



Charles N. Kahn III
President and CEO

April 10, 2020

Electronically Submitted on <https://www.fcc.gov/ecfs/filings>

Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: COVID-19 Telehealth Program [WC Docket No. 20-89]

Dear Commissioners:

The Federation of American Hospitals (FAH) is the national representative for over 1,000 leading tax-paying hospitals and health systems throughout the United States. FAH members provide patients and communities with access to high-quality, affordable care in both urban and rural America. Our members include teaching and non-teaching, acute, inpatient rehabilitation, behavioral health, and long-term care hospitals and provide a wide range of inpatient, ambulatory, post-acute, emergency, children's, and cancer services.

We appreciate the opportunity to voice **our strong support for the American Hospital Association's (AHA) formal Petition for Partial Reconsideration** as it pertains to the Federal Communications Commission's (FCC) determination of eligibility for participation in the COVID-19 Telehealth Program.

As defined by the FCC, the **eligibility criteria for the COVID-19 Telehealth Program would make tax-paying hospitals ineligible** for participation. We wholeheartedly believe that the Commission should reconsider its decision, and instead ensure the eligibility criteria enables full participation from a broad number of health care stakeholders, including tax-paying hospitals.

The FAH applauds the FCC for its rapid development of the COVID-19 Telehealth Program, which will play a pivotal role throughout the pandemic by expanding access to care. Yet, the lack of parity within the FCC's defined eligibility criteria unjustly penalizes patients living in communities across the United States that are served by a tax-paying hospital.

The COVID-19 pandemic is an unprecedented challenge facing our nation and impacts nearly every facet of the health care industry and its infrastructure. Along with not-

for-profit hospitals, our member hospitals are simultaneously on the frontlines of the COVID-19 pandemic. We are enduring the same financial hardships and must overcome the same challenges to protect our health care workforce while ensuring we have the resources necessary to care for our patients. **Coronavirus does not distinguish between patients or between the tax-paying status of their closest hospital.** For this very reason, *H.R. 748, The Coronavirus Aid, Relief, and Economic Security (CARES) Act* ensured that tax-paying hospitals are eligible for emergency funds and certain federal grant programs pertaining to the COVID-19 response.

Fortunately, telehealth can easily be deployed to screen, diagnose, and treat some patients with suspected COVID-19. Telehealth can alleviate the strain on hospitals – and protect patients and health care workers – by allowing for the treatment of certain COVID-19 patients that do not need hospitalization. Reducing hospital visits, especially for asymptomatic or mildly symptomatic cases, will protect the health care workforce and allow hospitals to utilize their limited resources to best prepare and respond to a surge.

Finally, it is important to note that many of the FAH member hospitals are the sole provider of comprehensive medical care in their communities, especially in rural America. They further serve as the largest or second largest employer and economic engine in these areas. Patients in these communities share the same challenging conditions as those served by not-for-profit hospitals, including extreme distances and limited access to a primary care provider and specialists. Revising the aforementioned eligibility restrictions will ensure the COVID-19 Telehealth Program can help serve all of these communities.

The FAH joins the American Hospital Association in urging the FCC to immediately reconsider and broaden the eligibility criteria for the COVID-19 Telehealth Program to include for-profit hospitals. Specifically, in 2003, as noted in the AHA’s petition, the FCC determined that emergency departments of for-profit hospitals that participate in Medicare should be deemed “public” health care providers due to their requirements under EMTALA. The FAH supports this 2003 determination.

The FAH appreciates the opportunity to comment. We look forward to partnering with the FCC as we strive to overcome the COVID-19 pandemic. If you have any questions regarding our comments, please do not hesitate to contact me or a member of my staff at (202) 624-1500.

Sincerely,

