



May 12, 2020

Mr. Ajit Pai
Chairman
Federal Communications Commission
445 12th St., SW.
Washington, D.C. 20554

Re: COVID-19 Telehealth Program

Dear Chairman Pai:

The American College of Physicians (ACP) greatly appreciates the Federal Communications Commission's (FCC) ongoing efforts to expand and support telehealth services in underserved areas across the country. The FCC's recent COVID-19 Telehealth Program provides important and necessary resources to healthcare clinicians addressing the COVID-19 pandemic through the use of telecommunications services, information services, and remote devices. However, in setting the eligibility criteria for the COVID-19 Telehealth Program, the FCC limited it to certain categories of clinicians (based on the Telecommunications Act of 1996) such as large teaching hospitals and medical schools, community health centers, public agencies, and non-profit hospitals. While these entities need resources, these are not the only clinicians in need of significant funding to respond to the COVID-19 public health emergency. The FCC's eligibility criteria specifically excludes the smaller and independent private physician practices that are on the frontlines of the COVID-19 pandemic.

ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 159,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions like diabetes, heart disease, and asthma.

Even before the COVID-19 pandemic, smaller practices struggled to implement telehealth and were less likely than larger practices to deploy telehealth services due to financial and regulatory barriers.¹ These same small practices are now experiencing even greater financial

¹ Cane, C., Gillis, K. The Use Of Telemedicine By Physicians: Still The Exception Rather Than The Rule. Health Affairs 37, No.12 (2018): 1923-30.

hardship due to the effects of the pandemic with substantially lower revenues. These hardships are so extensive that, according to recent surveys of over 700 clinicians, 35% believe most independent primary care practices will be gone after the first wave of the pandemic². In order to help reduce the spread of COVID-19, while providing as much ongoing and routine care to their patient populations as is feasible, many of these practices have worked to quickly shift much of their patient care services to virtual visits and telephone services.

Given this need for a rapid expansion and deployment of telehealth services, the FCC should expand the current COVID-19 Telehealth Program eligibility criteria to include physicians in small and independent practices (e.g., 15 or fewer clinicians), especially those providing primary care. In spite of their best efforts, many of these practices are facing significant challenges in implementing telehealth, with 29% of primary care practices still reporting no use of video visits and 9% no use of e-visits.³ **The FCC should also expand eligibility to physicians and practices in underserved rural and urban communities, including practices that treat patients at higher risk because of social determinants of health and racial, ethnic, and other personal characteristics.** The experience with COVID-19 suggests many patients are at higher overall risk of mortality and morbidity due to social determinants and racial and ethnic characteristics, particularly for African-Americans. Such patients are more likely to be found in underserved communities. It is essential to keep the practices that care for them open.

The resources distributed from the FCC's COVID-19 Telehealth Program would be extremely beneficial for small practices and practices in rural and urban underserved communities to provide high-speed, reliable telehealth services to their patient populations. For example, the funds would allow small practices to provide remote monitoring devices (e.g., pulse oximeters and blood pressure devices), tablets and software applications, and hotspots for patients who do not have access to these types of tools. Expansion of the eligibility criteria to include this subset of physicians is important to support a strong network for clinicians offering telehealth during the current pandemic and moving forward, and we hope the FCC will consider our recommendations.

Thank you again for your ongoing efforts to expand telehealth services. Please contact Brooke Rockwern, MPH, Senior Associate, Health IT Policy and Regulatory Affairs at brockwern@acponline.org, should you have any questions.

Sincerely,



Jacqueline W. Fincher, MD, MACP
President
American College of Physicians

² The Larry A. Green Center: <https://www.green-center.org/>

³ Quick COVID-19 Primary Care Survey: <https://static1.squarespace.com/static/5d7ff8184cf0e01e4566cb02/t/5eb45e0115428367956ec27f/1588878849350/C19+Series+8+National+Executive+Summary+with+comments.pdf>