

January 19, 2021

Marlene H. Dortch, Secretary Office of the Secretary Federal Communications Commission 45 L St., NE Washington, DC 20554

RE: FCC COVID-19 Telehealth Program Application Evaluation Metrics Request for Information (WC Docket No. 20-89)

Dear Secretary Dortch,

The Physicians Advocacy Institute (PAI) appreciates the opportunity to provide comments on the Federal Communications Commission (FCC) COVID-19 Telehealth Program Request for Information published by the FCC on Jan. 6, 2021.

PAI is a not-for-profit organization that was established to advance fair and transparent policies in the health care system to sustain the profession of medicine for the benefit of patients. As part of this mission, PAI seeks to better understand the challenges facing physicians and their patients and to also educate policymakers about these challenges. PAI also develops tools to help physicians prepare for and respond to policies and marketplace trends that impact their ability to practice medicine. PAI's Board of Directors is comprised of CEOs and former CEOs from nine state medical associations: California Medical Association, Connecticut State Medical Society, Medical Association of Georgia, Nebraska Medical Association, Medical Society of the State of New York, North Carolina Medical Society, South Carolina Medical Association, Tennessee Medical Association, and Texas Medical Association, and a physician member from Kentucky. As a physician-based organization, PAI is equipped to provide comments and insight into many of the challenges facing the medical profession.

In the FCC's first round of funding, the COVID-19 Telehealth Program provided support to eligible health care organizations and other providers responding to the COVID-19 pandemic by funding telecommunications services, information services, and connected devices that are necessary in providing critical telehealth and connected care services. While PAI appreciates the FCC's initial efforts in providing funding to areas hardest hit by COVID-19, the application process expressly favored not-for-profit medical organizations and other "public eligible health care providers" at the exclusion of thousands of independent physician practices. We believe this exclusion created a disparate impact between those

communities served primarily by "eligible" providers and those served by independent physician practices. This program has been very successful in rapidly expanding access to telemedicine services for patients living in communities served by eligible organizations. Unfortunately, the millions of patients living in rural and urban settings served primarily by independent physician practices only receive the benefit of such technology if those practices find alternative funding supports or undertake significant capital investments in technology and equipment at their own risk. Recently published evidence on the use of telehealth visits during the pandemic has shown that patients with a preferred language other than English and those between the ages of 55 to 64 were less likely to complete their visits.¹ Many of the small independent practices that serve these communities are already reeling from significant revenue losses during the pandemic and the additional budgetary outlays associated with telehealth technology have simply not been financially feasible. The result is an uneven access to necessary medical services. We therefore ask that the FCC review its application process to ensure the distribution of telehealth service funds is fair, equitable, and accounts for all physician practice types. To that end we would like to make the following suggestions:

- The FCC should expand its definition of 'eligible health care providers' to include independent physician practices. The current definition only allows nonprofit and public eligible health care providers to apply for funding, which is severely limiting. Private physician practices have been equally impacted by the pandemic and require additional support to continue providing critical care to patients via telehealth.
- We similarly urge the FCC to ensure that the application process appropriately prioritizes those independent physician practices serving communities that lack entities which may have otherwise already received funds. This will ensure there is no disproportionate impact felt by patients served by different physician organization types.
- We recommend that the FCC streamline the application process as much as possible so as to
 preclude any unnecessary administrative burden for independent practices that may lack some
 of the support services and administrative staff that larger entities can take advantage of.
- The FCC should explore the possibility of allowing larger community hospitals and integrated provider entities that may have already received FCC funding to in turn reimburse independent physician practices within their communities for communication and telehealth technology costs. These larger entities may be able to supplement the preferred method of direct payment to the practices themselves by assisting with contact, coordination, and payment distribution efforts. To that end, we encourage the FCC to coordinate with the Department of Health and Human Services and the Office of Inspector General to ensure that such distribution would not conflict with existing regulations under the Anti-Kickback Statute and the Physician Self-Referral Laws, as well as other relevant anti-trust regulations and statutes.

Overall, PAI recognizes and appreciates the FCC's efforts to provide telehealth program funding more equitably to physicians and patients impacted by COVID-19. The associations represented on the PAI Board of Directors welcome the opportunity to work with the FCC and look forward to exploring ways that allow physicians to provide higher quality, coordinated, integrated, and holistic care to their patients.

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¹ https://www.medpagetoday.org/practicemanagement/telehealth/90722?vpass=1

If you have any questions, please contact me at k2strategiesllc@gmail.com.

Sincerely,

Kelly C. Kenney

CEO, Physicians Advocacy Institute