

Before the  
FEDERAL COMMUNICATIONS COMMISSION  
Washington, D.C. 20554

In the Matter of	)	
	)	
Promoting Telehealth for Low-Income	)	WC Docket. No. 18-213
Consumers	)	
	)	

**COMMENTS OF THE FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS, INC.**

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September 30, 2019

The Florida Association of Community Health Centers (FACHC) hereby comments on the Commission's Notice of Inquiry (NOI) regarding the establishment of Connected Care Pilot Program ("CCPP").

The Florida Association of Community Health Centers, Inc. is the Primary Care Association (PCA) for the state of Florida, as designated by the Health Resources and Services Administration (HRSA). FACHC appreciates the opportunity to submit comments on the Notice of Proposed Rulemaking for the Connected Care Pilot Program. Our organization is responsible for providing training and technical assistance to Florida's Federally Qualified Health Centers (FQHCs, or Community Health Centers/CHCs) on a wide range of subject matter from clinical outcomes improvement to telehealth advancement and workforce development, to name a few. The 49 CHCs across Florida provided comprehensive primary care to over 1.5 million Floridians in 2018 at one of over 530 locations, with 92.5% of whom having incomes below 200% of the federal poverty level (74.8% below 100% FPL) and 73.6% were either enrolled in Medicaid or had no insurance at all. The Association collaborates with each of these Centers to provide assistance in navigating the patient experience, regulatory world, and sharing of best practices.

Our comments reflect those submitted by the National Association of Community Health Centers (NACHC), and further information on each of our points is contained in NACHC's submission.

### **Overarching Comments:**

- FACHC appreciates the FCC's recognition of the valuable role that connected care technology can play in expanding access, decreasing costs, and improving health outcomes for low-income patients.
- To best demonstrate the potential impact of connected care, the FCC should work closely with the Centers for Medicare and Medicaid Services (CMS) to pair the CCPP with expansions in Medicaid and Medicare reimbursement for connected care services. *(Relates to paragraphs 12, 27, 30, 31, and 32.)*

### **Comments on Specific Paragraphs**

- Paragraph 17: Participating providers should be required to focus on health conditions that are generally managed on an outpatient basis.
- Paragraphs 22, 23, & 26: We strongly recommend that providers be permitted to use CCPP funding to rent, purchase, and/or add service for equipment to be used by patients.
- Paragraph 27: We strongly encourage the FCC to collaborate with the Centers for Medicare and Medicaid Services (CMS) to pair FCC funding with reimbursement under Medicare and Medicaid.
- Paragraph 29: We strongly support the FCC's decision to fund the CCPP without reducing funding for the Lifeline Program.
- Paragraph 30 and 31: We support a discount level of 85%, provided that health centers receive Medicaid and Medicare reimbursement for connected care services.

- Paragraph 32: We supports limiting potential sources for the non-discounted share of costs only if Medicaid and Medicare reimbursement is available for CCPP services.
- Paragraph 32: The FCC should explicitly prohibit telecom companies from charging more for services and/or devices provided to CCPP patients than they charge for the same services and/or devices provided to non-CCPP patients.
- Paragraph 33: The FCC should fund a large number of proposals representing varied funding amounts and methodological approaches – and to not arbitrarily limit how many proposals will be funded in advance.
- Paragraph 36: We support a three-year funding period for pilot projects, with additional time for “wind-up” and “wind-down” and potential extensions, when warranted.
- Paragraph 37: We strongly encourage the FCC to limit participation to ambulatory care providers – i.e., those whose focus is to keep patients living at home
- Paragraph 43: We strongly support limiting CCPP participation to providers that are located in or serve Health Professional Shortage Areas (HPSAs), Medically Underserved Areas (MUAs), and/or Medically Underserved Populations (MUPs), and note that the NPRM does not explicitly mention MUPs in the main text but should be added in Final Rule language.
- Paragraph 43: We strongly support targeting CCPP funds to providers whose primary purpose is to serve low-income and/or medically-underserved patients. However, the percentage of patients with Medicaid is not a good proxy for this purpose. Instead, we recommend requiring providers to serve or be located in a HPSA, MUA, or MUP, and awarding preference points based on data on the percentage of a providers’ actual patients who are low-income and/or medically-underserved.

- Paragraphs 45 & 47: We oppose limiting eligibility to providers who can demonstrate previous experience with connected care, such as Telehealth Resource Centers, Telehealth Centers of Excellence, and Eligible Telecommunications Carriers. Instead, the CCPP should support new providers to expand into these activities, in order to reach new
- Paragraphs 45 & 52: We support funding providers who can provide robust evaluations of their projects, but opposes limiting eligibility to providers that:
  - Agree to partner with external research organizations.
  - Can conduct a methodologically-sound clinical trial.
- Paragraph 45, 52, & 55: When establishing evaluation parameters, the FCC should keep in mind the limits on the types of data that health care providers can access. The FCC should also request support from CMS to access Medicaid and Medicare data
- Paragraph 45, 52, & 55: The FCC should request support from CMS to access Medicaid and Medicare data
- Paragraph 56: We strongly encourage the FCC to award priority points to applicants that:
  - Currently serve geographic areas or populations where there are well-documented health care disparities.
  - Focusing on specific health crises or chronic conditions that are widespread, and are documented to benefit from connected care.
  - Serving a large percentage of low-income patients and/or veterans who are eligible for free VA care.
  - Focus on keeping patients at home, rather than in medical facilities.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'Ben Browning', with a stylized flourish at the end.

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