February 5, 2021

Marlene H. Dortch, Secretary
Federal Communications Commission
45 L Street, NE
Washington, DC 20554

Re: COVID-19 TELEHEALTH PROGRAM
Docket No. 20-89

Dear Ms. Dortch:

The undersigned commend the Commission's efforts to ensure efficient and effective distribution of funding allocated by Congress in the Consolidated Appropriations Act, 2020 (CAA) for the purpose of supporting telehealth deployments. These steps to stand-up telehealth in the fight against the pandemic demonstrate the integral value of broadband in meeting the needs of the Nation. The undersigned parties, representing a diverse community of constituents united by their commitment to rural America, urge the Commission to recognize and prioritize rural needs as this telehealth funding is applied.

We appreciate that the CAA directs the Commission to ensure "equitable distribution" among states to the extent feasible and that the Commission has continued to examine how it can deliver the benefits of telehealth to areas particularly hard hit by the COVID-19 pandemic. As it moves to implement the next phase of the COVID-19 Telehealth Program and to distribute the additional funds appropriated by the CAA, we encourage the Commission to take greater account of unique challenges faced in rural America.

For example, although approximately 25 percent of Americans live in rural areas, only 10 percent of the Nation's physicians serve rural spaces; similar disparities exist in the ratio of specialists who serve rural spaces, leaving rural residents at critical disadvantage. In fact, according to the Bureau of Health Workforce of the U.S. Department of Health & Human Services, more than 68% of Health Professional Shortage Areas are in rural and partially rural areas. These shortages are compounded by higher incidences in rural regions of chronic and acute illness. The Commission recognized these sobering conditions when it introduced the COVID-19 Telehealth Program last year, noting, "Rural Americans are more likely to die from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and strokes than

their urban counterparts." Highlighting the imperative to improve rural healthcare, the Commission declared, "Telemedicine plays an increasingly critical part in treating patients, improving health outcomes, lowering costs, and helping health care providers maximize their impact on their communities, especially in rural areas of the United States." Those words, true in September, resonate even more deeply today.

In the past several months, COVID-19 has torn through rural regions. Largely spared from the initial wave, many rural areas are now facing overwhelming impacts of the pandemic. The distinct challenges of less access to healthcare resources than urban counterparts and greater incidences of conditions such

as cancer, diabetes, and COPD that themselves place COVID-19 patients at greater risk are combining to gather a storm of profound healthcare crises. The Commission's prioritization of rural spaces in COVID-19 Telehealth funding is necessary to avoid the precipice of public healthcare disaster, which looms especially where more than 175 rural hospitals have closed in just the past 15 years.

While the CAA does not direct a specific amount of funding to rural areas, as the Commission evaluates how to ensure equitable distribution of funds to areas that are particularly hard hit or in the greatest need of telehealth capabilities, factors such as these should prompt the Commission to place an express emphasis on rural concerns as a cornerstone of the COVID-19 Telehealth Program. Indeed, in comments filed in the above-captioned proceeding, private industry, community health care systems, and universities rallied around the need for rural prioritization. These include but are not limited to the University of Colorado School of Medicine; Miami Beach Community Health Center; Rush Health Systems; Tennessee Primary Care Association; Connected Health Initiative; 19Labs; and University of South Alabama Health System.

The undersigned offer one more note: rural prioritization in the instant proceeding can at once blunt the immediate impacts of COVID-19 while paving the way for future rural health gains. Between April 2018 and April 2020, physicians using telemedicine increased from 18% to more than 50%. The parties submit that long-lasting telehealth deployments enabled by the COVID-19 Telehealth Program coupled with increased usage will presage greater adoption of telehealth and, resultingly, better broadband-enabled health outcomes for rural America. This approach will help narrow both digital and healthcare divides and increase the equitable distribution of publicly funded healthcare resources.

Very truly yours,

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