eshoo:

Thank you for your letter regarding the Commission's efforts to improve access to telemedicine in response to the COVID-19 pandemic. During this crisis, connected care can help us treat coronavirus patients, enable patients with other conditions to get care while maintaining social distancing, and protect health care professionals from greater exposure. I'm committed to using every resource at the FCC's disposal to deal with this unprecedented national emergency.

As you know, in March, the Commission asked Congress to provide us with emergency telehealth funding. At a time when our country is facing unprecedented challenges, telemedicine services have never been more important. I'm thankful Congress included \$200 million in the CARES Act for the FCC to establish a COVID-19 Telehealth Program to help health care providers provide connected care services to patients at their homes or mobile locations. Following enactment of the CARES Act, I immediately presented my plan for the COVID-19 Telehealth Program to my fellow commissioners, and they unanimously voted to approve it. On April 2, 2020, the Commission released the Order formally establishing the Program. It will provide immediate support to eligible health care providers responding to the COVID-19 pandemic by fully funding their telecommunications services, information services, and devices necessary to provide critical connected care services until the program's \$200 million in funding has been expended or the COVID-19 pandemic has ended. Under the COVID-19 Telehealth Program, both rural and non-rural health clinics are eligible to receive funding. Using a streamlined application process, the Commission will make decisions on applications as rapidly as possible on a rolling basis. And in making funding decisions, we have had and will continue to have a preference of awarding funding to areas hardest hit by COVID-19, as well as to projects geared toward high-risk and vulnerable patients, including those most in need of engaging in social distancing.

Early results are quite positive. In just a few weeks since the Commission stood up the Program and opened the Program application portal on April 13, we have received hundreds of applications. Unsurprisingly, there's tremendous interest in and demand for COVID-19 Telehealth Program funding for connected care services. Consistent with my intention for the Commission to make funding determinations as expeditiously as possible, we've already approved six sets of funding requests since April 13, supporting 82 health care providers in 30

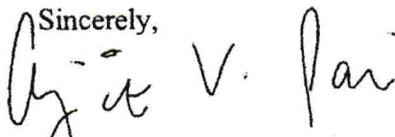
states for a total of \$33.26 million in funding. As suggested above, the Commission will continue to evaluate applications and will distribute additional funding on a rolling basis.

Although you ask about loosening the requirements of the Rural Health Care (RHC) Program to expand eligibility to all healthcare facilities nationwide, I would note all healthcare facilities nationwide already *are* eligible (with some needing to apply through a consortium) except for those (like for-profit hospitals) that Congress has prohibited from participating. What is more, I believe that more targeted efforts, such as the COVID-19 Telehealth Program, are better suited to address the immediate demands of the pandemic. Indeed, the RHC Program is fully subscribed and has been for the last several funding years. Further expanding the program would thus have the effect of diverting critical universal service funding away from the rural health care providers that need such funding the most.

To be sure, the RHC Program has a role to play in addressing the pandemic, and the Commission has taken a number of steps to help meet connectivity needs through that Program. For example, the Commission unanimously adopted my February proposal to fully fund all eligible RHC Program services for the current funding year with an additional \$42.19 million in funding. On March 26, we took additional action to assist RHC Program participants, including extending the RHC Program application window until June 30, 2020, easing competitive bidding requirements for health care providers with expiring evergreen contracts and extending deadlines for responses to inquiries from the Universal Service Administrative Company. The Commission's action will help ensure that rural healthcare providers have the resources, as well as the flexibility, they need to promote telehealth solutions for their patients.

In addition, we have implemented other actions, such as waiving our gift rules governing the RHC and E-Rate programs until September 30, 2020, to enable service providers to offer, and hospitals, schools, and libraries to solicit and accept, improved connections or additional equipment for telemedicine or remote learning during the coronavirus outbreak. And we have clarified that schools and libraries that are closed due to the COVID-19 outbreak are permitted to allow the general public to use E-Rate-supported Wi-Fi networks while on the school's campus or library property. These critical actions will make it easier for broadband providers to support telehealth and remote learning efforts during the pandemic.

Please let me know if I can be of any further assistance.

Sincerely,

Ajit V. Pai