



OFFICE OF  
THE CHAIRMAN

FEDERAL COMMUNICATIONS COMMISSION  
WASHINGTON

January 15, 2021

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

Dear Congresswoman Eshoo:

Thank you for your letter regarding the COVID-19 Telehealth Program, established under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. I share your views on the importance of telehealth, particularly during this unprecedented national emergency. Telehealth services have never been more important.

In March, the Commission asked Congress to provide us with emergency telehealth funding. 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 outside of traditional health care facilities. Following enactment of the CARES Act, I immediately presented my plan for the COVID-19 Telehealth Program to my fellow commissioners, who unanimously voted to approve it. On April 2, 2020, the Commission released the *COVID-19 Telehealth Program Order* formally establishing the Program. Our aim was to 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 had been committed or the COVID-19 pandemic had ended. And that's exactly what we did.

Consistent with Congress' directive and the urgent need for telehealth services in light of the COVID-19 pandemic, the Commission directed the Wireline Competition Bureau to award funding amounts for each selected applicant on a rolling basis and to target funding towards areas that have been hardest hit by the pandemic. The Commission directed the Bureau to use publicly available resources to help us identify these areas, such as data from the Centers for Disease Control and Prevention, in addition to information provided by applicants. On the recommendation of the Department of Health and Human Services, Commission staff used data collected and published by Johns Hopkins University to help identify whether an application was from an area that was hardest hit by COVID-19.

Commission staff conducted in-depth reviews of applications in light of numerous factors, such as whether the applicant was in a hard-hit area, whether applicants were targeting high-risk and vulnerable patients, pre-existing strain on the applicant, how treating other types of conditions or patient groups through the Program could free up resources to combat the pandemic, how telemedicine could directly aid in the prevention of pandemic spread by

facilitating social distancing and similar measures in the community, among other things. All of these factors were considered holistically with respect to any particular application.

The level of interest in the COVID-19 Telehealth Program was enormous, and demand drastically exceeded the \$200 million Program budget. The application window was open from April 13 until June 25, when it was closed because demand exceeded the available funding. By July 8, 2020, the Commission had awarded the full \$200 million to 539 applications from health providers in 47 states plus Washington, D.C. and Guam, nearly all of whom indicated plans to target high-risk and vulnerable patients. Due to the incredible interest in the program, the Commission was unable to fund the approximately 2,000 additional applications from eligible health care providers in areas hard hit at the time the Commission was reviewing applications.

Commission staff is working expeditiously to process reimbursement requests from funding recipients once they are submitted. Consistent with the Commission's COVID-19 Telehealth Program Order, funding is not disbursed until awardees seek reimbursement from the Commission for eligible services and connected devices they have paid for and received. The Commission's reimbursement process balances the interest in timely issuing payments to funding recipients and the need to ensure that reimbursements are issued in compliance with program rules, and is an effective tool for ensuring that health care providers are using support only for its intended purposes, as well as an important tool for preventing waste, fraud, and abuse. As of January 11, 2021, the Commission has issued \$119.5 million in disbursements, and will continue to disburse funds as health care providers receiving support in the program submit invoices for eligible services and devices.

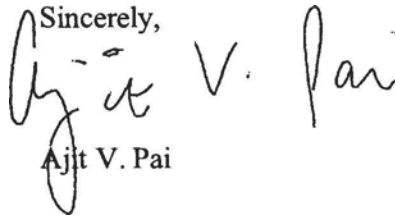
Throughout the administration of the COVID-19 Telehealth Program, the Commission has used appropriate controls to prevent waste, fraud, and abuse, while recognizing that administrative burdens should be streamlined where possible to meet the urgent need for funding to combat the COVID-19 pandemic. In applying for funding, applicants were required to submit cost documentation supporting their funding requests, and to certify, among other things, that they will comply with all program rules and any applicable federal and state laws, will not receive duplicate funding from any source for items funded through the program, and that program funding would only be used for its intended purposes. In order to receive reimbursement through the Program, funding recipients must submit documentation of their purchase of eligible services and connected devices and must certify, among other things, that they received the items for which they are seeking payment, that they are seeking payment for costs incurred and paid for in compliance with the program rules, that the program funds were used for their intended purpose, and that the funding recipient did not receive duplicate funding from any source for the exact items funded through the program. Funding recipients are required to retain documentation demonstrating compliance with program rules for a period of three years and may be subject to audit.

We also took several steps to ensure that healthcare providers had the information needed to participate in the program. For example, the Commission developed a dedicated COVID-19 Telehealth web page. Staff issued several public notices to help educate prospective applicants about the program and the application process. It issued FAQs and held a webinar providing helpful information and instructions on completing the COVID-19 Telehealth Program

application. Commission staff also participated in conference calls and webinars with stakeholders from all over the country, including outreach to Tribes, rural service organizations, health care organizations and associations, and organizations that seek to reach the medically underserved.

I'm pleased that Congress has extended our successful program into 2021 by providing the Commission with an additional \$249.95 million in support as part of the Consolidated Appropriations Act, 2021. In accordance with the statute, last week, the Commission sought public input on the metrics the agency should use to evaluate applications for this round of funding, including how the Commission should treat applications that were filed during the initial funding round provided under the CARES Act, and additional program improvements. Comments are due January 19, 2021. I am confident that our team at the Commission will work expeditiously to provide additional support for telehealth services through Round 2 of the program, which will allow us to approve many more applications to expand connected care throughout the country and enable patients to access necessary health care services while staying safe.

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

Sincerely,  
  
Ajit V. Pai





FEDERAL COMMUNICATIONS COMMISSION  
WASHINGTON

OFFICE OF  
THE CHAIRMAN

January 15, 2021

The Honorable Lisa Murkowski  
United States Senate  
522 Hart Senate Office Building  
Washington, DC 20510

Dear Senator Murkowski:

Thank you for your letter regarding the COVID-19 Telehealth Program, established under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. I share your views on the importance of telehealth, particularly during this unprecedented national emergency. Telehealth services have never been more important.

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Commission staff conducted in-depth reviews of applications in light of numerous factors, such as whether the applicant was in a hard-hit area, whether applicants were targeting high-risk and vulnerable patients, pre-existing strain on the applicant, how treating other types of conditions or patient groups through the Program could free up resources to combat the pandemic, how telemedicine could directly aid in the prevention of pandemic spread by

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The level of interest in the COVID-19 Telehealth Program was enormous, and demand drastically exceeded the \$200 million Program budget. The application window was open from April 13 until June 25, when it was closed because demand exceeded the available funding. By July 8, 2020, the Commission had awarded the full \$200 million to 539 applications from health providers in 47 states plus Washington, D.C. and Guam, nearly all of whom indicated plans to target high-risk and vulnerable patients. Due to the incredible interest in the program, the Commission was unable to fund the approximately 2,000 additional applications from eligible health care providers in areas hard hit at the time the Commission was reviewing applications.

Commission staff is working expeditiously to process reimbursement requests from funding recipients once they are submitted. Consistent with the Commission's COVID-19 Telehealth Program Order, funding is not disbursed until awardees seek reimbursement from the Commission for eligible services and connected devices they have paid for and received. The Commission's reimbursement process balances the interest in timely issuing payments to funding recipients and the need to ensure that reimbursements are issued in compliance with program rules, and is an effective tool for ensuring that health care providers are using support only for its intended purposes, as well as an important tool for preventing waste, fraud, and abuse. As of January 11, 2021, the Commission has issued \$119.5 million in disbursements, and will continue to disburse funds as health care providers receiving support in the program submit invoices for eligible services and devices.

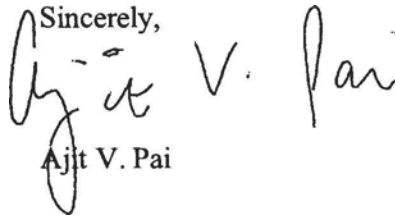
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January 15, 2021

The Honorable Brian Schatz  
United States Senate  
722 Hart Senate Office Building  
Washington, DC 20510

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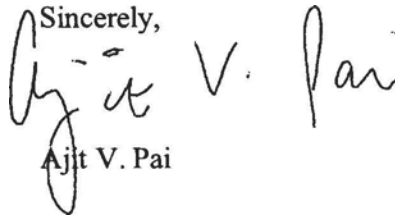
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January 15, 2021

The Honorable Don Young  
U.S. House of Representatives  
2314 Rayburn House Office Building  
Washington, DC 20515

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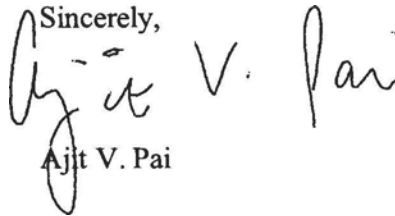
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