January 19, 2021

The Honorable Chairman Pai  
Federal Communications Commission  
445 12th Street SW  
Washington, DC 20554  

RE: Federal Communications Commission COVID-19 Package Appropriations  

Dear Chairman Pai,  

On behalf of OCHIN, I appreciate the opportunity to provide feedback on the COVID-19 Telehealth Program Application Evaluation Metrics. We truly appreciate the FCC’s leadership in supporting underserved communities throughout the country. OCHIN is a nonprofit health information technology and research organization that serves a virtual nationwide health care system to community-based providers in historically underserved communities. Throughout this pandemic, OCHIN has worked tirelessly to assist providers in reaching patients where they are by supporting broadband connectivity, telehealth capabilities, and ensuring health centers have the technology they require to provide these services. OCHIN could not have done this without the hard work of the Federal Communications Commission (FCC or Commission) and the swift disbursement of funding to OCHIN and other organizations capable of delivering devices and supportive technology.

OCHIN  

OCHIN has participated in a number of FCC led programs including the Rural Healthcare Program to extend broadband services and ensure patients and providers can access necessary devices to utilize broadband for optimal healthcare delivery. OCHIN looks forward to participating in further efforts to overcome disparities in broadband across the nation.

PRIORITIZE FEDERALLY QUALIFIED HEALTH CENTERS  

In the first round of funding, the Commission “strongly encouraged applicants to target the funding received to high-risk and vulnerable patients to the extent practicable.” We urge the Commission to play a greater role in ensuring the funding goes to these populations by focusing on applicants directing funds to mostly high-risk populations through federally qualified health centers (FQHCs) and look-alike health centers (LALs) funded by the Health Center Program of the Health Resources & Services Administration (HRSA). HRSA-funded health centers serve 1 in 3 people who are experiencing poverty in the United States. In 2019, more than 91% of FQHC patients and 89% of LAL patients had incomes at or below 200% of the Federal Poverty line.

First-come-first-served methodology of application approval disadvantages organizations and health centers that do not have the resources to quickly produce a high-quality application for funding. As a consequence of this methodology, after the first round of funding was disbursed many FQHCs and LALs
did not receive desperately needed funding to support their patients. First-come-first-served
distribution method does not account for the reality that many of the organizations with the highest
need did not have the resources to re-direct to administratively burdensome preparation of compelling
applications. We urge the Commission to ensure applicants are given priority based on need and level of
COVID-19 risk over application performance. The proposal to have an application window in this next
round of funding will resolve part of this issue, as long as the window is feasible for all applicants and all
of the applications submitted during that period are reviewed together. We suggest a filing window
between six and eight weeks. We also recommend the Commission significantly streamline the
administrative process for enrolling new health center providers and updating consortia paperwork so
that these requirements will not delay or prevent applicants from coming forward during the filing
window.

OCHIN urges prioritizing health care provider applicants serving populations “hardest hit” by COVID-19
at the time of the funding decision. Referencing data published and collected by The COVID Tracking
Project at The Atlantic and the Boston University Center for Antiracist Research, and separately by
Emory University, we know that communities of color experience disproportionate COVID-19 burden,
including higher likelihood of contracting the disease and greater loss of lives, compared to the general
population.¹

OCHIN also urges the FCC to not draw a distinction between pre-existing strain and pandemic-related
strain. Where the funding is provided to centers treating populations harder hit by COVID-19, there is
often an overlap of pre-existing strain. It has been well-documented that individuals with lower incomes
who are front-line workers as well as individuals from ethnically and racially diverse communities have
been adversely impacted disproportionately. Health centers preserving access to historically
underserved communities have greater budgetary strain and are often federally supported. These are
the areas that require priority in funding.

RE-FUND SUCCESSFUL SAFETY NET/RURAL CONSORTIA APPLICANTS

Among many of the health systems and health organizations that received funding and ensured that the
funding reached individual health centers, the demand among the network of health centers far
outweighed the supply. OCHIN, for example, received applications requesting nearly $4 million in less
than two weeks. The California Telehealth Network received early requests for nearly $9 million. The
extremely high demand resulted in many organizations with under fulfilled or unfulfilled requests, and
these amounts only account for the initial applicants and does not reflect those who may have been
unable to meet the truncated application deadline.

Consortia successfully constructed and executed processes from the ground up in minimal time to
implement purchasing and distribution of supplies that fell under the purview of this program. With
these capabilities still in place, the level of efficiency and speed they can provide in an equitable manner
should be leveraged and re-purposed for this round of funding.

OCHIN strongly recommends use of a funding formula capping requests based on the applicant’s patient
base as opposed to imposing a standard limit for all applicants. Placing an arbitrary cap on awards fails
to distinguish between organizations applying on behalf of numerous health care provider sites and

patient populations and overlooks the burden of the competitive application process putting lower resourced centers at a disadvantage. In addition, OCHIN recommends that first round funding recipients should remain eligible for this round of funding. These applicants should be evaluated on the extent to which they provided access and services to historically underserved populations as well as successful execution of the program requirements. These recipients should also be able to demonstrate strong implementation capacity.

FURTHER GUIDANCE ON PROGRAM COVERAGE

OCHIN recommends that the Commission publish a list of eligible and ineligible equipment and services to provide applicants with specific guidance on what may be requested for reimbursement. We respectfully request that the Commission make technical assistance services eligible for reimbursement under Round 2, especially those provided by community health workers, bilingual help desk workers, information technology specialists, and project management personnel. Our consortium’s health care providers serve in predominately under-resourced, over-burdened environments. As the FCC and funding recipients have clearly demonstrated over the past months, the hard work of standing up a telehealth program requires a notable investment of time by dedicated and qualified personnel. The FCC has an opportunity to re-deploy the infrastructure and trained staff who can make connected care technology function for the patients who need it.

We appreciate your consideration of our comments. Please contact Jennifer Stoll at stollj@ochin.org should you have any questions.

Sincerely,

[Signature]

Jennifer Stoll  
EVP, Government Relations and Public Affairs  
OCHIN