

**STATEMENT OF
ACTING CHAIRWOMAN JESSICA ROSENWORCEL**

Re: *In the Matter of COVID-19 Telehealth Program*, WC Docket No. 20-89, *Promoting Telehealth for Low Income Americans*, WC Docket No. 18-213; Report and Order and Order on Reconsideration

During the last year our nation's healthcare providers—the hospitals, the clinics, and the heroic staff who run those institutions—have been on the frontlines battling a cruel pandemic. This crisis has presented extraordinary new challenges. But it has also created new opportunities. From patients struggling to remotely connect with a health care professional to manage their chronic conditions, to doctors having to rethink their care models, health care providers have innovated at a rapid pace. In many ways that innovation has led to better and safer care for patients. These professionals deserve our gratitude, our prayers, and every possible tool we can provide them to make their efforts a success.

Last year, Congress provided the Federal Communications Commission with a way to help. By providing \$249.95 million to support the next round of the COVID-19 Telehealth Program, on top of the \$200 million Congress made available to the agency earlier in the year, we have real resources to contribute to the fight against this pandemic. With this new round of funding, Congress provided additional direction to the FCC. We were charged with establishing new metrics to evaluate applications, increasing program transparency, and setting up a system to consider requests from health care providers that sought support in the earlier round of funding. Today's decision accomplishes these new tasks—and does so with unanimous support.

Why is this important? This program will provide funding for connected devices hospitals can use to safely screen, diagnose and treat patients. It will support remote monitoring equipment so patients can continue to maintain care for themselves without risking a trip to the hospital or clinic. In addition, it will fund telehealth platforms and video equipment that allow health care professionals to conduct remote patient visits, as well as share x-rays and other medical images, communicate with patients, and even submit prescriptions to pharmacies.

For this round of funding, in response to Congress, we will use the new metrics and criteria adopted today. When we do so, we will take into consideration a variety of factors about each health care provider, such as the impact of the pandemic on the area it serves, whether it operates on Tribal lands or in an area with a high level of poverty, and if it is located in an area with health care shortages. In addition, we commit to having this program reach providers across the country, provided we receive qualified applications from every state, territory, and the District of Columbia.

What happens next? We will very shortly announce the date for the application window to open. Before doing so we will reach out to applicants from the last round of funding and other interested providers. We will also focus our outreach efforts on Tribal communities and the facilities that serve them. To further assist with this process and improve transparency, we are releasing a list of eligible devices and services as well as a separate guidance document that will help providers with preparing and submitting applications.

This is terrific progress and I want to thank Congress for supporting the FCC and its telehealth work. I also want to thank my colleagues for their careful review of this decision and especially for the adjustments made to the low-income metric by Commissioner Starks. Finally, I am especially grateful for the incredible expertise of the agency staff and their efforts to expand the reach of communications and the possibilities of telehealth with this new program.