

Main Office

7501 Wisconsin Ave.

Suite 1100W

Bethesda, MD 20814

301.347.0400 Tel

301.347.0459 Fax

Division of Federal, State

and Public Affairs

1400 Eye Street, NW

Suite 910

Washington, DC 20005

202-296-3800

August 3, 2018

The Honorable Brendan Carr

Commissioner

Federal Communications Commission

445 12th Street SW

Washington, DC 20554

Dear Commissioner Carr,

The National Association of Community Health Center (NACHC) would like to thank you for your leadership in proposing the $100 million Connected Care Pilot Program (CCPP), which will support telehealth for low-income Americans, especially veterans and those living in rural areas.

NACHC is the national membership organization for federally qualified health centers (FQHCs or “Health Centers”), which serve as the backbone of the nation’s primary care safety net. Together, Health Centers serve approximately 27 million medically-underserved individuals in over 10,000 communities across the country. Health Centers seek to serve patients with low-incomes who often face significant geographic, transportation, and socioeconomic barriers to care, and turn no one away due to an inability to pay.[[1]](#footnote-1) Almost two-thirds of Health Center patients have incomes below the Federal Poverty Level (FPL), and about 20% have incomes between 101% and 200% FPL.

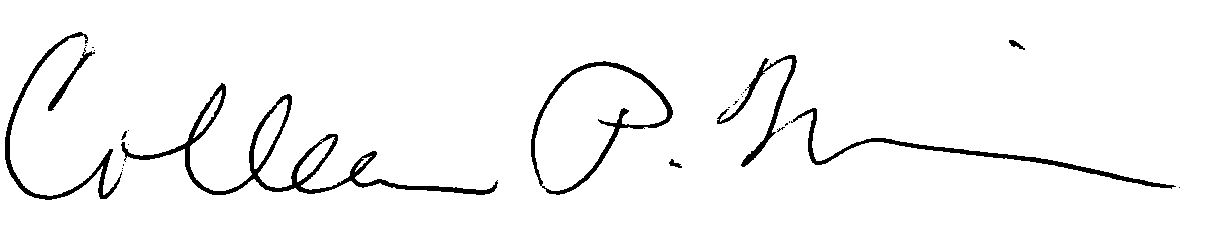
As you are aware, telehealth technology has enormous potential to improve patient care and outcomes, while simultaneously reducing costs. From real-time monitoring of patients with chronic conditions, to enabling patients in remote areas to interact with providers directly from their homes, increased connectivity can help overcome many of the geographic and other barriers that contribute to reduced access, poorer outcomes, and higher health care costs.

Health Centers in both urban and rural areas are eager to provide their medically-underserved patients with the benefits of telehealth technology, and many are already starting to do so. However, numerous barriers prevent Health Centers from taking full advantage of this technology. We are optimistic that the Connected Care Pilot Program will help to address some of these barriers by providing support for the devices and connectivity that will enable patients and providers to interact in more effective ways. For this reason, NACHC is pleased to express our support for the Connected Care Pilot Program, and we look forward to the opportunity to provide the FCC with ideas and information on how to best structure this program so that it demonstrates that benefits that telehealth can provide to underserved patients across the country.

We would also like to draw your attention to another critical barrier that prevents Health Centers and other providers from realizing the full benefit of telehealth technology – a lack of reimbursement from Medicare, Medicaid, and other insurers. Even if the CCPP were to assist Health Centers with the costs associated with hardware (including mobile devices) and connectivity, in many cases the Health Center would receive no payment to cover their providers’ time and effort. Without adequate reimbursement for these services, Health Centers would continue to incur substantial costs when providing telehealth services, even under the CCPP. For this reason, NACHC encourages the FCC to partners with the Centers for Medicare and Medicaid Services (CMS) to explore ways in which the two organizations could collaborate to offer a model in which the FCC provides support for hardware and connectivity while CMS ensure appropriate reimbursement under Medicare and Medicaid.

Thank you again for your leadership on this important issue, and we look forward to working together as the CCPP is developed and implemented.

Sincerely,



Colleen Meiman

Senior Policy Advisor

National Association of Community Health Centers

[cmeinan@nachc.org](mailto:cmeinan@nachc.org)

202-296-0158

Cc: The Honorable Ajit Pai, Chairman  
The Honorable Michael O'Rielly, Commissioner  
The Honorable Jessica Rosenworcel, Commissioner

1. 42 USC 254b(k)(3)(G)(iii)(I). [↑](#footnote-ref-1)