

Before the
Federal Communications Commission
Washington, D.C. 20554

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

SECOND REPORT AND ORDER

Adopted: June 17, 2021

Released: June 21, 2021

By the Commission: Acting Chairwoman Rosenworcel and Commissioner Starks issuing separate statements.

TABLE OF CONTENTS

Table with 2 columns: Heading and Paragraph #. Includes sections I. INTRODUCTION, II. BACKGROUND, III. DISCUSSION (with sub-sections A-D), IV. PROCEDURAL MATTERS, and V. ORDERING CLAUSES.

APPENDIX A – January Connected Care Pilot Program Selections

APPENDIX B – June Connected Care Pilot Program Selections

I. INTRODUCTION

1. Through this Second Report and Order, we continue our efforts to implement the Commission’s Connected Care Pilot Program (Pilot Program) created pursuant to the Commission’s

authority under section 254(h)(2)(A) of the Communications Act.¹ We offer further guidance on the administration of the Pilot Program, including guidance on eligible services, competitive bidding, invoicing, and data reporting for selected participants.

2. The Commission received more than 200 Pilot Program applications from many health care providers whose patients lack Internet connections sufficient to transmit a video visit or receive health care through connected care and providers who indicate that their systems and bandwidth are inadequate to carry the new and significantly increased loads. Selected projects will directly benefit thousands of low-income patients and veterans facing a wide variety of health challenges, such as diabetes, hypertension, stroke recovery, opioid dependency, high-risk pregnancy, pediatric heart disease, mental health conditions, and cancer. Through these projects, we will develop a better understanding of how the Universal Service Fund (USF or Fund) can help support the adoption of connected care services among patients and their health care providers.

II. BACKGROUND

3. To limit transmission of COVID-19, patients and providers have adopted and expanded use of telehealth systems and processes with great rapidity.² The Centers for Medicare and Medicaid Services estimates that Medicare patients' telehealth activity increased from 15,000 beneficiaries a week pre-pandemic, to 24.5 million beneficiaries receiving a telehealth service between mid-March and mid-October 2020.³ Telehealth is expected to remain in demand even after the COVID-19 pandemic abates. As noted by the Centers for Disease Control and Prevention (CDC), "[w]ith expanded access and improved reimbursement policies in place, as well as ongoing acceptability by patients and health care providers, telehealth might continue to serve as an important modality for delivering care during and after the pandemic."⁴

4. The Pilot Program will make available up to \$100 million over a three-year funding period for selected projects and will provide universal service support for 85% of the cost of eligible connected care services and equipment.⁵ In the *Connected Care Report and Order* in April of last year, the Commission identified "connected care" services as a subset of telehealth that uses broadband Internet access service-enabled technologies to deliver remote medical, diagnostic, patient-centered, and treatment-related services directly to patients outside of traditional brick and mortar medical facilities—including specifically to patients at their mobile location or residence.⁶ The Pilot Program is open to

¹ See 47 U.S.C. § 254(h)(2)(A); *Promoting Telehealth for Low-Income Consumers; COVID-19 Telehealth Program, Report and Order*, 35 FCC Rcd 3366 (2020) (*Connected Care Report and Order*).

² See, e.g., Judd Hollander, M.D. & Aaron Neinstein, M.D., *Maturation from Adoption-Based to Quality-Based Telehealth Metrics*, NEJM Catalyst (Sept. 9, 2020), <https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0408>.

³ Press Release, Centers for Medicare & Medicaid Services, *Trump Administration Finalizes Permanent Expansion of Medicare Telehealth Services and Improved Payment for Time Doctors Spend with Patients*, (Dec. 1, 2020), <https://www.cms.gov/newsroom/press-releases/trump-administration-finalizes-permanent-expansion-medicare-telehealth-services-and-improved-payment>.

⁴ Centers for Disease Control and Prevention, *Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic — United States, January-March 2020* (Oct. 30, 2020), <https://www.cdc.gov/mmwr/volumes/69/wr/mm6943a3.htm>.

⁵ See *Connected Care Report and Order*, 35 FCC Rcd at 3397-3402, paras. 56-64 (describing eligible costs as 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).

⁶ See *id.* at 3375, 3385, paras. 14, 39. Examples of connected care services delivered to patients at their residence or mobile location rather than a health care provider's physical location include, but are not limited to, remote patient monitoring (e.g., use of patient reporting outcome platforms, glucometers, pulse oximeters, sphygmomanometers, chest straps, wearables, passive sensors, or other devices to consistently monitor patient vitals), patient health

(continued....)

eligible non-profit or public health care providers that fall within the statutorily-enumerated categories in section 254(h)(7)(B) of the Act.⁷ For purposes of the Pilot Program, eligible health care providers and their patients may be located in rural or non-rural areas, and eligible non-rural health care providers are not required to be part of a majority rural consortium.⁸

5. Selected Pilot Program participants will receive universal service support to offset 85% of the cost of eligible services and equipment funded by the Pilot Program.⁹ The remaining 15% share of the costs of eligible services and equipment must be paid by the selected Pilot Program participants from eligible sources, which include the applicant or eligible health care provider participants, participating patients, or state, federal, or Tribal funding or grants.¹⁰ Selected Pilot Program participants must also pay the costs of any ineligible expenses associated with their respective projects,¹¹ and must seek competitive bids for the eligible services for which they intend to seek Pilot Program support.¹²

6. On November 5, 2020, the Wireline Competition Bureau (Bureau) announced that the application filing window for the Pilot Program would open on Friday, November 6, 2020, at 12:00 PM ET and would close on Monday, December 7, 2020, at 11:59 PM ET.¹³ Health care providers submitted 220 applications seeking Pilot Program funding to treat a variety of patients and conditions nationwide. On January 15, 2021, the Commission announced that an initial tranche of 23 applications had been

(Continued from previous page) _____

education, store and forward services (e.g., asynchronous transfer of patient images and data for interpretation by a physician), and synchronous video consultations and visits. *See id.* at 3375, para. 14.

⁷ *See id.* at 3390, para. 47 (noting that the categories of eligible nonprofit and public health care providers are: (1) post-secondary educational institutions offering health care instruction; teaching hospitals, and medical schools; (2) community health centers or health centers providing health care to migrants; (3) local health departments or agencies; (4) community mental health centers; (5) not-for-profit hospitals; (6) rural health clinics; (7) skilled nursing facilities; and (8) consortia of health care providers consisting of one or more entities falling into the first seven categories). 47 U.S.C. § 254(h)(7)(B).

⁸ *See Connected Care Report and Order*, 35 FCC Rcd. at 3391-92, 3404, paras. 49, 67 & n.171.

⁹ *See id.* at 3388, para. 43.

¹⁰ *See id.* at 3388-89, para. 43. *See also* 47 CFR § 54.611(b)(1) (“Eligible sources include the applicant or eligible health care provider participants, state grants, appropriations, or other sources of state funding; federal grants, loans, appropriations except for federal universal service funding, or other sources of federal funding; Tribal government funding; and other grants, including private grants.”); 47 CFR § 54.611(b)(2) (“Ineligible sources include (but are not limited to) in-kind or implied contributions from health care providers; direct payments from service providers, including contractors and consultants to such entities; and for-profit entities.”). For purposes of the Pilot Program, participating patients can also be a source of the required 15% share of the costs. Additionally, all participants in the Connected Care Pilot Program are subject to the Commission prohibition on gifts from service providers. *See Connected Care Report and Order*, 35 FCC Rcd at 3412, para. 76.

¹¹ *See id.* at 3402-3404, paras. 65-66 (describing ineligible expenses for the Pilot Program).

¹² *Id.* at 3411-13, paras. 75-76. Note also, these paragraphs describe limited exemptions to the competitive bidding requirements.

¹³ *Wireline Competition Bureau Announces Connected Care Pilot Program Application Filing Window Opening*, Public Notice, 35 FCC Rcd 12751 (WCB Nov. 5, 2020) (*Bureau Application Filing Window Public Notice*).

selected.¹⁴ On June 15, 2021, the Commission selected an additional group of 36 applications for the Pilot Program.¹⁵

III. DISCUSSION

7. We now provide selected Pilot Program participants with additional information on the rules and requirements for participation so that they can begin their projects.

A. Connected Care Pilot Project Selection Evaluation Criteria

8. In reviewing applications, we sought to identify projects that would serve a high number of patients in the target populations, in areas most in need of USF support for connected care, treating many of the targeted conditions, and using products and services eligible for purchase with USF support. To do so, we used the evaluation criteria set out in the *Connected Care Report and Order* and reviewed applications in accordance with these criteria. For instance, we considered whether an application would serve low-income or veteran patients, as the *Connected Care Report and Order* established a strong preference for Pilot projects that can demonstrate that they will primarily benefit these patient groups.¹⁶ For purposes of the Pilot Program, a patient is considered low-income by determining whether (1) the patient is eligible for Medicaid or (2) the patient's household income is at or below 135% of the U.S. Department of Health and Human Services Federal Poverty Guidelines, and a patient is considered a veteran if they qualify for health care through the U.S. Department of Veterans Affairs' Veterans Health Administration (VHA).¹⁷

9. Pursuant to the *Connected Care Report and Order*, we also considered whether an application is primarily focused on treating certain conditions, such as public health epidemics, opioid dependency, mental health conditions, high-risk pregnancy/maternal health, or chronic or recurring conditions that typically require at least several months to treat, including, but not limited to, diabetes, cancer, kidney disease, heart disease, and stroke recovery.¹⁸ Further, we gave particular emphasis to health care providers that have either experience with providing telehealth or connected care services to patients, or a partnership with another health care provider, government agency, or designated telehealth resource center with such experience.¹⁹

10. In addition, the Commission stated a desire in the *Connected Care Report and Order* to select a diverse set of projects and target Pilot Program funds to geographic areas and populations most in need of USF support for connected care.²⁰ Consistent with this directive, we considered whether applications would serve rural or Tribal areas or patients, or would serve patients in Health Professional Shortage Areas or Medically Underserved Areas.²¹ We also considered whether applications would

¹⁴ See *Federal Communications Commission Announces Initial Projects Selected for the Connected Care Pilot Program*, Public Notice, 36 FCC Rcd 593 (2021) (*January Selection Public Notice*). The initial selection notice was for 14 applicants, filing 23 separate Pilot project applications. *Id.* Selections from the *January Selection Public Notice* are listed in Appendix A.

¹⁵ See *Federal Communications Commission Announces Second Set of Projects Selected for the Connected Care Pilot Program*, Public Notice, FCC 21-71 (June 15, 2021) (*June Selection Public Notice*). The second selection notice was for 32 applicants, filing 36 separate Pilot project applications. *Id.* Selections from the *June Selection Public Notice* are listed in Appendix B.

¹⁶ *Connected Care Report and Order*, 35 FCC Rcd at 3393-94 para. 51.

¹⁷ *Id.* at 3394-95 paras. 52-53.

¹⁸ *Id.* at 3385-86, 3407, paras. 39, 68.

¹⁹ *Id.* at 3392-93, para. 50.

²⁰ *Id.* at 3406-08, para. 68.

²¹ *Id.* at 3405-08, para. 68.

promote the goals of the Pilot Program.²² Lastly, we reviewed applications to determine whether they sought funding for eligible products and services, to ensure that the Pilot Program would use its limited funding efficiently.

B. Connected Care Pilot Program Requirements

11. This section summarizes the requirements of the *Connected Care Report and Order*, and provides additional instructions and procedures about the administration, budget, and eligible services for the Connected Care Pilot Program.²³ We remind all Pilot Program participants to review the Pilot Program's eligible services information prior to procuring services.

1. Program Administration and Budget

12. As a general matter, the traditional funding year period (e.g., July 1 to June 30 of each year) for the Rural Health Care Program will not apply to the Pilot Program. Because of the nature of the Pilot Program, and given the funding request submission deadline and ramp-up period deadline, we will not require selected Pilot Program participants to follow the traditional funding year process for the Rural Health Care Program. Pilot Program participants should therefore pay careful attention to any dates contained in official Pilot Program correspondence and on the Commission and the Universal Service Administrative Company (USAC or Administrator) webpages to ensure compliance with all applicable dates and deadlines.

13. We direct USAC to commit no more than the total amount associated with each project over a three-year period not to exceed the duration of the Pilot Program. This will ensure that total disbursements remain under the program budget. Further, to fund the Pilot Program, we direct USAC to collect only the total amount associated with the actual commitments for each selected project.²⁴ Because maximum expenditures based on each Pilot project budget were tracked before selection, selected participants will be able to request funding and receive funding commitments for multiple funding years.²⁵ Allowing funding requests and commitments to cover multiple years will reduce administrative burdens on Pilot Program participants by reducing the number of Funding Request Forms (FCC Form 462) they file and will allow them to know what their total funding commitment for the Pilot Program will be.

2. Eligible Services

14. The Pilot Program will provide Pilot Program participants funding to cover up to 85% of the cost of eligible services, which fall under the following categories: (1) patient broadband Internet access services; (2) health care provider broadband data connections; (3) connected care information services; and (4) certain network equipment.²⁶ We provide two clarifications on services eligible for

²² *Id.* at 3405, para. 68. The Commission established three specific goals for the Pilot Program: to determine how USF support can be used to (1) improve health outcomes through connected care; (2) reduce health care costs for patients, facilities and the health care system; and (3) support the trend towards connected care everywhere. *Id.* at 3415, para. 83.

²³ *See id.* at 3411, para. 74 (stating that the Commission will provide additional instructions and procedural information regarding the Pilot Program, including requests for funding, invoicing, and the specific data to be reported and reporting format); *Promoting Telehealth for Low-Income Consumers*, Notice of Proposed Rulemaking, 34 FCC Rcd 5620, 5650, para. 63 (2019) (*Connected Care Notice*).

²⁴ *See Connected Care Report and Order*, 35 FCC Rcd at 3387-88, para. 42 (directing USAC to collect funds quarterly for the Pilot Program beginning in the fourth quarter of 2020 and collecting necessary funds up to the amount of the budget over the entire three-year period in order to minimize any impact to the contribution factor). We direct USAC to collect only the aggregate amount associated with the projects that have been selected to date or will be selected in the future, not to exceed the \$100 million budget.

²⁵ *See id.* at 3413, para. 77; *see also infra* Section III.C.3.

²⁶ *Connected Care Report and Order*, 35 FCC Rcd at 3397-3404, paras. 55-66.

support in the Pilot Program. First, we clarify that the Pilot Program will reimburse network equipment purchases necessary to make broadband services functional, even if the Pilot Program is not directly supporting the costs of those broadband services. The *Connected Care Report and Order* states that the Pilot Program will fund “network equipment that is necessary to make Pilot Program funded broadband services for connected care services functional, or to operate, manage, or control such services.”²⁷ However, Pilot Program applicants have also indicated a need for network equipment to make a supported broadband service functional even if they do not require new or upgraded broadband from the Pilot Program as part of their Pilot project, and a need for network equipment to make the connected care services they are providing through their Pilot project functional. Accordingly, some Pilot projects do not require upgraded or new broadband service to participate in the Pilot Program but do require upgraded network equipment (e.g., switches) to make existing broadband services functional given the increased volume of network traffic associated with connected care services. To ensure these projects have the network equipment they need to provide broadband-enabled connected care services, the Pilot Program will provide funding to eligible, participating health care providers for necessary network equipment to make a broadband service functional for providing connected care services through the Pilot Program.

15. Second, we clarify that the Pilot Program will reimburse network equipment purchases necessary to make a connected care information service functional (e.g., a server necessary for storing video conferences or facilitating video transmissions). Although the *Connected Care Report and Order* stated that equipment necessary to make a *broadband* service functional was supported,²⁸ it did not specifically address eligibility of equipment necessary to make a *connected care* service functional. Many applicants requested funding for this type of network equipment and explained that this equipment was necessary, for example, to handle the increased volume of network traffic or storage needs associated with connected care services. Funding this additional network equipment for the limited purposes of the Pilot Program is consistent with the Commission’s decision to fund connected care information services through the Pilot Program and is critical to the successful operation of the participating Pilot projects that requested such equipment. Further, funding this equipment for the limited purposes of the Pilot Program is within the scope of the Commission’s statutory authority consistent with the legal rationale that the Commission relies on in the Healthcare Connect Fund to fund network equipment necessary to make a supported broadband service functional.²⁹ To ensure these additional types of funded network equipment are within the scope of our statutory authority and Pilot Program purpose, where projects requested network equipment necessary to make a connected care service functional, the equipment must be purchased either because of the increase in Internet traffic caused by the connected care services, or because the equipment would be primarily used for connected care information services. While our approach today to fund network equipment necessary to make a broadband service functional even if the Pilot Program is not funding the broadband service and to fund network equipment necessary to make a connected care information service functional is more expansive than the Rural Health Care Program’s (RHC) reimbursement for network equipment purchases,³⁰ we believe it is appropriate in this time-limited Pilot Program effort, focused on determining how USF funds can best support the trend towards connected care to be slightly more inclusive to ensure the success of selected Pilot Program participants.

16. The Pilot Program will not fund devices, including end-user connected devices (e.g., tablets, smart phones, or remote patient monitoring equipment), medical equipment, health care provider administrative costs, personnel costs (including, but not limited to medical professional costs), or other

²⁷ *Id.* at 3401, para. 63.

²⁸ *Id.*

²⁹ *See id.* at 3401, para. 63 & n.155.

³⁰ *See Rural Health Care Support Mechanism*, WC Docket No. 02-60, *Report and Order*, 27 FCC Rcd 16678, 16751-53, paras. 157-163 (2012) (*Healthcare Connect Fund Order*) (articulating what equipment is eligible for reimbursement as part of the Healthcare Connect Fund).

miscellaneous expenses.³¹ The Pilot Program also will not fund network deployment, the construction of networks between health care providers, internal connections for health care providers, or connectivity services between health care provider sites.³² Pilot Program participants must cost allocate all ineligible services and/or equipment that are included in bundles, packages, or suites of services used in Pilot Program projects.³³ Funding for Pilot Program participants is limited to three years.³⁴ As a reminder, patient broadband Internet access service funded through the Pilot Program is intended for patients who lack broadband or have an Internet connection insufficient to receive connected care, and the funded patient broadband connection must be “primarily” used for activities that are integral, immediate, and proximate to the provision of connected care services to participating patients.³⁵

17. During application review, Bureau reviewers identified clearly ineligible services and equipment when they were apparent on the application, but USAC reviewers will review FCC Form 462s in order to take further steps to ensure that no funding will be committed for ineligible services or equipment. Pilot Program participants that seek competitive bids and submit requests for funding (discussed more fully below) should refer to the Bureau’s previously published guidance on eligible services and equipment³⁶ to ensure that they are only requesting funding for eligible items. Pilot Program participants should be aware that selection does not guarantee that all items in an application are eligible and will be funded upon request.

18. Finally, we remind Pilot Program participants that they are prohibited from using Universal Service support to purchase or obtain any equipment or services produced or provided by a covered company posing a national security threat to the integrity of communications networks or the communications supply chain.³⁷ In addition, Pilot Program participants are prohibited from using Federal subsidies to purchase, rent, lease, or otherwise obtain any covered communications equipment or service, or maintain any covered communications equipment or service previously purchased, rented, leased, or

³¹ See *Connected Care Report and Order*, 35 FCC Rcd at 3402-04, paras. 65-66.

³² See *Connected Care Report and Order*, 35 FCC Rcd at 3340-41, para. 60; see also *Bureau Application Filing Window Public Notice*; Federal Communications Commission, *Connected Care Eligible Services Chart*, <https://www.fcc.gov/connect-care-eligible-services> (last visited June 17, 2021). Additionally, the Connected Care Pilot Program seeks to avoid duplication with the Healthcare Connect Fund, and otherwise has eligibility rules consistent with the Healthcare Connect Fund. See *Healthcare Connect Fund Order*, 27 FCC Rcd at 16727-16756, paras. 105-170.

³³ See *Connected Care Report and Order*, 35 FCC Rcd at 3397, n.131.

³⁴ See *id.* at 3389, para. 46.

³⁵ *Id.* at 3398-99, para. 58.

³⁶ See *Bureau Application Filing Window Public Notice*; see also Federal Communications Commission, *Connected Care Eligible Services Chart*, <https://www.fcc.gov/connect-care-eligible-services> (last visited June 17, 2021).

³⁷ 47 CFR § 54.9; *Connected Care Report and Order*, 35 FCC Rcd at 3401-02, para. 64. See also *Protecting Against National Security Threats to the Communications Supply Chain Through FCC Programs*, WC Docket No. 18-89, Report and Order, Further Notice of Proposed Rulemaking, and Order, 34 FCC Rcd 11423, 11433, para. 26 (2019), *appeal pending in Huawei Technologies USA v. FCC*, No. 19-60896 (5th Cir.). See also *Protecting Against National Security Threats to the Communications Supply Chain Through FCC Programs – Huawei Designation*, PS Docket No. 19-351, Order, 35 FCC Rcd 6604 (PSHSB 2020); *Protecting Against National Security Threats to the Communications Supply Chain Through FCC Programs – ZTE Designation*, PS Docket No. 19-352, Order, 35 FCC Rcd 6633 (PSHSB 2020).

otherwise obtained.³⁸ A list of covered equipment and services was posted on the Commission’s website on March 12, 2021 and will be updated to reflect any future determinations.³⁹

C. Connected Care Pilot Program Rules and Procedures

19. This section provides details for Pilot Program participants about the competitive bidding process, requesting funding, receiving funding commitments, making changes to their projects, and seeking reimbursement through submitting invoices.⁴⁰ To ensure efficient and predictable administration, the Pilot Program will use rules and procedures for the RHC Healthcare Connect Fund Program to the extent feasible.⁴¹ For purposes of the Connected Care Pilot Program, the Commission directs USAC to develop new versions of FCC Form 461 (Request for Services Form), FCC Form 462 (Funding Request Form), and FCC Form 463 (Invoice and Request for Disbursement Form) and make them publicly available. These forms should be clearly marked to indicate their association with the Connected Care Pilot Program and avoid confusion with other versions. Pilot Program participants may now begin the competitive bidding process and, if a competitive bidding exemption applies, may file a Request for Funding.

1. Funding Request Process Overview

20. Following selection by the Commission, Pilot Program participants can begin to follow the process outlined below. Generally, Pilot projects are to operate using Pilot Program funds for no more than three years from the first date of service.⁴² Expenses for which Pilot Program funding is requested and invoiced must be incurred within three years from the first date of service for the respective project, and by no later than June 30, 2025.

- *Conduct Competitive Bidding.* The FCC Form 461 initiates the competitive bidding process for all products and services for which competitive bids are required. The Pilot Program participant will describe the required services and equipment for its project, develop scoring criteria to evaluate bids,⁴³ and post the resulting request for services to

³⁸ 47 CFR § 54.10; *Protecting Against National Security Threats to the Communications Supply Chain Through FCC Programs*, Second Report and Order, 35 FCC Rcd 14284, 14286, para. 4 (2020).

³⁹ See Federal Communications Commission, List of Equipment and Services Covered by Section 2 of the Secure Networks Act, <https://www.fcc.gov/supplychain/coveredlist> (last visited June 17, 2021).

⁴⁰ These post-selection processes, together with the FCC Form 461, FCC Form 462, and FCC Form 463, are described in graphic form on USAC’s website. See USAC, Connected Care Pilot Program Health Care Provider (HCP) Application Process, https://www.usac.org/wp-content/uploads/rural-health-care/documents/connected-care/Connected_Care_Process_Infograph.pdf (last visited June 17, 2021).

⁴¹ See *Connected Care Notice*, 34 FCC Rcd 5620, 5638, para. 41 (“We also propose to borrow additional administrative procedures from the RHC programs in implementing the Pilot Program.”). RHC Healthcare Connect Fund rules requiring proration for certain types of funding requests and limiting funding for certain health care provider and applicant types do not apply to the Pilot Program because the Pilot Program is of a limited duration and has a proscribed funding amount for each Pilot Program participant. See, e.g., 47 CFR § 54.607(c); (limiting funding available to non-rural hospitals with 400 or more patient beds); 47 CFR § 54.616(b)(2) (limiting support for upfront payments to consortium applicants); 47 CFR § 54.616(c) (requiring that a request for support for upfront payments that exceeds, on average, \$50,000 per eligible site in the consortium be prorated over three years and be part of a multi-year contract).

⁴² Pilot projects may continue to operate using non-Pilot Program funding after the end of their Pilot Program funding period.

⁴³ Pilot Program participants must “develop weighted evaluation criteria (e.g., a scoring matrix) that demonstrates how the applicant will choose the most cost-effective bid before submitting its request for services,” must “specify on its bid evaluation worksheet and/or scoring matrix the requested services for which it seeks bids, the information provided to bidders to allow bidders to reasonably determine the needs of the applicant, its minimum requirements for the developed weighted evaluation criteria, and each service provider’s proposed service levels for the criteria,”

(continued....)

USAC's website for at least 28 days. Following the 28-day posting, the Pilot Program participant must choose the most cost-effective⁴⁴ service provider and may then enter into a contract. This requirement does not apply to any products or services for which the Pilot Program participant is exempt from seeking competitive bids pursuant to a competitive bidding exemption, as outlined below.

- *Request Funding.* Pilot Program participants must request funding by submitting the FCC Form 462 to USAC.⁴⁵ Note that for Pilot Program participants in Appendices A and B, the submission of the FCC Form 462 to USAC must occur no later than six months after the effective date of this Report and Order. Any future Pilot Program selections must submit their respective FCC Form 462 to USAC no later than six months after the announcement of their selection.⁴⁶
- *Receive a Funding Commitment.* USAC will review the FCC Form 462 and, if approved, issue funding commitment letters (FCLs) to the Pilot Program participants (and vendors, if necessary), indicating the amount committed under the Pilot Program for the FCC Form 462. The FCL contains other important information such as the service delivery deadline, and Pilot Program participants are reminded to read their FCLs closely.
- *Begin the Pilot Project.* Pilot Program participants must begin their Pilot projects no later than six months after receipt of their FCL from USAC.
- *Make Project Modifications, if Needed.* Pilot Program participants may request site or service substitutions or contract modifications pursuant to the procedures outlined in this Report and Order.⁴⁷
- *Request Reimbursement.* After equipment or services have been delivered, Pilot Program participants may seek reimbursement by submitting the FCC Form 463 to USAC. Pilot Program participants are encouraged to seek reimbursement on a monthly basis, if possible. Note that certain vendors, for instance, Internet Service Providers enrolled with the Rural Health Care Program, will submit the FCC Form 463 directly to USAC, upon request by the health care provider (or consortium).⁴⁸

(Continued from previous page) _____

and must “specify the disqualification factors, if any, that it will use to remove bids or bidders from further consideration.” 47 CFR § 54.622(d). A Request for Proposal (RFP) is required “if required under applicable State, Tribal, or local procurement rules or regulations” and for a consortium “seeking more than \$100,000 in program support [for a Pilot Program year], including applications that seek more than \$100,000 in program support for a multi-year commitment.” 47 CFR § 54.622(e)(5)(ii)(A and B). If an RFP is issued it must contain the information outlined in 47 CFR § 54.622(e)(5)(iii)(A-E) as applicable.

⁴⁴ 47 CFR § 54.622(c); *see also Connected Care Report and Order*, 35 Rcd at 3411, para. 75. Accordingly, for the Pilot Program, the most cost-effective service means the method that “costs the least after consideration of the features, quality of transmission, reliability, and other factors that the health care provider (HCP) deems relevant to choosing a method of providing the required health care services.” 47 CFR § 54.622(c). Further, “when choosing the most ‘cost-effective’ bid, price must be a primary factor, but need not be the only primary factor. A non-price factor may receive an equal weight to price, but may not receive a greater weight than price.” *Id.* Finally, “after reviewing the bid submissions and identifying the bids that satisfy the applicant’s specific needs, the applicant must then select the service provider that offers the most cost-effective service.” 47 CFR § 54.622(d).

⁴⁵ 47 CFR § 54.623.

⁴⁶ *See Connected Care Report and Order*, 35 FCC Rcd at 3413, para. 77.

⁴⁷ *See* 47 CFR § 54.624. *See also Connected Care Report and Order*, 35 FCC Rcd at 3413, para. 78 (requiring that USAC be notified of changes to projects, including site closures).

⁴⁸ *See Connected Care Report and Order*, 35 FCC Rcd at 3413-14, para. 77-79; *see generally* 47 CFR § 54.627(d).

2. Competitive Bidding – FCC Form 461

21. In the *Connected Care Report and Order*, the Commission adopted, to the extent feasible, the competitive bidding requirements for the Healthcare Connect Fund Program for participants in the Pilot Program.⁴⁹ Unless a competitive bidding exemption applies, Pilot Program participants must participate in a competitive bidding process, follow any additional applicable state, local or other procurement requirements, and select the most cost-effective option for services and equipment eligible for Connected Care Pilot Program support. Below, we provide further guidance on these requirements.

22. To satisfy the competitive bidding requirements, Pilot Program participants must submit an FCC Form 461 for USAC to post. In some circumstances, Pilot Program participants will be required to prepare a formal Request for Proposal (RFP) to be posted along with their FCC Form 461.⁵⁰ The FCC Form 461 should include a description of the services and equipment for which the Pilot Program participant is seeking support.

23. The Pilot Program participant must wait at least 28 days from the date on which the Form 461 is posted on USAC’s website before selecting a service provider.⁵¹ After seeking bids from potential service providers, Pilot Program participants should conduct a bid evaluation to select the most cost-effective means of meeting their needs, and thereafter participants may enter into a legally binding agreement with the selected service provider. Pilot Program participants may enter into a service agreement or sign a contract with the selected provider on or after the Allowable Contract Selection Date (ACSD), the day after the required number of days the FCC Form 461 is posted on the USAC website. If Pilot Program participants enter into a new contract or service agreement before the ACSD, funding will be denied for services covered under that contract or service agreement. Pilot Program participants will also be required to make certain certifications regarding the competitive bidding process before submitting the FCC Form 461.⁵² The FCC Form 461 will be made available to Pilot Program participants

⁴⁹ *Connected Care Report and Order*, 35 FCC Rcd at 3411-12, paras. 75-76; *Connected Care Notice*, 34 FCC Rcd 5620, 5651, para. 66 (2019); 47 CFR § 54.622; *see also* USAC, *Step 2: Develop Bid Evaluation Criteria and Select Services*, <https://www.usac.org/rural-health-care/healthcare-connect-fund-program/step-2-develop-evaluation-criteria-select-services/> (last visited June 17, 2021); USAC, *Step 3: Evaluate Bids and Select Service Provider*, <https://www.usac.org/rural-health-care/healthcare-connect-fund-program/step-3-evaluate-bids-select-service-provider/> (last visited June 17, 2021).

⁵⁰ A Request for Proposal (RFP) is required “if required under applicable State, Tribal, or local procurement rules or regulations” and for a consortium “seeking more than \$100,000 in program support” in a single Pilot Program year, “including applications that seek more than \$100,000 in program support for a multi-year commitment.” 47 CFR § 54.622(e)(5)(ii)(A- B). If a Request for Proposal is issued, it must contain the information outlined in 47 CFR § 54.622(e)(5)(iii)(A-E) as applicable.

⁵¹ 47 CFR § 54.622(g).

⁵² The Form 461 requires the following certifications under penalty of perjury from the individual submitting the Form 461 for the Pilot project: (1) I am authorized to act on behalf of the healthcare provider or consortium; (2) I have examined the request and all attachments, and to the best of my knowledge all statements contained in the request and in attachments are true; (3) the selected Pilot Program participant is seeking supported services and has complied with any applicable state, Tribal, or local procurement rules; (4) the selected Pilot Program participant satisfies all of the requirements under section 254 of the Communications Act, 47 U.S.C. § 254, and applicable Commission rules; (5) I understand all documentation associated with the request, including a copy of the signed Request for Services (FCC Form 461), any bids/contracts resulting from the FCC Form 461 posting, scoring sheet, and other information that was used in the decision making process, must be retained for a period of at least five years pursuant to 47 CFR § 54.631, or as otherwise prescribed by the Commission’s rules; (6) the selected Pilot Program participant seeking supported services is a nonprofit or public entity that falls within one of the seven categories set forth in the definition of health care provider listed in 47 CFR §54.600 of the Commission’s rules; (7) the services will not be sold, resold, or transferred in consideration for money or any other thing of value; (8) the selected Pilot Program participant or consortium will comply with all applicable Connected Care Pilot Program rules, requirements and procedures, including the requirement to pay 15% of the costs for supported items from

(continued....)

in USAC's online My Portal system⁵³ with additional information provided to Pilot Program participants by USAC during outreach.

24. *"Fair and Open" Competitive Bidding Process.* Pilot Program participants must conduct a fair and open competitive bidding process. To satisfy the "fair and open" standard, all potential bidders must have access to the same information and be treated in the same manner during the competitive bidding period to ensure that the process is "fair and open." Further, service providers who intend to bid on supported services may not simultaneously help the Pilot Program participant to complete its RFP or Request for Services form.⁵⁴ Service providers who have submitted a bid to provide supported services, equipment, or facilities to a health care provider may not simultaneously help the health care provider evaluate submitted bids or choose a winning bid.⁵⁵ Pilot Program participants must respond to all service providers that have submitted questions or proposals during the competitive bidding process.⁵⁶ All Pilot Program participants and service providers must comply with any applicable state, Tribal, or local procurement laws, in addition to the Commission's competitive bidding requirements.⁵⁷ The competitive bidding requirements in this section are not intended to preempt such state, Tribal, or local requirements.⁵⁸ Additionally the Commission's prohibitions against gifts from service providers apply to the Connected Care Pilot Program.⁵⁹ Although service providers may make charitable contributions to Pilot Program

(Continued from previous page) _____

eligible sources, and will comply with all applicable federal and state laws, including the Americans with Disabilities Act, the Rehabilitation Act, the False Claims Act, the Anti-Kickback Statute, and the Civil Monetary Penalties Law; (9) the selected Pilot Program participant or consortium will comply with the applicable Health Insurance Portability and Accountability Act (HIPAA) requirements and other applicable privacy and reimbursement laws and regulations, and applicable medical licensing laws; (10) the selected Pilot Program participant or consortium is not already receiving or expecting to receive other funding (from any source, private, state, or federal) for the exact same services and/or equipment eligible for support under the Connected Care Pilot Program; and (11) all requested equipment and services funded under the Connected Care Pilot Program will be used for their intended purposes.

⁵³ Applicants utilized My Portal to submit Forms 460 and were required to submit their applications via the My Portal link on the USAC website. See <https://forms.universalservice.org/portal/login>.

⁵⁴ 47 CFR § 54.622(b)(1)(ii); see also USAC, *Step 2: Develop Bid Evaluation Criteria & Select Services*, <https://www.usac.org/rural-health-care/healthcare-connect-fund-program/step-2-develop-evaluation-criteria-select-services/> (last visited June 17, 2021).

⁵⁵ 47 CFR § 54.622(b)(1)(iii).

⁵⁶ 47 CFR § 54.622(b)(1)(iv).

⁵⁷ 47 CFR § 54.622(b)(1)(v).

⁵⁸ *Id.*

⁵⁹ See *Connected Care Report and Order*, 35 FCC Rcd at 3412, para. 76; 47 CFR § 54.622(h)(1-4). The Bureau's limited waivers of the prohibition on gifts to allow service providers to offer, and for program participants to solicit and accept, improved broadband connections or equipment for telehealth do not apply to the Pilot Program. See *Rural Health Care Universal Service Support Mechanism; Schools and Libraries Universal Service Support Mechanism*, WC Docket No. 02-60, CC Docket No. 02-6, Order, 35 FCC Rcd 2741, 2741-42, para. 1 (WCB 2020) (*COVID-19 Gift Rules Waiver Order*) (initially waiving the RHC and E-Rate Programs' gift rules through September 30, 2020); *Rural Health Care Universal Service Support Mechanism; Schools and Libraries Universal Service Support Mechanism*, WC Docket No. 02-60, CC Docket No. 02-6, Order, 35 FCC Rcd 9416, 9416, para. 1 (WCB 2020) (*COVID-19 Gift Rules Waiver Extension Order*) (extending the waivers of the RHC and E-Rate Programs' gift rules through December 31, 2020); *Rural Health Care Universal Service Support Mechanism; Schools and Libraries Universal Service Support Mechanism*, WC Docket No. 02-60, CC Docket No. 02-6, Order, 35 FCC Rcd 14544, 14544, para. 1 (WCB 2020) (extending the waivers of the RHC and E-Rate Programs' gift rules through June 30, 2021). The limited duration gift rule waivers were a response to the COVID-19 pandemic that coincided with funding year 2020 and created unprecedented connectivity needs for health care providers, schools, and libraries. In contrast to the E-Rate and Rural Health Care Programs, which are designed to address eligible

(continued....)

participants, such gifts may not be directly or indirectly related to Connected Care Pilot Program procurement activities.⁶⁰ Further, Pilot Program participants are reminded that services purchased pursuant to universal support mechanisms shall not be sold, resold, or transferred in consideration for money or any other thing of value.⁶¹

25. *Competitive Bidding Exemptions.* Pilot Program participants are not required to engage in competitive bidding if a competitive bidding exemption applies. All of the competitive bidding exemptions under the Healthcare Connect Fund Program, plus an additional exemption, apply to the Pilot Program:⁶²

- *Government Master Services Agreement.* The eligible health care provider seeks support for services and equipment purchased from Master Services Agreements (MSAs) negotiated by federal, state, Tribal, or local government entities on behalf of such health care providers and others, if such MSAs were awarded pursuant to applicable federal, state, Tribal, or local competitive bidding requirements;⁶³
- *Pre-approved Master Services Agreement.* The eligible health care provider opts into an existing MSA approved under the Rural Health Care Pilot Program or Healthcare Connect Fund Program and seeks support for services and equipment purchased from the MSA, if the MSA was developed and negotiated in response to an RFP that specifically solicited proposals that included a mechanism for adding additional sites to the MSA;⁶⁴
- *Evergreen contract.* The eligible health care provider has a multi-year contract designated as “evergreen” by USAC and seeks to exercise a voluntary option to extend an evergreen contract without undergoing additional competitive bidding;⁶⁵
- *E-Rate contract.* The eligible health care provider is in a consortium with participants in the schools and libraries universal service support program (E-Rate program) and a party to the consortium’s existing contract, if the contract was approved in the E-Rate program as a master contract;⁶⁶

(Continued from previous page) _____

entities’ general connectivity needs, the Pilot Program is targeted specifically towards connected care services. Further, Pilot projects generally require a ramp up-period, therefore, it is unlikely that the projects will start before the limited duration gift rule waivers are set to expire, and most of the participating Pilot projects sought funding for multiple years. Given the distinct nature of the Pilot Program and these timing considerations, extending the limited duration of the gift rule restrictions to the Pilot Program would unnecessarily complicate compliance with and the enforcement of Pilot Program rules.

⁶⁰ See 47 CFR § 54.622(h)(4).

⁶¹ 47 CFR § 54.629(a); see also 47 U.S.C. § 254(h)(3) (“Telecommunications services and network capacity provided to a public telecommunications user under this section may not be sold, resold, or transferred by such user in consideration for money or any other thing of value.”). Also, in the *Connected Care Report and Order*, the Commission explained that this does not prohibit health care providers from providing broadband to patients participating in their Pilot project, 35 FCC Rcd at 3397, n.130.

⁶² See 47 CFR § 54.622(i).

⁶³ See 47 CFR § 54.622(i)(1).

⁶⁴ See 47 CFR § 54.622(i)(2).

⁶⁵ See 47 CFR § 54.622(i)(3)(i)-(iii). Although selected Connected Care Pilot participants may use a contract already designated as evergreen by USAC in the Healthcare Connect Fund Program, contracts negotiated for the Connected Care Pilot are not eligible for an evergreen designation because many services eligible in the Connected Care Pilot are not eligible for support in the Healthcare Connect Fund Program.

⁶⁶ See 47 CFR § 54.622(i)(4).

- *Annual undiscounted cost of \$10,000 or less.* The eligible health care provider seeks support for \$10,000 or less of total undiscounted eligible expenses for a single year, if the term of the contract is one year or less;⁶⁷ or
- *Pre-existing contract (Connected Care Pilot Program only).* The eligible health care provider already has entered into a legally binding agreement with a service provider for services or equipment eligible for support in the Pilot Program and that legally binding agreement itself was the product of competitive bidding. We clarify that this exemption applies only when the contract was signed before the applicant was selected to participate in the Pilot Program and the contract was not entered into solely for purposes of the Pilot Program. The prior competitive bidding process must have included public solicitation of bids or the applicant must have evaluated multiple quotes or bids before signing the contract.⁶⁸

3. Requests for Funding – FCC Form 462

26. In the *Connected Care Pilot Program Report and Order*, the Commission indicated that additional information on filing a request for funding would be forthcoming.⁶⁹ We now lay out the process for requesting funding. Pilot Program participants must request funding from USAC by filing the FCC Form 462, a formal request for funding that provides specific information on pricing and services.⁷⁰ Pilot Program participants in Appendices A and B must file their initial FCC Form 462(s) no later than six months after the effective date of this Report and Order, and any subsequent Pilot Program selections must file their initial FCC Form 462(s) within six months of the announcement of their selection.⁷¹ As discussed above, Pilot Program participants must wait at least 28 days from the date of posting the FCC Form 461 before signing a contract or service agreement with a service provider and filing the Form 462. The 28-day period does not apply to those Pilot Program participants that are exempt from seeking competitive bids for certain products or services. Pilot Program participants that are exempt from seeking competitive bids for some but not all, of the Pilot-supported products and services, are encouraged to seek competitive bids as necessary, and file one Form 462 seeking funding for all requested products and services, being sure to wait 28 days as necessary.

⁶⁷ See 47 CFR § 54.622(i)(5). Very few selected projects have annual undiscounted costs of \$10,000 or less, so we expect that this exemption will not be widely invoked.

⁶⁸ See *Connected Care Report and Order*, 35 FCC Rcd at 3412, para. 76, n.204. See also *Wireline Competition Bureau Announces Application Deadline for the E-Rate Deployed Ubiquitously (EDU2011) Pilot Program*, Public Notice, 25 FCC Rcd 15834, 15837-38 (WCB 2010) (waiving the E-Rate program competitive bidding requirements, to the extent necessary, for EDU2011 Pilot Program applicants that have already entered into legally-binding agreements with service providers for the off-premises connectivity for portable wireless devices).

⁶⁹ *Connected Care Report and Order*, 35 FCC Rcd at 3411, para. 74; *Connected Care Notice*, 34 FCC Rcd at 5652-53, paras. 70-72.

⁷⁰ *Connected Care Report and Order*, 35 FCC Rcd at 3413, para. 77.

⁷¹ Pilot Program participants selected in January and June may file additional FCC Form 462s more than six months from the effective date of this *Second Report and Order*, and any future selections can file additional FCC Forms 462 more than six months from the announcement of their respective selection. We also acknowledge that Pilot Program participants in Appendix A who were notified of selection in the *January Selection Public Notice* and in Appendix B who were notified of selection in the *June Selection Public Notice* will have longer than six months from the date of notification to the deadline to file an FCC Form 462. As noted in the *January Selection Public Notice* and the *June Selection Public Notice*, to avoid confusion and ensure smooth operation of the Pilot Program, selections in the *January Selection Public Notice* and *June Selection Public Notice* would not trigger the various submission deadlines, including the deadline for the FCC Form 462. *January Selection Public Notice*, para. 12 & n.13; *June Selection Public Notice*, para.12 & n.14.

27. *Requests for Multi-Year Commitments.* Pilot Program participants may seek bids for multi-year or single-year contracts during the competitive bidding process. If a project only seeks bids for a single-year contract, it will need to conduct a new competitive bidding process for each year of the Pilot Program, unless an exemption applies. Pilot Program participants may then submit multi-year or single-year funding requests to USAC. Also, as noted above, the competitive bidding requirements for the Pilot Program are in addition to and do not supplant any applicable state or local procurement requirements.

4. Funding Commitments

28. After USAC reviews the FCC Form 462 and makes funding determinations, USAC will issue an FCL for each FCC Form 462 filed for the Pilot Program that details the amount of committed funding and contains other important information.⁷² The amount of funding specified in the FCL is the total amount for which a Pilot Program participant may request reimbursement. Pilot Program participants may begin to receive supported recurring services on the start date of their Pilot project. To ensure that projects start in a timely manner, Pilot Program participants may install equipment or pay for other supported non-recurring services before the start date, but may not invoice for this equipment and services until after the start date. Services must be delivered by the service delivery deadline applicable to the funding year of the last day of the funding commitment.⁷³ To aid in administration of the Pilot Program, all funding commitments shall end three years from the first date of service for the respective Pilot project, and by no later than June 30, 2025.⁷⁴ Participants that seek one-year funding commitments may access unused funds in future years of the Pilot Program's three year period. Pilot Program participants may request site and service substitutions as necessary pursuant to the process detailed below in Section III.C.5.

5. Changes to Projects

29. Pilot Program participants are required to report to the Commission any material change in the participating health care providers' or Pilot projects' status (e.g., the health care provider site has closed, or the pilot project has ceased operations) within 30 days of such material change in status.⁷⁵ In instances where a Pilot Program participant is unable to participate in the Pilot Program for their proposed project period, a successor may be designated by the Bureau.⁷⁶ Further, to facilitate the tracking and monitoring of the Pilot Program budget and guard against potential waste, fraud and abuse, Pilot Program participants must notify USAC within 30 days of any decrease of 5% or more in the number of patients

⁷² See *Connected Care Report and Order*, 35 FCC Rcd at 3413, para. 77 (stating that USAC will review funding requests and issue funding commitment letters); *Connected Care Notice*, 34 FCC Rcd at 5653, para. 71.

⁷³ See 47 CFR § 54.626(a) (requiring the delivery of all recurring and non-recurring services by the end of the funding year for which services were sought).

⁷⁴ The beginning of the Pilot project is the first day that supported services are provided. Pilot projects that have an end date earlier than June 30, 2025, can seek an extension of the service delivery deadline for non-recurring services consistent with Healthcare Connect Fund procedures, but extensions shall not go beyond June 30, 2025. See 47 CFR § 54.626(b) (permitting an extension of the service delivery deadline for non-recurring services when (1) funding commitment letters were issued on or after March 1 of the funding year for which discounts are authorized, (2) applicants receive service provider change authorizations or site and service authorizations from USAC on or after March 1 of the funding year for which discounts are authorized, (3) the service provider is unable to complete implementation for reasons beyond its control, or (4) the service provider is unwilling to complete delivery and installation because the applicant's funding request is under review by the Administrator for program compliance). We do not expect to issue service delivery deadline extensions beyond June 30, 2025, but will consider requests on a case-by-case basis.

⁷⁵ *Connected Care Report and Order*, 35 FCC Rcd at 3413, para. 78.

⁷⁶ *Id.*

participating in their respective Pilot projects.⁷⁷ Pilot Program participants can notify USAC of these changes via My Portal. We direct USAC to advise the Bureau of project changes that could impact committed funding (e.g., changes to the cost of patient broadband or decrease in service quantities).

30. *Site and Service Substitutions.* To provide flexibility to Pilot Program participants, the Pilot Program will permit site and service substitutions within a project, consistent with the site and service substitution rules in the Rural Health Care Program.⁷⁸ Both individual and consortium projects may make service substitutions. USAC shall approve a site or service substitution for the Pilot Program if: (1) the substitution is provided for in the contract, within the change clause, or constitutes a minor modification; (2) the site is an eligible HCP and the service is an eligible service under the Pilot Program; (3) the substitution does not violate any contract provision or state or local procurement laws; and, (4) the requested change is within the scope of the controlling FCC Form 461, including any applicable Request for Proposal.⁷⁹ A site or service substitution cannot increase the total funding commitment.⁸⁰ Pilot Program participants may request site and service substitutions via My Portal.

31. *Contract Modifications.* Contract modifications are permissible if they would be considered minor and therefore exempt from state, local, or tribal competitive bidding requirements.⁸¹ If the jurisdiction's laws are silent or otherwise inapplicable on whether a modification would be permitted without rebidding, the Commission adheres to the "cardinal change" doctrine, which looks at whether the modified terms are essentially the same as in the original contract.⁸² To qualify for reimbursement, any items provided pursuant to a minor contract modification must also be eligible services under the rules of the Pilot Program.

6. Seeking Reimbursement – FCC Form 463

32. We provide additional details on invoicing requirements and processes.⁸³ The Pilot Program will provide universal service support for 85% of the cost of eligible services and equipment.⁸⁴ Consistent with the Commission's existing rules for the Healthcare Connect Fund Program, Pilot Program

⁷⁷ *Id.* For purposes of reporting, participating patients are measured as the number of patients enrolled in the Pilot project on the first day that supported services are provided. After the first year of the Pilot Program, participating patients will be measured as the number of patients enrolled, as reported in the Pilot Program participant's annual report to the Commission. Participants should notify USAC within 30 days of any decrease of 5% or more from those reported numbers.

⁷⁸ See 47 CFR § 54.624. See also *Connected Care Report and Order*, 35 FCC Rcd at 3413, para. 78 (requiring that USAC be notified of changes to projects, including site closures).

⁷⁹ 47 CFR § 54.624. See also USAC, *Site and Service Substitutions*, <https://www.usac.org/rural-health-care/additional-program-guidance/site-and-service-substitutions/> (last visited June 17, 2021).

⁸⁰ See *Healthcare Connect Fund Order*, 27 FCC Rcd at 16807, para. 315 ("Once USAC has issued a funding commitment letter, support under the letter is capped at the amount provided in the letter. Therefore, support for a qualifying site and service substitution is only guaranteed if the substitution will not cause the total amount of support under the funding commitment letter to increase.").

⁸¹ These are the contract modification rules of the Healthcare Connect Fund. See *Healthcare Connect Fund Order*, 27 FCC Rcd at 16804-06, paras. 306-12.

⁸² The concept of a "cardinal change" is discussed in the *Federal-State Joint Board on Universal Service Fourth Order on Reconsideration. Federal-State Joint Board on Universal Service; Access Charge Reform, Price Cap Performance Review for Local Exchange Carriers, Transport Rate Structure and Pricing, End User Common Line Charge*, CC Docket Nos. 96-45; 96-262; 94-1; 91-213; 95-72, Fourth Order on Reconsideration in CC Docket No. 96-45, 13 FCC Rcd 5318, 5448-50, paras. 223-28 (1997).

⁸³ *Connected Care Report and Order*, 35 FCC Rcd at 3411, para. 74; *Connected Care Notice*, 34 FCC Rcd at 5654, paras. 73-74.

⁸⁴ *Connected Care and Report and Order*, 35 FCC Rcd at 3384-406, paras. 38, 43, 55, 68.

participants must contribute the other 15% of the cost of eligible services or equipment.⁸⁵ Only funds from eligible sources, including the applicant or eligible health care provider participants, participating patients, or state, federal, or Tribal funding or grants, may be applied toward the health care provider's required contribution.⁸⁶ Health care providers cannot use ineligible sources (e.g., direct payments from vendors or service providers) to pay their required share of requested services or equipment.⁸⁷

33. After eligible equipment or services have been delivered, service providers, in conjunction with the participating health care providers, will be required to make certain certifications and submit invoicing forms, i.e., FCC Form 463 (Invoice and Request for Disbursement Form), with supporting documentation to USAC.⁸⁸ USAC will review the invoicing forms and supporting documentation and issue disbursements to the applicable service providers or vendors.⁸⁹ So that the Pilot Program can operate easily with existing invoicing systems, service providers will receive reimbursement directly, rather than through the health care provider, consistent with the standard practice in the Healthcare Connect Fund Program.⁹⁰ Both broadband service providers and other vendors must have a valid Service Provider Identification Number from USAC, also known as a 498 ID, to receive payments.⁹¹

34. Finally, we waive the procedural rule established in the *Connected Care Report and Order* that invoices be submitted monthly.⁹² While the Commission strongly encourages Pilot Program participants to submit invoices on a monthly basis when possible, requiring invoices to be submitted on a monthly basis may pose an undue administrative burden for some Pilot Program participants and would be difficult to enforce. Because we are tracking the expenditures for each project to ensure that total disbursements remain under the \$100 million cap, and because the Pilot Program has a number of reporting requirements to further monitor the progress of projects, requiring monthly invoicing is not necessary to ensure that total disbursements will be under the cap. We therefore find good cause under section 1.3 of our rules to not require invoices to be submitted on a monthly basis, but still encourage participants to submit their invoices promptly upon incurring an expense. All invoices must be submitted

⁸⁵ See 47 CFR § 54.611(a) (requiring that health care providers receiving support are required to contribute the non-discount portion of all eligible expenses).

⁸⁶ See *Connected Care Report and Order*, 35 FCC at 3388-89, para. 43; see also 47 CFR § 54.611(b).

⁸⁷ *Connected Care Report and Order*, 35 FCC Rcd at 3389-90, para. 43.

⁸⁸ Pilot Program participants will use a new version of Form 463, to be released in coming months by USAC, which will be available in My Portal. The new form will be based on Healthcare Connect Fund invoicing rules at 47 CFR § 54.627, adapted for the requirements of the Pilot Program.

⁸⁹ *Connected Care Report and Order*, 35 FCC Rcd at 3413-14, para. 79.

⁹⁰ *Id.*

⁹¹ *Id.* at 3413, n.213. The 498 ID (formerly known as the Service Provider Identification Number) can be obtained by filing FCC Form 498. Additional information on the form and the process for filing is available on the USAC website at the following links: <https://www.usac.org/rural-health-care/service-providers/fcc-form-498/>, <https://www.usac.org/service-providers/participating-in-a-usf-program/register-for-a-498-id/>.

⁹² The Commission may waive its rules upon good cause shown. See 47 CFR § 1.3; see also *ICO Global Commc'ns (Holdings) Ltd. v. FCC*, 428 F.3d 264 (D.C. Cir. 2005); *Northeast Cellular Tel. Co. v. FCC*, 897 F.2d 1164, 1166 (D.C. Cir. 1990) (stating that in granting a waiver, an agency must explain why deviation from the general rule better serves the public interest than would strict adherence to the rule); *WAIT Radio v. FCC*, 418 F.2d 1153, 1157 (D.C. Cir. 1969) (stating that even though the overall objectives of a general rule have been adjudged to be in the public interest, it is possible that application of the rule to a specific case may not serve the public interest). Good cause may be found "where particular facts would make strict compliance inconsistent with the public interest." *Northeast Cellular*, 897 F.2d at 1166.

to USAC by the invoice deadline for the RHC Program,⁹³ which is 120 days after the service delivery deadline, but no later than six months following the conclusion of each project.

7. Wind Down Period and Project Conclusion

35. As discussed above, Pilot Program participants may begin receiving service and eligible network equipment upon receipt of an FCL from USAC and must begin receiving service no later than six months following receipt of the FCL. Projects are to last for three years from the first date of service, and no later than June 30, 2025. Following the conclusion of the three-year period, Pilot Program participants will have an additional six months to wind down their projects or transition to a funding source other than the Pilot Program. During this period, Pilot Program participants may submit any remaining invoices for expenses incurred during the three-year Pilot project period, submit final data reporting (discussed in Section III.D.1, below), and conclude any administrative tasks. Additional guidance may be provided by the Bureau regarding project conclusion.

D. Additional Pilot Program Requirements

1. Data Reporting and Bureau Report on Pilot

36. The Commission established the Pilot Program to examine how the Fund can help support the trend towards connected care services, particularly for low-income Americans and veterans. In particular, we expect that the Pilot Program will benefit many low-income and veteran patients who are responding to a wide variety of health challenges such as infectious diseases, diabetes, opioid dependency, high-risk pregnancies, pediatric heart disease, mental health conditions, and cancer. We also expect that the Pilot Program will provide meaningful data that will help us better understand how USF funds can support health care provider and patient use of connected care services.⁹⁴ To this end, the Commission established three specific goals for the Pilot Program: to determine how USF support can be used to (1) improve health outcomes through connected care; (2) reduce health care costs for patients, facilities and the health care system; and (3) support the trend towards connected care everywhere.⁹⁵

37. To help evaluate the Pilot Program, the Commission directed the Bureau to issue a report detailing the results of the Pilot Program after it has been completed. To assist with this report, we will require Pilot Program participants to submit anonymized, aggregated data to the Bureau regarding their Pilot project. Pilot Program participants are required to submit three total reports: an annual report after their first year of funding, after their second year of funding, and a final report after their third year of funding that contains data for the third year of funding, summarizes final results, and explains whether goals of the Pilot project were met and how the Pilot project served the Commissions' goals for the program.⁹⁶ The Bureau will draw on the data from individual Pilot projects to prepare a final report upon the conclusion of the Pilot Program.

38. We direct the Bureau to develop a form template for Pilot Program participants to use in reporting data annually and at the Pilot project's conclusion.⁹⁷ We direct the Bureau to make the template available as close to the start of the Pilot projects as possible to ensure that each project can gather data while the project is underway and be in position to report to the Commission at the conclusion of each year of the Pilot project. We further direct the Bureau to provide guidance on how Pilot Program participants can access the template, and how participants can submit the report to the Bureau, as well as

⁹³ See 47 CFR § 54.627.

⁹⁴ *Connected Care Report and Order*, 35 FCC Rcd at 3368-69, para. 5.

⁹⁵ *Id.* at 3415, para. 83.

⁹⁶ *Id.* at 3414, para. 81.

⁹⁷ We further direct the Bureau to obtain necessary approvals for the use of this form, including Paperwork Reduction Act approval from the Office of Management and Budget, as needed.

establish deadlines as necessary. We expect that Pilot Program participants will be asked to report data such as: the number of patients served and percentage of those who were low-income and veteran patients; changes from the estimated patient population; progress in meeting the project's goals and objectives; impact of funding on number of patients treated with connected care; patient satisfaction with connected care and with health status; changes in treatment adherence; reductions in emergency room or urgent care visits; decreases in hospital admissions, re-admissions or lengths of stay; reductions or improvements in condition-specific outcomes or acute incidents among those who suffer from a chronic illness;⁹⁸ impact of funding patient broadband connections; decreases in missed appointments; estimated cost-savings for health care providers and patients; reduced patient travel or time (e.g., reduction in travel time or time missed from work); and other metrics that may demonstrate progress toward achieving the Pilot Program's goals, and general feedback on program administration. We expect that the final report from Pilot Program participants will, at a minimum, include an overall summary of the information in the annual reports, an explanation of how the project helped advance the goals and objectives of the Pilot Program, an explanation of whether the Pilot project met its specific goals and objectives, information on any lessons learned concerning the provision and utilization of connected care services, and, particularly for low-income patients and veterans, lessons learned concerning patient retention, patient training, and how best to address digital literacy challenges. Pilot projects must collect data sufficient to provide substantive responses for the required reports. Failure to provide the data may result in either the elimination of the selected participant from the Pilot Program, loss or reduction of support, or recovery of prior distributions.⁹⁹

2. USAC Outreach

39. All Pilot Program participants listed in Appendices A and B have 14 calendar days from the effective date of this Order to provide or update, as needed, contact information for the lead project coordinator to USAC, including the lead project coordinator's name, mailing address, e-mail address, and telephone number.¹⁰⁰ Any future selections will need to provide or update this information within 14 calendar days of the announcement of their selection. Within 30 days of the effective date of this Order, USAC will conduct an initial coordination meeting with Pilot Program participants identified in Appendices A and B. For any future selections, we direct USAC to conduct an initial coordination meeting with additional selected Pilot Program participants within 30 days of their selection. USAC will also conduct a targeted outreach program, such as a webinar or similar outreach, to educate and inform selectees about the Pilot Program administrative process, including filing requirements and deadlines.¹⁰¹ In addition to the structured outreach, participants are encouraged to contact USAC support staff, who will be available to respond to individual questions about how to file forms or submit proper supporting documents. Pilot Program participants can also find information on USAC's website for the Connected

⁹⁸ Illustrative examples of condition specific outcomes include, but are not limited to, changes in A1c levels for diabetic patients, or changes in blood pressure for patients with hypertension. *See, e.g., Connected Care Report and Order*, 35 FCC Rcd at 3414-16, paras. 80, 84.

⁹⁹ *See Connected Care Notice*, 34 FCC Rcd at 5654, para. 75 (proposing to tie data reporting requirements to the reimbursement of Pilot Program support); *Rural Health Care Support Mechanism*, WC Docket No. 02-60, Report and Order, 22 FCC Rcd 20360, 20424, para. 128 (2007) (*2007 RHC Pilot Program Selection Order*) (establishing quarterly reporting requirement for 2007 RHC Pilot Program participants, and stating that "failure to provide the data will result in either the elimination of the selected participant from the Pilot Program, loss or reduction of support, or recovery of prior distributions").

¹⁰⁰ Pilot Program participants provided this information as part of their initial applications. To the extent additions or updates to this contact information is needed, selected Pilot Program participants in Appendices A and B should make those changes within 14 days of the effective date of this Report and Order, and any future selections shall make these changes within 14 days of the announcement of their selection.

¹⁰¹ *Connected Care Report and Order*, 35 FCC Rcd at 3414-15, para. 82.

Care Pilot Program.¹⁰² And as noted above, most program forms and other program documents can be found in My Portal.

3. Document Retention, Audits, and Protection Against Waste, Fraud, and Abuse

40. As in the Healthcare Connect Fund, health care providers and selected participants, in addition to maintaining records related to their Pilot projects to demonstrate their compliance with the Pilot Program rules and requirements, must also keep supporting documentation for the required reports for at least five years after the conclusion of their Pilot project and must present that information to the Commission or USAC upon request. Pilot projects will also be subject to random compliance audits to ensure compliance with the Pilot Program rules and requirements.¹⁰³

41. One indicator of the Pilot Program's success will be the avoidance of waste, fraud, and abuse and the careful stewardship of USF resources. Pilot Program participants must carefully adhere to program rules, file timely and accurate reports, and promptly consult with USAC when questions regarding Pilot Program rules or processes arise. We retain the discretion to evaluate the uses of monies disbursed through the USF programs and to determine on a case-by-case basis that waste, fraud, or abuse of program funds occurred, and that recovery is warranted. Additionally, in the event we discover any improper activity resulting from the Pilot Program, we will subject the offending party to all available penalties at our disposal, and will direct USAC to recover funds, assess retroactive fees and/or interest, or both. We remain committed to ensuring the integrity of the USF programs and will continue to aggressively pursue instances of waste, fraud, or abuse under our own procedures and in cooperation with law enforcement agencies.

42. Further, consistent with the Commission's existing rules for the Healthcare Connect Fund Program, Pilot Program participants must contribute their 15% share of the eligible costs from eligible sources (e.g., the applicant, patient charges, an eligible health care provider, or state, federal, or Tribal funding or grants)¹⁰⁴ and cannot apply funds from ineligible sources (including other FCC programs, such as the Universal Service Fund and the COVID-19 Telehealth Program, or direct payments from vendors or service providers).¹⁰⁵ Pilot Program participants are also reminded that on their program application, they certified that no funds from any source – private, state, or federal – have been received or are expected to be received for the exact same services or equipment that are claimed as eligible for support under the Pilot Program.¹⁰⁶ All Pilot Program participants are strongly encouraged to review their active certification commitments, including those related to HIPAA compliance, document retention, and proper use of funds.

¹⁰² USAC, *Connected Care Pilot Program*, <https://www.usac.org/rural-health-care/connected-care-pilot-program> (last visited June 17, 2021).

¹⁰³ See *Connected Care Report and Order*, 35 FCC Rcd at 3408-09 para. 69; *Connected Care Notice*, 34 FCC Rcd 5620, 5655-56, paras. 76-77.

¹⁰⁴ See 47 CFR § 54.611(b)(1) (“Eligible sources include the applicant or eligible health care provider participants, state grants, appropriations, or other sources of state funding; federal funding, grants, loans or appropriations except for other federal universal service funding, or other sources of federal funding; Tribal government funding; and other grants, including private grants.”); 47 CFR § 54.611(b)(2) (“Ineligible sources include (but are not limited to) in-kind or implied contributions from health care providers; direct payments from service providers, including contractors and consultants to such entities; and for-profit entities.”).

¹⁰⁵ 47 CFR § 54.611(b)(2) (“Ineligible sources include (but are not limited to) in-kind or implied contributions from health care providers; direct payments from service providers, including contractors and consultants to such entities; and for-profit entities.”).

¹⁰⁶ *Connected Care Report and Order*, 35 FCC Rcd at 3401, para. 64.

43. Finally, we remind Pilot Program participants that Pilot projects are prohibited from receiving duplicative funding from the Pilot Program and the COVID-19 Telehealth Program, or any other source, for those exact same items.¹⁰⁷ If a Pilot Program participant is also selected for participation in the COVID-19 Telehealth Program, it must ensure that it does not request disbursements for the same services or equipment from both programs.¹⁰⁸ If any Pilot Program participant is also selected to participate in the COVID-19 Telehealth Program, the participant shall notify the Administrator immediately, and we direct the Administrator to compare that participant's Pilot Program funding request(s) against its COVID-19 Telehealth Program application to ensure that participants do not receive duplicative funding.

4. Payment Administration

44. *FCC Red Light Rule.* To implement the requirements of the Debt Collection Improvement Act of 1996, the Commission established what is commonly referred to as the “red light rule.”¹⁰⁹ Under the red light rule, the Commission will not take action on applications or other requests by an entity that is found to owe debts to the Commission until full payment or resolution of that debt.¹¹⁰ If the delinquent debt remains unpaid or other arrangements have not been made within 30 days of being notified of the debt, the Commission will dismiss any pending applications.¹¹¹ If a Pilot Program participant or service provider is currently on red light status, it will need to satisfy or make arrangements to satisfy any debts that it owes to the Commission before its application can be processed.

45. *System for Award Management Registration.* All Pilot Program participants and service providers must also register with the System for Award Management (SAM). SAM is a web-based, government-wide application that collects, validates, stores, and disseminates business information about the federal government's partners in support of federal awards, grants, and electronic payment processes. Registration in SAM provides the Commission with an authoritative source of information necessary to provide funding to Pilot Program participants and to ensure accurate reporting pursuant to the Federal Funding Accountability and Transparency Act of 2006 (FFATA), as amended by the Digital Accountability and Transparency Act of 2014 (DATA Act).¹¹² Only those applicants and service providers that are actively registered in SAM will be able to receive reimbursement from the Pilot Program. Pilot Program participants and service providers that are already registered with SAM do not need to re-register with that system in order to receive payment from the Pilot Program. Pilot Program participants who are not already registered with SAM may still participate in the Pilot Program, apply for funding, and receive program commitments, but Pilot Program participants and service providers must be registered in SAM before any payments can be issued for the Pilot Program.¹¹³ To assist participants who

¹⁰⁷ See *id.* at 3409, n.186.

¹⁰⁸ See *id.*

¹⁰⁹ *Amendment of Parts 0 and 1 of the Commission's Rules; Implementation of the Debt Collection Improvement Act of 1996 and Adoption of Rules Governing Applications or Requests for Benefits by Delinquent Debtors*, MD Docket No. 02-339, Report and Order, 19 FCC Red 6540 (2004).

¹¹⁰ 47 CFR § 1.1910(b)(2).

¹¹¹ 47 CFR § 1.1910(b)(3).

¹¹² Pub. L. No. 109-282, 120 Stat. 1186 (2006) and Pub. L. No. 113-101, 128 Stat. 114 (2014), codified at 31 U.S.C. § 6101 note. In August 2020, OMB updated the rules governing compliance with the Transparency Act as part of wider ranging revisions to title 2 of the Code of Federal Regulations. Guidance for Grants and Agreements, 85 Fed. Reg. 49506, 49506 (Aug. 13, 2020) (to be codified at 2 CFR pt. 25, 170, 183, and 200). OMB explained that the SAM registration requirements were expanded “beyond grants and cooperative agreements to include other types of financial assistance” to ensure compliance with FFATA. Guidance for Grants and Agreements, 85 Fed. Reg. at 49517.

¹¹³ It is strongly recommended that unregistered applicants and service providers that will submit requests for reimbursement start the SAM registration process immediately because it may take up to 20 days for the registration (continued....)

are not registered with SAM, we direct USAC to provide information and guidance to participants regarding the SAM registration process. To the extent that Pilot Program participants subaward the payments they receive from the Pilot Program, as defined by FFATA/DATA Act regulations, Pilot Program participants may be required to submit data on those subawards.¹¹⁴

46. *Do Not Pay.* Pursuant to the requirements of the Payment Integrity Information Act of 2019, the Commission is required to ensure that a thorough review of available databases with relevant information on eligibility occurs to determine program or award eligibility and prevent improper payments before the release of any federal funds.¹¹⁵ To meet this requirement, the Commission and USAC will make full use of the Do Not Pay system administered by the U.S. Treasury's Bureau of the Fiscal Service.¹¹⁶ If a check of the Do Not Pay system results in a finding that a Pilot Program participant or service provider should not be paid, the Commission will withhold issuing commitments and payments. The Pilot Program participant or service provider is responsible for working with the relevant agency to correct its information in the Do Not Pay system before payment can be issued.¹¹⁷

5. Appeals of USAC Decisions

47. Affected parties may seek review of a USAC decision pursuant to the rules and procedures outlined in sections 54.719 to 54.725 of the Commission's rules.¹¹⁸ Specifically, an affected party may seek review of a decision by USAC by filing a request for review with USAC within 60 days of the date of the decision.¹¹⁹ An affected party may seek Commission review of a USAC decision, only after first seeking review of the decision with USAC, and may file a request for review with the Commission within 60 days after USAC's decision on appeal.¹²⁰ An affected party may only request a waiver of the Commission's rules, or a waiver of a decision by USAC, by filing such request with the Commission, within 60 days of USAC's decision.¹²¹ All other requirements for appeals and requests for waiver, including the form the filings must take, can be found in sections 54.719 to 54.725 of the Commission's rules.

6. Delegations of Authority

48. In order to ease program administration, the Commission delegates to the Bureau, consistent with the goals of the Pilot Program, the authority to waive certain program deadlines, clarify any inconsistencies or ambiguities in the Pilot Program rules, adjust Pilot project funding commitments, or to perform other administrative tasks as may be necessary for the smooth operation of the Pilot Program. The Commission also delegates to the Bureau the authority to grant limited extensions of

(Continued from previous page) _____

to become active and an additional 24 hours before that registration information is available in other government systems. To register with the system, go to <https://www.sam.gov/SAM/> and provide the requested information.

¹¹⁴ 2 CFR pt. 170, App. A.

¹¹⁵ Payment Integrity Information Act (PIIA), Pub. L. No. 116-117, 134 Stat. 113 (2020). PIIA codifies and amends the prior improper payment statutes (*i.e.*, Improper Payments Information Act of 2002, Pub. L. No. 107-300; Improper Payments Elimination and Recovery Act of 2010, Pub. L. No. 111-204; Improper Payments Elimination and Recovery Improvement Act of 2012, Pub. L. No. 112-248; and Fraud Reduction and Data Analytics Act of 2015, Pub. L. No. 114-186.

¹¹⁶ For additional information, please see: <https://fiscal.treasury.gov/DNP/>.

¹¹⁷ For additional information, please see: <https://fiscal.treasury.gov/dnp/privacy-program.html#data-correction-process>.

¹¹⁸ 47 CFR § 54.719-725.

¹¹⁹ 47 CFR § 54.719(a); 54.720(b).

¹²⁰ 47 CFR § 54.719(b); 54.720(a).

¹²¹ 47 CFR § 54.719(c); 54.720(a).

deadlines to Pilot projects, and other authority as may be necessary to ensure a successful Pilot Program.¹²²

49. We delegate financial oversight of this program to the Commission's Managing Director and direct the Office of the Managing Director (OMD) to work in coordination with the Bureau to ensure that all financial aspects of the program have adequate internal controls. These duties fall within OMD's current delegated authority to ensure that the Commission operates in accordance with federal financial statutes and guidance.¹²³ OMD performs this role with respect to USAC's administration of the Commission's Universal Service programs¹²⁴ and we anticipate that OMD will leverage existing policies and procedures, to the extent practicable and consistent with the Connected Care Pilot Program, to ensure the efficient and effective management of the program. Finally, we note that OMD is required to consult with the Bureau on any policy matters affecting the program, consistent with section 0.91(a) of the Commission's rules.

IV. PROCEDURAL MATTERS

50. *Paperwork Reduction Act Analysis.* This document contains new information collection requirements. The Commission, as part of its continuing effort to reduce paperwork burdens, invites the general public and the Office of Management and Budget (OMB) to comment on the information collection requirements contained in this document, as required by the Paperwork Reduction Act of 1995 (PRA), Public Law 104-13. In addition, pursuant to the Small Business Paperwork Relief Act of 2002, Public Law 107-198, *see* 44 U.S.C. § 3506(c)(4), we seek specific comment on how we might further reduce the information collection burden for small business concerns with fewer than 25 employees.

V. ORDERING CLAUSES

51. Accordingly, IT IS ORDERED that, pursuant to the authority contained in sections 201, 254, and 303(r) of the Communications Act of 1934, as amended, 47 U.S.C. §§ 201, 254, and 303(r) this Order IS ADOPTED and SHALL BECOME EFFECTIVE 30 days after publication of this Report and Order in the Federal Register, pursuant to 47 U.S.C. § 408, with the exception of those portions containing information collection requirements that have not been approved by the Office of Budget and Management (OMB).

52. IT IS FURTHER ORDERED that, pursuant to the Paperwork Reduction Act of 1995, Section 3507(d), the Connected Care Pilot Program information collection requirements not yet approved SHALL BECOME EFFECTIVE after announcement in the Federal Register of OMB approval of the information collection requirements.

53. IT IS FURTHER ORDERED that, pursuant to the authority contained in sections 201, 254, and 303(r) of the Communications Act of 1934, as amended, 47 U.S.C. §§ 201, 254, and 303(r), and

¹²² *See also Connected Care Report and Order*, 34 FCC Rcd at 3390, para. 46.

¹²³ 47 CFR § 0.11(a)(3)-(4) (stating that OMD will “[a]ssist the Chairman in carrying out the administrative and executive responsibilities” and “[a]dvice the Chairman and Commission on management, administrative, and related matters; review and evaluate the programs and procedures of the Commission; initiate action or make recommendations as may be necessary to administer the Communications Act most effectively in the public interest”); 47 CFR § 0.11(a)(8) (stating that OMD's current responsibility is to “[p]lan and manage the administrative affairs of the Commission with respect to the functions of . . . budget and financial management”); 47 CFR § 0.5(e) (requiring Bureau and Office coordination with OMD on recommendations “that may affect agency compliance with Federal financial management requirements”).

¹²⁴ *See, e.g.*, Memorandum of Understanding Between the Federal Communications Commission and the Universal Service Administrative Company (Dec. 19, 2018), <https://www.fcc.gov/sites/default/files/usac-mou.pdf> (stating that the Commission is responsible for the effective and efficient management and oversight of the USF, including USF policy decisions, and USAC is responsible for the effective administration of the programs).

section 1.3 of the Commission's Rules, 47 CFR § 1.3, the monthly invoice submission requirement IS WAIVED, to the extent discussed herein.

FEDERAL COMMUNICATIONS COMMISSION

Marlene H. Dortch
Secretary

APPENDIX A

January Connected Care Pilot Program Selections

The Commission selected the following 14 projects filing 23 separate applications for the Connected Care Pilot Program on January 15, 2021:¹

- Banyan Community Health Center, Inc., Coral Gables, FL² – \$911,833
- Duke University Health System, Durham, NC³ – \$1,464,759
- Geisinger, consortium with sites in Lewiston, PA; Danville, PA; Jersey Shore, PA; Bloomsburg, PA; Coal Township, PA; and Wilkes-Barre, PA⁴ – \$1,739,100
- Grady Memorial Hospital Corporation, dba Grady Health System, Atlanta, GA⁵ – \$635,596
- Intermountain Centers for Human Development, consortium with sites in Casa Grande, AZ; Nogales, AZ; Coolidge, AZ; and Eloy, AZ⁶ – \$237,150
- MA FQHC Telehealth Consortium, consortium with 76 sites in Massachusetts⁷ – \$3,121,879
- Mountain Valley Health Center, consortium with 7 sites in Northeastern California⁸ – \$550,800
- Neighborhood Healthcare – Escondido, Escondido, CA, Neighborhood Healthcare - Valley Parkway, Escondido, CA, Neighborhood Healthcare - El Cajon, El Cajon, CA, Neighborhood Healthcare – Temecula, Temecula, CA, Neighborhood Healthcare - Pauma Valley, Pauma Valley, CA⁹ – \$129,744

¹ See *January Selection Public Notice*.

² See Banyan Community Health Center, Application No. CCPP20200000052 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214136007638>.

³ See Duke University Health System, Application No. CCPP20200000384 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214103875023>.

⁴ See Geisinger, Application No. CCPP20200000006 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214796000692>.

⁵ See Grady Memorial Hospital Corporation, dba Grady Health System, Application No. CCPP20200000090 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214223786663>.

⁶ See Intermountain Centers for Human Development, Application No. CCPP20200000270 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214149169812>.

⁷ See MA FQHC Telehealth Consortium C-19, Application No. CCPP20200000256 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12142862406316>.

⁸ See Mountain Valley Health Center, Application No. CCPP20200000338 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214062604214>.

⁹ See Neighborhood Healthcare – Escondido, Application No. CCPP20200000274 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214899013936>; Neighborhood Healthcare - Valley Parkway, Application No. CCPP20200000408 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214398228691>; Neighborhood Healthcare - El Cajon, Application No. CCPP20200000417 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121462450067>; Neighborhood Healthcare – Temecula, Application No. CCPP20200000419 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214196400745>; Neighborhood Healthcare - Pauma Valley, Application No. CCPP20200000414 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121417768437>.

- OCHIN, Inc., consortium with 15 sites in Ohio, 16 sites in Oregon, and 13 sites in Washington¹⁰ – \$5,834,620
- Phoebe Worth Medical Center - Camilla Clinic, Camilla, GA; Phoebe Physicians Group Inc. - PPC of Buena Vista, Buena Vista, GA; Phoebe Physicians Group - Ellaville Primary Medicine Center, Ellaville, GA; Phoebe Physicians dba Phoebe Family Medicine & Sports Medicine, Americus, GA; Phoebe Putney Memorial Hospital, Albany, GA; Phoebe Putney Memorial Hospital dba Phoebe Family Medicine – Sylvester, Sylvester, GA¹¹ – \$673,200
- Summit Pacific Medical Center, Elma, WA¹² – \$169,977
- Temple University Hospital, Inc., Philadelphia, PA¹³ – \$4,254,250
- The University of Mississippi Medical Center, Jackson, MS¹⁴ – \$2,377,875
- University of Virginia Health System, Charlottesville, VA¹⁵ – \$4,462,500

¹⁰ See OCHIN, Inc., Application No. CCPP2020000030 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12142890418016>.

¹¹ See Phoebe Worth Medical Center - Camilla Clinic, Application No. CCPP20200000364 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12141693806859>; Phoebe Physicians Group Inc. - PPC of Buena Vista, Application No. CCPP20200000373 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121471598310>; Phoebe Physicians Group - Ellaville Primary Medicine Center, Application No. CCPP20200000396 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214245457559>; Phoebe Physicians dba Phoebe Family Medicine & Sports Medicine, Application No. CCPP20200000400 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214626826276>; Phoebe Putney Memorial Hospital, Application No. CCPP20200000416 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214038814551>; Phoebe Putney Memorial Hospital dba Phoebe Family Medicine – Sylvester, Application No. CCPP20200000421 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121445259327>.

¹² See Summit Pacific Medical Center, Application No. CCPP20200000004 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12142635321948>.

¹³ See Temple University Hospital, Inc., Application No. CCPP20200000205 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214310504229>.

¹⁴ See UMMC RHC Consortium, Application No. CCPP20200000375 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214264014334>.

¹⁵ See University of Virginia Health System, Application No. CCPP20200000149 (submitted Dec. 6, 2020), <https://www.fcc.gov/ecfs/filing/12141571415964>.

APPENDIX B

June 2021 Connected Care Pilot Program Selections

The Commission selected the following 32 applicants filing 36 separate Pilot project applications for the Connected Care Pilot Program on June 15, 2021:¹

- ADV West - Frank R. Howard Memorial Hospital, Willets, CA² – \$504,900
- Albany Medical Center, Albany, NY³ – \$331,429
- Blessing Health System, consortium with nine sites in western Illinois and eastern Missouri⁴ – \$393,012
- Boone Memorial Health Services, Danville, WV⁵ – \$394,400
- Bridgeport Hospital, Bridgeport, CT; Lawrence + Memorial Hospital, New London, CT; Greenwich Hospital, Greenwich, CT; Yale New Haven Hospital, New Haven, CT⁶ – \$1,278,910
- Catholic Health Initiatives, consortium with 36 sites in Arkansas, Iowa, Kentucky, Minnesota, North Dakota, and Nebraska⁷ – \$6,183,189
- Central Peninsula Hospital, Soldotna, AK⁸ – \$3,300,839
- Children’s National Medical Center, Washington, DC⁹ – \$1,680,830
- Coastal Health Alliance, dba Bolinas Family Practice, Bolinas, CA; Coastal Health Alliance, dba Point Reyes Medical Clinic, Point Reyes Station, CA¹⁰ – \$542,304

¹ See June Selection Public Notice.

² See ADV West - Frank R. Howard Memorial Hospital, Application No. CCPP20200000393 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214098704602>.

³ See Albany Medical Center, Application No. CCPP20200000363 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214152116857>.

⁴ See Blessing Health System, Application No. CCPP20200000296 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121491766717>.

⁵ See Boone Memorial Health Services, Application No. CCPP20200000369 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121480911861>.

⁶ See Bridgeport Hospital, Application No. CCPP20200000119 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12140239102586>; Lawrence + Memorial Hospital, Application No. CCPP20200000306 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121427254374>; Greenwich Hospital, Application No. CCPP20200000305 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214117874249>; and Yale New Haven Hospital, Application No. CCPP20200000304 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121480731388>.

⁷ See Catholic Health Initiatives, Application No. CCPP20200000167 (submitted Dec. 6, 2020), <https://www.fcc.gov/ecfs/filing/121466403917>.

⁸ See Central Peninsula Hospital, Application No. CCPP20200000337 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121450338059>.

⁹ See Children’s National Medical Center, Application No. CCPP20200000237 (submitted Dec. 4, 2020), <https://www.fcc.gov/ecfs/filing/1214224537361>.

- Community Health Center of Lubbock, Lubbock, TX¹¹ – \$59,142
- Dubuque Community Mental Health Center, Dubuque, IA¹² – \$363,463
- Grace Health, Battle Creek, MI¹³ – \$606,339
- Heartland Health Centers Consortium, consortium with nine sites in Chicago, IL and Skokie, IL¹⁴ – \$693,154
- Heritage Behavioral Health Center, Decatur, IL¹⁵ – \$322,299
- Heritage Clinic, consortium with four sites in Los Angeles, Long Beach, Pasadena, and Lancaster, CA¹⁶ – \$197,880
- Housing Works Health Services III, Inc. on behalf of EngageWell IPA C-19, consortium with 32 sites in New York City, NY¹⁷ – \$2,527,220
- Hudson Headwaters Health Network, consortium with sites in 13 communities in upstate New York¹⁸ – \$767,210
- IHS-CAL Round Valley Indian Health Center, Covelo, CA – \$968,836
- Johns Hopkins University, Baltimore, MD¹⁹ – \$297,670
- Kennedy Krieger Children’s Hospital, Baltimore, MD²⁰ – \$1,960,950
- Mobile Medical Care, Inc., Silver Spring, MD²¹ – \$293,250

(Continued from previous page) _____

¹⁰ See Coastal Health Alliance, dba Bolinas Family Practice, Application No. CCPP20200000412 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12141922106362>; Coastal Health Alliance, dba Point Reyes Medical Clinic, Application No. CCPP20200000415 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12140849410816>.

¹¹ See Community Health Center of Lubbock, Application No. CCPP20200000159 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12142333213888>.

¹² See Dubuque Community Mental Health Center, Application No. CCPP20200000303 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214119877789>.

¹³ See Grace Health C-19, Application No. CCPP20200000098 (submitted Nov. 17, 2020), <https://www.fcc.gov/ecfs/filing/1214679516514>.

¹⁴ See Heartland Health Centers Consortium, Application No. CCPP20200000334 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214829029459>.

¹⁵ See Heritage Behavioral Health Center, Inc, Application No. CCPP20200000210 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214011731798>.

¹⁶ See Heritage Clinic, Application No. CCPP20200000154 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12140319924042>.

¹⁷ See Housing Works Health Services III, Inc. on behalf of EngageWell IPA C-19, Application No. CCPP20200000049 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121479528025>.

¹⁸ See Hudson Headwaters Health Network, Application No. CCPP20200000326 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121415252213>.

¹⁹ See Johns Hopkins University, Application No. CCPP20200000128 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121480846167>.

²⁰ See Kennedy Krieger Children’s Hospital, Inc., Application No. CCPP20200000161 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12141266530296>.

- Primary Care Providers for a Healthy Feliciana, Inc. - RKM Dental Clinic, Clinton, LA²² – \$79,560
- Sheppard Pratt, Towson, MD²³ – \$1,109,287
- Summa Health, Akron, OH²⁴ – \$783,870
- The Counseling Center of Wayne and Holmes Counties, Wooster OH²⁵ – \$80,155
- The Mental Health Center of Greater Manchester, consortium with six sites in Manchester, NH²⁶ – \$559,634
- The MetroHealth System, Cleveland, OH²⁷ – \$901,000
- University of Florida - Department of Pediatrics, Gainesville, FL²⁸ – \$612,000
- University of Hawaii, JABSOM: Department of Family Medicine and Community Health Hawaii/Pacific Basin Area Health Education Center, Honolulu, HI²⁹ – \$320,535
- University of Kentucky Healthcare, Lexington, KY³⁰ – \$998,466
- Upstate Consortium, consortium with 18 sites in the Syracuse, NY Region³¹ – \$2,050,200
- Wooster Community Hospital, Wooster, OH³² – \$104,414

(Continued from previous page) _____

²¹ See Mobile Medical Care, Inc., Application No. CCPP20200000275 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12142255930187>.

²² See Primary Care Providers for a Healthy Feliciana, Inc - RKM Dental Clinic, Application No. CCPP20200000005 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214679301525>.

²³ See Sheppard Pratt, Application No. CCPP20200000192 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121413956678>.

²⁴ See Summa Health System - Akron City, Application No. CCPP20200000335 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214439603338>.

²⁵ See The Counseling Center of Wayne and Holmes Counties C19, Application No. CCPP20200000260 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214604725502>.

²⁶ See The Mental Health Center of Greater Manchester, Application No. CCPP20200000232 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214061211895>.

²⁷ See The MetroHealth System, Application No. CCPP20200000023 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214326617808>.

²⁸ See University of Florida - Department of Pediatrics C19, Application No. CCPP20200000184 (submitted Dec. 4, 2020), <https://www.fcc.gov/ecfs/filing/12142429107224>.

²⁹ See JABSOM: Department of Family Medicine and Community Health Hawaii/Pacific Basin Area Health Education Center, Application No. CCPP20200000299 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/1214191100657>.

³⁰ See University of Kentucky HealthCare, Application No. CCPP20200000112 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/121452430614>.

³¹ See Upstate Consortium, Application No. CCPP20200000231 (submitted Dec. 4, 2020), <https://www.fcc.gov/ecfs/filing/121486802792>.

³² See Wooster Community Hospital, Application No. CCPP20200000117 (submitted Dec. 7, 2020), <https://www.fcc.gov/ecfs/filing/12142705703865>.

**STATEMENT OF
ACTING CHAIRWOMAN JESSICA ROSENWORCEL**

Re: *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Second Report and Order (June 17, 2021)

We have been changed by this pandemic. It is not just those we have lost to this cruel virus. It is the way it has upended daily life and moved so much of it online. Healthcare is a good example. It has been forever altered by this experience, with many of us now accustomed to engaging with nurses and doctors through broadband-enabled video from the comfort of our homes. This period has proven it is now possible to monitor, manage, and assess a range of ailments using connected care—and get good results.

To explore what this future of healthcare can mean, the Federal Communications Commission established the Connected Care Pilot Program. This \$100 million program is designed to provide funding for projects to help healthcare providers connect to their patients, especially through projects that serve low-income consumers or veterans. Today, we provide the guidance that participants in this program need to begin their projects. This includes clarifying what equipment and services are eligible, providing details regarding the competitive bidding process, and explaining just how reimbursement will work.

This administrative guidance is important. It's also important to celebrate the second round of support through this program that we are announcing separately today. We have 36 new participants receiving a total of over \$31 million in assistance. They include projects in a diverse set of urban and rural locations—including 22 states and the District of Columbia. I'm particularly heartened that many of these projects will focus on treating high-risk pregnancy and maternal health, an area that needs improvement and I am hopeful that connected care can help. In addition, other projects are designed to provide care for opioid dependency, mental health, and chronic conditions like diabetes and heart disease. I'm looking forward to the good these projects can do and just as importantly what we can learn from this effort.

Thank you to the team in our Bureaus and Offices working on these issues, including Matt Baker, Bryan Boyle, Adam Copeland, Rashann Duvall, Abdel Eqab, Veronica Garcia-Ulloa, Trent Harkrader, Clint Highfill, India McGee, Kris Monteith, Kiara Ortiz, Nick Page, Ryan Palmer, Negheen Sanjar, Joe Schlingbaum, and Hayley Steffen in the Wireline Competition Bureau; Patrick Brogan, Chelsea Fallon, Joanna Fister, Kenneth Hill, Tanner Hinkel, Stacy Jordan, Eugene Kiselev, Giulia McHenry, Eric Ralph, Steve Rosenberg, Michelle Schaefer, and Emily Talaga in the Office of Economics and Analytics; Dan Daly, Mark Stevens, and Cara Voth in the Office of Managing Director; and Malena Barzilai, Rick Mallen, Linda Oliver, and Bill Richardson in the Office of General Counsel.

**STATEMENT OF
COMMISSIONER GEOFFREY STARKS**

Re: *Promoting Telehealth for Low-Income Consumers*, WC Docket No. 18-213, Second Report and Order (June 17, 2021)

I am pleased to approve today's Order, which will facilitate the successful administration of the Connected Care Pilot Program. Combined with our selection of the second set of Pilot Projects, today's decision marks another important milestone in the Commission's efforts to expand access to telehealth services. Over the last year, the COVID-19 pandemic has cemented telehealth as an essential part of our healthcare system. Through tens of millions of virtual visits, patients and healthcare providers have reduced in-person contacts and maintained social distancing—important measures to prevent spread of the coronavirus. Researchers at the Urban Institute found that during the first six months of the pandemic, one-third of Americans had a telehealth visit to discuss their own healthcare.¹ The Connected Care Pilot Program will help continue that expansion of innovative healthcare technologies in the years to come.

By reducing barriers to treatment—from missing work to traveling long distances to finding the right specialist—telehealth can help close longstanding gaps in healthcare for underserved communities. During the pandemic, researchers saw striking increases in telehealth use by low-income Americans. Between March and June 2020, the Centers for Medicare and Medicaid Services found that telehealth visits for Medicaid and Children's Health Insurance Program beneficiaries increased by more than *2600 percent* compared to the same period in 2019. Those beneficiaries received more than 34 million telehealth services in just four months.²

I am proud that the Connected Care Pilot Projects will target resources to low-income communities. For example, today we are announcing the selection of a Pilot project hosted by Kennedy Krieger Children's Hospital in Baltimore. Kennedy Krieger is an international leader in caring for children and young adults with pediatric developmental disabilities and disorders of the brain, spinal cord, and musculoskeletal system. Nearly \$2 million in Connected Care support will allow the hospital to provide video consultations and remote patient monitoring for patients with chronic health conditions and mental health concerns. Fully 100% of those patients will be low-income. The Connected Care Pilot Program will also help remove barriers to treatment for seniors—another core constituent of telehealth services. The Pilot Project hosted by the Heritage Clinic in California, for example, will focus specifically on low-income seniors, some of whom are veterans or experiencing homelessness. And these are just two of the many Pilot projects focused on low-income people that we announce today.

The Connected Care Pilot Program will make an enormous difference in communities around the country, but our work is far from done. Broadband can bring back the house call in a new way and expand the reach of doctors, mental health professionals, and other providers. That's a game changer—but not for the many communities that remain on the wrong side of the digital divide. In the United States, tens of millions of people either can't get online or are making great sacrifices to get connected. To fully realize the benefits of telehealth, we need to finish the work of ending internet inequality.

¹ Laura Barrie Smith & Fredric Blavin, *One in Three Adults Used Telehealth during the First Six Months of the Pandemic, but Unmet Needs for Care Persisted at 1* (2021), https://www.urban.org/sites/default/files/publication/103457/one-in-three-adults-used-telehealth-during-the-first-six-months-of-the-pandemic-but-unmet-needs-for-care-persisted_1.pdf.

² Center for Medicaid and Medicare Services, *Services Delivered via Telehealth Among Medicaid & CHIP Beneficiaries During COVID-19: Preliminary Medicaid & CHIP Data Snapshot Services through June 30, 2020 at 6* (2020), <https://www.medicare.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-COVID-19-snapshot-data-through-20200630.pdf>.

Many thanks to the staff in the Wireline Competition Bureau for their hard work making the Connected Care Pilot Program a success.