

United States Senate  
WASHINGTON, DC 20510

January 25, 2021

The Honorable Jessica Rosenworcel  
Acting Chair  
Federal Communications Commission  
445 12th Street, SW  
Washington, DC 20554

Dear Chairman Rosenworcel:

We write to you today regarding the Federal Communication Commission's (FCC) invitation for public comment on how to administer another round of the COVID-19 Telehealth Program, which received \$249.95 million in funding through the Consolidated Appropriations Act of 2021 (P.L. 116-260). We welcome the chance to provide input on how to strengthen the program and ensure that this next round of funding goes to the places and organizations that need it the most.

All across the country our healthcare providers, first responders, and Americans of all walks of life have adjusted to a new way of receiving and giving care due to the COVID-19 pandemic. Over the past few months, we have seen that telemedicine can provide a lifeline to essential health care services through specialized connected care that was previously only available in person and. This is especially important in rural areas where healthcare services are often further away and require extended travel over difficult terrain. Linking rural emergency medical providers with specialists in real time can keep emergency department patients at home and more efficiently identify and treat patients who need more immediate care. Telehealth video also allows primary care providers to use remote patient monitoring devices to improve total quality outcomes and keep the most at-risk patients from exposure to COVID-19.

That's why a bipartisan, bicameral group of Senators and Representatives included robust funding for another round of funding for the FCC's COVID-19 Telehealth Program in the Bipartisan COVID-19 Emergency Relief Act of 2020. That bill also included a 20% set-aside for small, rural providers to ensure that those who needed the most help could compete with larger providers. We were pleased that funding for FCC telehealth made it into the end-of-year spending bill, as well as language requiring the equitable distribution of these funds across all 50 states and the District of Columbia, and we ask that this round of funding include targeted funds for rural areas.

The point of the FCC telehealth program is to help build out telehealth infrastructure among providers that currently lack capacity. Unfortunately, a majority of funding in the first round of the pilot program went to larger providers with more substantial requests, while many smaller providers who serve an essential role in our rural communities across the country were unsuccessful. Further, some providers – while critical to their communities – already had telehealth capabilities prior to the pandemic, while Rural Health Clinics (RHC), Federally

Qualified Health Centers (FQHC), and Critical Access Hospitals (CAH) only started expanding telehealth services after May 2020. These smaller providers have faced struggles with resources and capacity to set up their own telehealth infrastructure quickly. For example, the average CAH has an annual revenue of \$25 million while operating in critical roles in our communities. Our proposed set-aside would help resolve these structural issues and ensure that small, rural providers receive the help they need.

In addition to a focus on committing funds to small, rural providers, we urge the FCC to provide as much technical assistance and be as communicative with health care providers, especially rural providers, as is feasible. Standing up a new assistance program during the pandemic is a difficult task, and we believe that effective communication and transparency throughout all phases of the process will result in the effective, efficient use of taxpayer dollars to improve health outcomes across our country.

Rural areas are being hit particularly hard during this phase of the COVID-19 pandemic. While the virus first spread most quickly in large metropolitan areas, data released by the Centers for Disease Control & Prevention (CDC) shows that it has since sharply increased in rural communities. CDC data also shows that rural Americans are also more susceptible to the virus, and death rates in the country's least-populated areas are currently higher than in urban areas. Even before the pandemic, the disparity between rural and urban mortality had doubled from 1999 to 2017. Rural Americans are more likely to be older, more likely to suffer from underlying conditions, and have access to fewer hospitals – many of which were struggling financially even before the pandemic. In our states, we have seen rural hospitals – already struggling to make ends meet prior to the pandemic – enter bankruptcy or close their doors permanently.

It is critical that all areas across the United States have access to telehealth and telemedicine during this difficult time. In order to ensure that funding reaches the areas across our country that need help the most, and need it now, we call on the FCC to target funds to small providers in rural areas. Thank you for your attention to these matters.

Sincerely,



Joe Manchin III  
United States Senator



M. Michael Rounds  
United States Senator



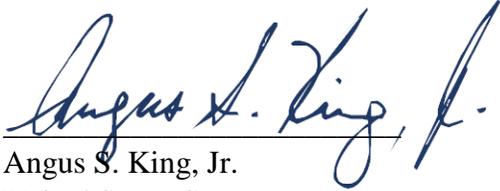
---

Tina Smith  
United States Senator



---

Maggie Hassan  
United States Senator



---

Angus S. King, Jr.  
United States Senator



---

Jeanne Shaheen  
United States Senator