



March 23, 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:

NTCA-The Rural Broadband Association (NTCA) submits these comments on metrics to evaluate applications for COVID-19 Telehealth Program awards. NTCA participated previously in this docket in reply comments filed February 5, 2021, describing generally the impact of COVID-19 in regions in which residents suffer disproportionately from comorbidities associated with the novel coronavirus. In these comments, NTCA recommends that the Commission include rurality of COVID-19 Telehealth Program applicants among other metrics as may be determined by the Commission. This recommendation is based upon (a) comorbidities and (b) distance from health care facilities and specialists in rural spaces.

As the Commission has specified, COVID-19 Telehealth Program funding need not be directed specifically to the treatment of the novel coronavirus. Rather, these funds can be applied to support telehealth initiatives that have the effect of “freeing up” limited health care resources for COVID-19 treatments. These may include, but are not limited to, using telehealth to limit COVID-19 transmission by reducing in-person visits to brick-and-mortar health care facilities, or by opening space at those sites by deferring suitable patient/physician interactions to telehealth. These strategies can be especially effective in rural spaces where the susceptibility of non-COVID-19 patients to infection may be increased by higher incidences of comorbidities, thereby supporting strategies to limit interactions among high-risk populations with COVID-19 patients.

On average, rural residents are older and face higher rates of chronic and acute conditions than their urban counterparts. When combined with distance from specialists and other socioeconomic factors, rural residents may be less able or less likely to obtain regular treatment for chronic conditions. By way of example, the CDC reports that COPD (chronic obstructive pulmonary disease) is more common in rural areas than urban.¹ However, the CDC also explains that higher rural COPD rates are due, in part, to “less access to smoking cessation programs” and the fact that “[r]ural residents are also likely to be uninsured and have higher poverty levels, which may

¹ Rural Health, COPD, Centers for Disease Control and Prevention
(<https://www.cdc.gov/ruralhealth/copd/index.html>) (viewed Mar. 23, 2021).

lead to less access to early diagnosis and treatment.”² The deployment of telehealth to enable access to beneficial programming would have the dual effect of avoiding high-risk interactions for high-risk individuals as well as potentially decreasing the impact of various chronic conditions through consistent attention to the diagnosis. Additionally, potential affordability issues can be addressed through innovative approaches that could, for example, create public telehealth access points for non-COVID-19 users. (This model has been deployed for U.S. service veterans in the Virtual Living Room®, a program administered by NTCA-affiliate Foundation for Rural Service that provides service locations at which veterans can access Veterans Administration telehealth and other services at no charge.)³

Recent data indicate a positive public response to telehealth availability. The Department of Health and Human Services reports that 43.5% of Medicare primary care visits in April 2020 were conducted via telehealth, a remarkable increase from the previous February in which only 0.1% of primary care visits were via telehealth. Demand in rural areas is high: 33% increases in telehealth usage were documented in Iowa, South Dakota, and Oklahoma. The most modest increase was yet a stunning 22% (occurring in Nebraska).⁴ Fortunately, data point not only to acceptance of telemedicine among younger Americans, but among older populations, as well.⁵ Collectively, these data support the inclusion of rurality as a metric in evaluating COVID-19 Telehealth Program applications: the healthcare needs are present, and users are eager to adopt.

These trends are borne out by events in rural areas served by NTCA members. During the COVID-19 pandemic, West River Telecom (Hazen, North Dakota) worked with area hospitals and clinics to plan for overflow locations and ensure connectivity. Ben Lomand Connect (McMinnville, Tennessee) provided resources for customers via social media including livestreaming experts on mental health (Ben Lomand has also deployed a Virtual Living Room®

² “Urban-Rural Differences in COPD Burden,” Chronic Obstructive Pulmonary Disease (COPD), Centers for Disease Control and Prevention (<https://www.cdc.gov/copd/features/copd-urban-rural-differences.html#:~:text=Rural%20populations%20may%20have%20more,living%20in%20more%20urban%20area>) (viewed Sep. 14, 2020) citing 2016 County Health Rankings: Key Findings Report, Population Health Institute, University of Wisconsin (2016) (https://www.countyhealthrankings.org/sites/default/files/media/document/key_measures_report/2016CHR_KeyFindingsReport_0.pdf) (viewed Sep. 14, 2020).

³ See “Create a Place Where Veterans Can Feel at Home,” Foundation for Rural Service (<https://www.frs.org/virtuallivingroom>) (viewed Mar. 19, 2021).

⁴ “HHS Issues New Report Highlighting Dramatic Trends in Medicare Beneficiary Telehealth Utilization Amid COVID-19,” US Department of Health and Human Services (Jul. 28, 2020) (<https://www.hhs.gov/about/news/2020/07/28/hhs-issues-new-report-highlighting-dramatic-trends-in-medicare-beneficiary-telehealth-utilization-amid-covid-19.html>) (viewed Aug. 26, 2020).

⁵ See, e.g., Greenwald, P., Stern, ME, Clark, S., Sharma, R., “Older Adults and Technology: In Telehealth, They May Not Be Who You Think They Are,” International Journal of Emergency Medicine (2018) (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5752645/>) (viewed Sep. 14, 2020).

in its service area).⁶ In pre-pandemic achievements, Dakota Central Telecommunications (Carrington, North Dakota) worked with health care systems to leverage its fiber optic network to support robotic home health devices that can administer tests and medications and report patient information to health care providers. Broadband deployed by Home Telecom (Moncks Corner, South Carolina) supports telepsychiatry using hi-def cameras and symmetrical broadband to reduce average patient stays from 36 hours to just four hours.

These and other rural broadband-enabled rural telehealth efforts offer not only qualitative benefits, but quantitative benefits, as well. Telehealth enables users to avoid lost wages and travel expenses while increasing local medical facility revenues. A 2017 report projected substantial economic benefits from rural telehealth deployment, including: travel expense savings of \$5,718 per medical facility, annually; lost wages savings of \$3,431 per medical facility, annually; hospital cost savings of \$20,841 per medical facility, annually; increased local revenues for lab work ranging from \$9,204 to \$39,882 per type of procedure, per medical facility, annually; and increased local pharmacy revenues ranging from \$2,319 to \$6,239 per medical facility annually, depending on the specific drug prescribed.⁷

Overall, rurality is a critical factor in enhancing the value of COVID-19 Telehealth Program awards. Application of this funding to rural spaces would direct resources to spaces with, on average, (i) higher incidences of COVID-19 comorbidities, (ii) less access to specialists, and (iii) greater distances to health care facilities. Combined with growing use of telehealth, generally, and evidenced examples of “best practices” by locally operated rural broadband providers to support telehealth, including rurality in COVID-19 Telehealth Program metrics would be fully consistent with the Commission’s and Congressional goals of extracting the greatest impact value from these necessary resources. For these reasons, NTCA urges the inclusion of rurality as a metric when evaluating COVID-19 Telehealth Program applications.

Respectfully submitted,

s/Joshua Seidemann

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⁶ Savage, Lisa, “Veterans Going Virtual,” Ben Lomand Commencion, at 8, 9 (Sep.-Oct. 2020) (<https://issuu.com/wordsouth/docs/benlomandconnection-septoct20>) (visited Mar. 19, 2021).

⁷ See, Schadelbauer, Rick, *Anticipating Economic Returns of Rural Telehealth*, Smart Rural Community (2017) (https://www.ntca.org/sites/default/files/documents/2017-12/SRC_whitepaper_anticipatingeconomicreturns.pdf) (accessed Aug. 26, 2020).