



Charles N. Kahn III  
President and CEO

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Federal Communications Commission  
445 12<sup>th</sup> Street SW  
Washington, DC 20554

***Re: Notice of Proposed Rulemaking on Promoting Telehealth for Low-Income Consumers [WC Docket No. 18-213; FCC 19-64]***

Dear Commissioners:

The Federation of American Hospitals (FAH) is the national representative of more than 1,000 investor-owned or managed community hospitals and health systems throughout the United States. Our members include teaching and non-teaching hospitals in urban and rural areas, as well as inpatient rehabilitation, psychiatric, long-term acute care, and cancer hospitals. We appreciate the opportunity to provide input in response to the Federal Communications Commission's (FCC) Proposed Rule creating the Connected Care Pilot Program (Pilot), which is designed to support the delivery of telehealth services to low-income Americans.

Telehealth and other medical technologies are transforming the delivery of health care throughout the United States. Such innovation in treatment modalities have the potential to both improve health care outcomes and reduce costs. The FAH applauds the FCC for developing the Connected Care Pilot Program, which will help expand access to care via telehealth, especially in rural and underserved communities. We further commend the FCC for its continued efforts to expand broadband and health care connectivity through its Rural Health Care Program (RHCP).

Unfortunately, the proposal's adoption of the RHCP's provider definition would make investor-owned hospitals ineligible for participation in the Connected Care Pilot Program. As we noted in an October 2018 reply comment<sup>1</sup> to the FCC, we believe that the Commission should take an expansive view regarding the Pilot's eligibility criteria to ensure potential participation from a broad number of health care entities, including investor-owned hospitals. A more comprehensive eligibility criteria will contribute to the program's overall success.

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<sup>1</sup> [https://www.fah.org/fah-ee2-uploads/website/documents/FAH\\_Comment\\_on\\_FCC\\_Connected\\_Care\\_Pilot\\_Program.FINAL.pdf](https://www.fah.org/fah-ee2-uploads/website/documents/FAH_Comment_on_FCC_Connected_Care_Pilot_Program.FINAL.pdf)  
750 9<sup>th</sup> Street, NW, Suite 600, Washington, DC 20001 • 202-624-1500 • FAX 202-737-6462 • [www.fah.org](http://www.fah.org)

Under current guidance, investor-owned hospitals are not eligible to participate in the RHCP based on their tax filing status. The FAH membership includes many tax-paying rural hospitals, which traditionally serve older, low-income populations. This lack of parity unjustly penalizes patients living in rural communities across the United States that are served by an investor-owned hospital. As such, we encourage the FCC to think more broadly when considering the eligibility criteria for the Connected Care Pilot Program in order to support the most robust implementation of the pilot, reach more rural residents, and avoid the pitfalls of the RHCP's restricted eligibility criteria.

It is important to note that many of the FAH members' rural hospitals are the sole provider of comprehensive medical care in their communities, while also serving as the largest or second largest employer and economic engine in these areas. Patients in these communities share the same challenging conditions as those served by not-for-profit hospitals, including extreme distances and limited access to a primary care provider and specialists.

The FAH strongly supports the FCC's broadening of participation in this proposed program beyond those entities that are able to participate in the RHCP. We urge the FCC to permit investor-owned hospitals (among others) to apply for the program funding and thereby demonstrate their ability to provide connected care services to low-income patients, especially in rural communities.

The FAH appreciates the opportunity to comment. We look forward to partnering with the FCC as we strive for a continuously improving health care system. If you have any questions regarding our comments, please do not hesitate to contact me or a member of my staff at (202) 624-1500.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew M. Lewis". The signature is fluid and cursive, with a large, stylized initial "A" and "L".