Federal Communications Commission (FCC) releases its COVID-19 Telehealth Program fund

Updated April 24, 2020

The AMA would like to alert health care providers to a recent funding opportunity from the Federal Communications Commission (FCC) related to its COVID-19 Telehealth Program.

This $200 million program supports health care providers responding to the COVID-19 pandemic by providing eligible health care providers support to purchase telecommunications services, information services and devices necessary to enable the provision of telemedicine services during this emergency period. It will provide selected applicants with full funding for these eligible telehealth services and devices.

To receive funding, eligible health care providers must submit an application to the commission for this program, and the commission will award funds to selected applicants on a rolling basis until the funds are exhausted or until the current pandemic has ended.

It should be noted that only select “health care providers” are eligible for funding. In this context, the applicable statute defines a health care provider to mean:

- Post-secondary educational institutions offering health care instruction, teaching hospitals and medical schools
- Community health centers or health centers providing health care to migrants
- Local health departments or agencies
- Community mental health centers
- Not-for-profit hospitals
- Rural health clinics
- Skilled nursing facilities (as defined in section 395i–3(a) of title 42)
- Consortia of health care providers consisting of one or more entities described in clauses (i) through (vii)

In its announcement, the FCC provided additional details about the program:

Today we establish a $200 million emergency COVID-19 Telehealth Program to

Copyright 1995 - 2021 American Medical Association. All rights reserved.
implement the CARES Act and ensure access to connected care services and devices in response to the ongoing COVID-19 pandemic and surge in demand for connected care services. The support provided through the COVID-19 Telehealth Program will help eligible health care providers purchase telecommunications services, information services, and devices necessary to provide critical connected care services, whether for treatment of coronavirus or other health conditions during the coronavirus pandemic. This COVID-19 Telehealth Program is funded through a $200 million appropriation signed into law as part of the CARES Act, and this program will not rely on USF support.

We will begin accepting applications for the COVID-19 Telehealth Program immediately after publication of this Report and Order and notice of the Office of Management and Budget’s (OMB) approval of the COVID-19 Telehealth Program information collection requirements in the Federal Register. We direct the Wireline Competition Bureau (WCB or Bureau) to review the COVID-19 Telehealth Program applications, select participants, and make funding awards on a rolling basis until the funding is exhausted or until the current pandemic has ended, consistent with the criteria outlined in this Report and Order. We also direct the Bureau to announce the selected applicants and funding awards for the COVID-19 Telehealth Program applicants. The deadline for filing applications for the Pilot Program will be 45 days from the effective date of the Pilot Program rules or 120 days from the release date of this Report and Order, whichever is later. We will review the applications and our pilot project selections will be guided by the criteria outlined in this Report and Order and our strong interest in targeting limited Pilot Program resources towards patient populations, health conditions, and geographic areas where we believe USF funding for connected care services is most needed. We will announce the selected pilot projects and our rationale for selecting specific pilot projects.

The FCC will limit the program to nonprofit and public eligible health care providers.

It is in the public interest to support connected care services being provided to patients by eligible health care providers even when provided from a temporary or mobile location that is operated by the eligible health care provider.

Interested health care providers that do not already have an eligibility determination can obtain one by filling an FCC Form 460 with the Universal Service Administrative Company (USAC).

For purposes of the COVID-19 Telehealth Program, we establish a separate, streamlined application process in order to more expeditiously address the needs of eligible health care providers impacted by the coronavirus pandemic. Specifically, under the COVID-19 Telehealth Program, eligible health care providers must submit an application to the Bureau with sufficient information that will allow the Bureau to make selections and funding amount determinations.
COVID-19 Telehealth Program applicants will also be required, at the time of submission of their application, to certify, among other things, that they will comply with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy and reimbursement laws and regulations, and applicable medical licensing laws and regulations, as waived or modified in connection with the COVID-19 pandemic, as well as all applicable COVID-19 Telehealth Program requirements and procedures, including the requirement to retain records to demonstrate compliance with the COVID-19 Telehealth Program requirements and procedures for three years following the last date of service, subject to audit.

WCB, in consultation with the FCC’s Connect2Health Task Force, will evaluate the COVID-19 Telehealth Program applications and will select participants based on applicants’ responses to the criteria listed above. Our goal is to select applications that target areas that have been hardest hit by COVID-19 and where the support will have the most impact on addressing the health care needs. As indicated above, the funds for the COVID-19 Telehealth Program will be awarded on a rolling basis until they are exhausted or until the current pandemic ends.