



Government & External Affairs
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January 19, 2021

Marlene H. Dortch, Secretary
Office of the Secretary
Federal Communications Commission
45 L St., NE
Washington, DC 20554

RE: COVID-19 Telehealth Program (WC Docket No. 20-89)
Submitted electronically via <https://www.fcc.gov/ecfs/>

Dear Secretary Dortch:

UnityPoint Health appreciates the opportunity to provide input in response to the Federal Communications Commission's Wireline Competition Bureau request for comment on the COVID-19 Telehealth Program. With more than 400 physician clinics, 40 hospitals, 16 home health locations, 7 Community Mental Health Centers and 4 accredited colleges, UPH is one of the nation's most integrated health care systems. Our more than 32,000 employees provide care throughout Iowa, western Illinois and southern Wisconsin. UPH hospitals, clinics and home health provide a full range of coordinated care to patients and families through more than 7.9 million patient visits annually.

UnityPoint Health (UPH) did submit an application in Round 1 and funds were exhausted while our application was pending. UPH respectfully offers the following comments.

A. Prioritizing Round 2 Funding

FCC seeks comment on application prioritization factors in Round 2.

Comment: We support a new application process in which all applicants, even those with pending applications, would need to reapply for funding.

- Funding targeting "hardest" hit areas. As the pandemic rages on, defining "hardest" hit is a moving target. Additionally, the sheer number of cases or percentage of caseload do not necessarily reflect capacity to treat these cases or the infrastructure available to respond. Community spread may also be related to differences in state and local requirements related to public gatherings, social distancing and masking. Based on this, we recommend that applicants demonstrate that they did or intend to use equipment for testing and/or treatment of COVID-19 patients or those suspected to have COVID-19. While "hardest" hit areas can be one factor, we do not believe it should be the deciding factor.
- \$1 million award cap. This initial award cap was intended to promote a greater number of awards, but disregards the size of the applicant. For instance, consortium applications may be comprised of multiple (even tens of) sites. We would suggest that FCC consider a lower cap on a per entity basis with a larger cap for consortium applications. Award amounts in the first cycle could inform these amounts. We would support award caps that encourage applications by statewide entities, large health care providers or health care provider systems with numerous sites to avoid duplicative applications per entity.

- Eligibility. We support the use of the Form 460.
- Additional funding for Round 1 awardees. We believe that Round 1 awardees should be eligible to apply for Round 2 funds up to the amount of the cap.
- Application filing window. We wholeheartedly support a filing window as opposed to accepting applications on a rolling basis, which turns into a first-come, first-served basis. We believe a window better recognizes that applicants and their ability to prepare and submit an application are at the mercy of the pandemic and must divert resources accordingly. We would suggest that the window time frame be at least 6 weeks.

B. Treatment of Round 1 Applications

FCC seeks comment on its proposal to require Round 1 applicants that continue to seek funding to update or amend their applications by submitting a new application for Round 2.

Comment: Generally, we support prioritization of Round 1 applicants who were not funded. We would recommend that the application form inquire whether a Round 1 application was filed and its status – whether they were fully funded, partially funded, in queue or denied funding.

- Round 2 applications filed by Round 1 applicants. We agree that prioritization should be given to funding applications submitted during Round 2 by applicants that applied, but did not receive any or all of the requested funding, during Round 1.
- Round 2 applicants awarded full request during Round 1. We believe that the funding cap for this program should apply to the aggregation of Round 1 and Round 2 awards. For instance, if the cap limit were set at \$500,000 per entity, an applicant who received \$400,000 in Round 1 could still apply for \$100,000 in Round 2. However, if the \$500,000 cap was reached in Round 1, they would be ineligible for further funding under this program.

C. Additional Program Improvements

FCC is seeking comment on its proposal to update the Program's application and invoicing processes during Round 2 to direct Universal Service Administrative Company (USAC) to administer.

Comment:

- USAC administration. We fully support the use of USAC to lead administration for this program. UPH has participated in the Rural Health Care Program and we've appreciated their guidance, support and overall customer service over the years.
- List of eligible and ineligible equipment and services. We would support the publication of specific guidance on what may be requested for reimbursement as a means to streamline applications.

We are pleased to provide input on this request for comment. To discuss our comments or for additional information, please contact Cathy Simmons, Government & External Affairs at cathy.simmons@unitypoint.org or 319-361-2336.

Sincerely,



Cathy Simmons, JD, MPP
Executive Director, Government & External Affairs