



HealthTech Solutions

Telehealth & Broadband Funding CARES Act & Federal Communications Commission

April 9, 2020



Sources of funding: Telehealth & Broadband

I. Federal Communications' Commission March 30, 2020 Order

- COVID-19 Telehealth Program**

- ❖ (WC Docket No. 20-89) Funded under CARES Act Appropriation

- Connected Care Pilot Program**

- ❖ (WC No. 18-218) Funded by fees on telecommunications' providers

II. CARES Act (COVID-19)

- Language & Funding Directly Appropriated in Act**

- Language & Funding Inferred in Act**

CARES ACT: Language & Funding Directly Appropriated TELEHEALTH/BROADBAND

CARES ACT FUNDING (FOCUS ON TELEHEALTH/BROADBAND)

I. DIRECT FUNDING/LANGUAGE FOR TELEHEALTH / BROADBAND

Agency / Entity	Total Funds	Sub-category	Description
Federal Communications Commission (FCC)	\$200 M	Telehealth	<p>(FCC) — “COVID-19 Telehealth Program” \$200 M to FCC, “including to support efforts of health care providers to address coronavirus by providing telecommunications services, information services, and devices necessary to enable the provision of telehealth services.” (pg. 670 CARES Act)</p> <ul style="list-style-type: none"> ➤ On April 2, 2020, FCC issued one Order for CARES Act “COVID-19 Telehealth Program” and “Connected Care Program” (Funded by fees on telecommunications’ service providers)

FCC Report and Order

Adopted: March 31, 2020 & Released: April 2, 2020

1. CARES Act: COVID-19 Telehealth Program (WC Docket No. 20-89)

➤ Dollar Amount:

- ❖ \$200 million total (Do not anticipate more than \$1 million to any one applicant)
- ❖ Full funding for eligible services & devices (based on provider estimates of intended purchases)

➤ Eligible Equipment and Services:

- ❖ Telecommunications, information services, and connected devices to provide services
- ❖ Monitoring devices (pulse-ox, BP monitoring etc.) that are themselves connected
- ❖ Services and connected devices that are not identified in application can get funding
- ❖ Not limited to treating COVID patients (but strong interest in areas hardest hit by COVID-19)
- ❖ Not limited to specific conditions, populations, or geographic (but strong interest in high-risk)
- ❖ Not required to conduct competitive bidding process (but strongly encourage cost-effective)

CARES Act: COVID-19 Telehealth Program

➤ Eligible health care providers in rural or non-rural areas

- ❖ post-secondary educational institutions (healthcare, teaching hospitals, & medical schools)
- ❖ community health centers
- ❖ local health departments or agencies
- ❖ community mental health centers
- ❖ not-for-profit hospitals
- ❖ rural health clinics
- ❖ skilled nursing facilities
- ❖ consortia

➤ Application Process

- ❖ Get eligibility determination: FCC Form 460 to Universal Service Administrative Company (USAC).
- ❖ FCC application: COVID-19 Telehealth Program Application & Request for Funding
- ❖ Description of anticipated services, conditions to be treated, and goals
- ❖ Estimated number of patients
- ❖ Documentation for costs (provider quote, invoice, etc.)
- ❖ Description of devices and use, & whether they are for patient use or provider use
- ❖ Applications open April 13, 2020. (The funding is available until funding runs out.)
- ❖ Goal: Select apps targeting hardest hit areas and where support has most impact on health care needs.

Connected Care Pilot Program

➤ **Funding:**

Up to \$100 M over 3 years

No set number of projects (but do not anticipate only a few)

No set amount per project.

➤ **What it Funds:** 85% of qualifying costs for

- (1) patient broadband Internet access services,
- (2) health care provider broadband data connections,
- (3) other connected care information services, and
- (4) certain network equipment used primarily to treat medical condition.

➤ **Definitions**

(1) Telehealth: Exchange via EHRs and HIEs; large image files; real-time & delayed video conferencing

(2) Connected care: Subset of telehealth using broadband Internet access, service-enabled technologies to patients' remote mobile location or residence.

(3) Medical Condition: DHHS: any physical or mental condition, resulting from illness, injury, pregnancy, or congenital malformation.

Connected Care Pilot Program

➤ Eligible health care providers in rural or non-rural areas

- ❖ post-secondary educational institutions (healthcare, teaching hospitals, & medical schools)
 - ❖ community health centers
 - ❖ local health departments or agencies
 - ❖ community mental health centers
 - ❖ not-for-profit hospitals
 - ❖ rural health clinics
 - ❖ skilled nursing facilities
 - ❖ consortia providers consisting of one or more entities falling into the first seven categories.
- Strong preference (1) experience providing telehealth (e.g., remote patient monitoring, store-and-forward imaging, or video conferencing) or (2) partnership with provider, government agency, or telehealth resource center with that experience.

Connected Care Pilot Program

➤ Eligible Equipment and Services

- ❖ Only broadband network equipment to make connected care services functional, operate, manage, or control services.
- ❖ No specific list of services: “store-and-forward” technology; remote patient monitoring devices; mobile applications (if part of qualifying information service).
- ❖ No medical equipment.
- ❖ Patient broadband connection if “primary” use is connected care (no allocation required)
- ❖ No competitive bids if: Master Services Agreements; “evergreen”; schools & libraries E-Rate program; \$10,000 or less; or binding agreement with service provider.
- ❖ Do not have to choose eligible telecommunications carrier (ETC).
- ❖ Can purchase mobile or fixed broadband for patients with no or underserved broadband
- ❖ Est. patient connections—focus on low-income (Medicaid) or veterans (no income limit)
- ❖ No administrative costs or misc. expenses (provider outreach); Cannot use ineligible sources (e.g., direct payments from vendors to pay 15%

Connected Care Application Process

- Get eligibility determination: FCC Form 460 to Universal Service Administrative Company (USAC).
- FCC application: Connected Care Program Application & Request for Funding
 - ❖ Select service providers & network equipment (Does not have to be Eligible Telecommunications Carrier)
 - ❖ Describe services, conditions to be treated, and goals (Can design unique program)
 - ❖ Identify (and enrolls) patients
 - ❖ Health care provider's experience with treating those conditions or Partnership
 - ❖ Applications open April 13, 2020. (Deadline is no sooner than July 28, 2020 [120 days after Order adoption])
 - ❖ Goal: Select apps targeting hardest hit areas and where support has most impact on health care needs.

CARES ACT: Language & Funding Directly Appropriated TELEHEALTH/BROADBAND

CARES ACT FUNDING (FOCUS ON TELEHEALTH/BROADBAND)			
I. DIRECT FUNDING/LANGUAGE FOR TELEHEALTH / BROADBAND			
Agency / Entity	Funding	Subcategory	Description
Department of Agriculture's (USDA)	\$100 M	Broadband	USDA: \$100 M to ReConnect program federal financing & funding loans, grants, & combinations to facilitate broadband in rural America that do not have sufficient access to broadband (10 Mbps downstream and 1 MBps upstream).
			Eligible entities (coops, non-profits, mutual associations; for-profit corporations or LLCs, states, local governments (or agency, subdivision, instrumentality or political subdivision); territory or possession of the U.S.; Indian tribes); fund construction or improvement of buildings, land, & other facilities required to provide broadband, fund reasonable pre-application expenses, fund acquisition/improvement of existing system (100% loan requests only), & facilities for satellites
Department of Agriculture's (USDA)	\$25 M	Distance Learning & Telehealth	USDA: \$25 M for Distance Learning and Telemedicine (DLT) in rural communities. (libraries, K-12 schools, higher education institutions, hospitals, state and local governments, tribal entities, commercial/ISPs, non-profits) can apply for grants for broadband infrastructure (construction), broadband adoption, digital skills training, & distance learning & telemedicine equipment. (p 613) <u>Note:</u> This supplements annual DLT \$72 M competitive awards of \$50,000 to \$1 M (15% match) Second window opening April 14 – July 13 th .

CARES ACT: Language & Funding Inferred for TELEHEALTH/BROADBAND

HRSA	\$29 M*	Telehealth	Telehealth network and telehealth resource centers grant programs 42 U.S. Code § 254c-14 \$29 million for each of FFY 2021 through 2025. (sec 3212)
Tribes	\$1.03 B	IHS EHR system and telehealth	Tribes: \$1.03 billion to the Indian Health Service to support tribal health care system response efforts; (language includes the IHS EHR system and telehealth)
Veterans' Administration		Telehealth Mental Health	Grants Sec. VA to enter into short term agreements with telecommunications companies without competitive bid process for broadband services for providing Mental Health services via telehealth or VA video connection system.
Public Health & Social Services Fund	\$27 B	Telehealth mentioned	"Blood supply ... <u>telehealth</u> access & infrastructure, advanced manufacturing..." \$16 B stockpile. and reimbursement to VA up to \$289 M for other agencies performing services for VA. (through 9/30/24).
Asst. Sec. for Preparedness & Response			\$100 billion in grants for hospitals, public entities, nonprofits, and institutional providers to cover unreimbursed health care-related expenses or lost revenues from COVID-19
			\$250 million for Hospital Preparedness Program emergency preparedness, including the National Ebola and Special Pathogens Training and Education Center regional, State and local & hospital preparedness cooperative agreements.
			\$200 million for CMS to assist nursing homes with infection control and support states' efforts to prevent the spread of coronavirus in nursing homes; with not less than \$100 million for survey and certification. (Through 9/30/23)

CARES ACT: Language & Funding Inferred for TELEHEALTH/BROADBAND

II. FUNDING/LANGUAGE THAT ALLOWS SOME TELEHEALTH / BROADBAND FUNDING			
\$4.3 B	Public Health	CDC funds: \$4.3 billion to support federal, state, and local public health agencies to prevent, prepare for, and respond to the coronavirus, including: (pg 749)	
		https://www.cdc.gov/grants/index.html	
		\$1.5 billion to support States, locals, territories, and tribes, etc. 100% of 2019 grant; not less than \$125 million to tribes;	
		\$500 million for detection and response; not less than \$500 million public health surveillance; \$300 million transferred to Infectious Diseases rapid response for grants including lease/build non-federal facilities to improve preparedness and vehicles; and \$103.4 million to National Heart and Blood Institute (through 9//30/24)	
\$1.32 B	Health Centers	HRSA: supplemental awards for "prevention, diagnosis, and treatment of COVID-19." (Section 3211) to "health centers" (entity serving medically underserved, or special population of migratory & seasonal agricultural workers, homeless, & residents of public housing, by providing staff and supporting resources of the center or contracts or cooperative arrangements) and providing "required primary health services." 42 CFR 254-B (Chapter 6A, Part D)	
\$79.5 M*	Quality improvement	Rural Health Care Services Outreach, Rural Health Network Development, and Small Health Care provider Quality Improvement Grant programs. (42 USC 254c) \$79.5 million for each of fiscal years 2021 through 2025. (Section 3213)	

CARES ACT: Language & Funding Inferred for TELEHEALTH/BROADBAND

Substance Abuse & Mental Health (SAMHSA)	\$425 M*	Behavioral Health	Certified Community Behavioral Health Clinics: \$250 million to increase access to mental healthcare services.
			Suicide Prevention: \$50 million to provide increased support for those most in need of intervention.
			\$100 million in flexible funding to address mental health, substance use disorders, and provide resources and support to youth and the homeless during the pandemic, with not less than \$15 million to tribes. (Through 9/30/21)
Economic Development Administration (EDA):	\$1.5 B		\$1.5 billion to revitalize local communities to: states, political subdivisions, (cities, counties, etc.), district organization, Indian tribe, institution of higher education, or a non-profit in coordination with political subdivision. Must demonstrate an unemployment rate over 1% greater than national average or economic adjustment problems.
Dept. of Treasury	\$150 B	stabilization	\$150 billion to states for response—including building field hospitals, ventilators, and "offset the cost of other essential government services not budgeted for in the wake of the economic downturn;" expenditures incurred March 1, 2020 through December 31, 2020. Treasury must allocate funds to states (within 30 days) based on a state's population (provided by the Census Bureau), although every state will be guaranteed at least \$1.25 billion. (pg. 600)
			Of the \$150 billion, \$8 billion for Indian Tribes, who may apply directly to Treasury for their allotment.
Community Development Block Grant (CDBG)	\$5 B*	Block Grants	\$5 billion to remain available through 9/30/22. Of that amount, \$2 billion to FFY 2020 grantees based on FFY 2020 formula (within 30 days); \$1 billion to states for COVID within 45 days; and up to \$10 million for new/additional grants for technical assistance and capacity building.

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