January 19, 2021

Commission’s Secretary, Office of the Secretary
Federal Communications Commission
45 L Street, NE
Washington, DC 20554
Submitted electronically to: https://www.fcc.gov/ecfs

RE: WC Docket No. 20-89

To Whom It May Concern,

The Children’s Hospital Association appreciates the opportunity to provide comments on the Federal Communications Commission (FCC) request for comment on COVID-19 telehealth program round two funding application metrics. The traumatic stress and uncertainty surrounding the pandemic will have long-term implications for children’s physical as well as mental, emotional and behavioral (MEB) health, and it is critical that access to children’s health care services is preserved. During the coronavirus pandemic, telehealth emerged as a vital health care service delivery tool for providers, patients and families, and we encourage the FCC to continue to support pediatric providers in their efforts to address the direct and indirect impact of the coronavirus pandemic on children through utilization of telehealth services.

Children’s hospitals are a vital safety net for all children, treating children across the country who are uninsured, underinsured and enrolled in Medicaid. Although they account for less than 5% of hospitals in the United States, children’s hospitals care for almost one half of children admitted to hospitals and serve the majority of children with serious illnesses and complex or chronic conditions. A majority of the patients treated at children’s hospitals are enrolled in the Medicaid program, and many require highly specialized and complex care.

It is critically important that pediatric providers are equipped with the tools and resources to continue to provide necessary services and supports to children as they grow and develop. As the FCC considers applications for the COVID-19 telehealth program round two funding, we encourage the commission to consider the significant short- and long-term impacts that the pandemic has had on vulnerable populations such as children and the potential benefits of telehealth services for these populations. We ask the FCC to consider the following recommendations as the commission develops the round two application process:

- **Include pediatric considerations in round two funding.** Although children represent a lower number of COVID-19 infections, hospitalizations or deaths, they have been significantly impacted by the pandemic. Telehealth has been critical to equipping pediatric providers to provide uninterrupted care to children, and we urge the commission to take into consideration the efforts pediatric providers have taken during the pandemic to support access to care. The commission should consider metrics that take into consideration vital health care services furnished by children’s hospitals or other pediatric providers when assessing round two funding applications.

- **Create a streamlined application submission process to reduce burden on applicants.** Providers, hospitals and health systems put a significant amount of time and effort into completing round one applications. A number of children’s hospitals applied, with some receiving funds, while others applied but did not receive funding. We encourage the FCC to implement a streamlined process that does not place unnecessary burden on round one applications.

Champions for Children’s Health
Pediatric providers have been significantly impacted during COVID-19

Pediatric providers have been greatly impacted due to deferred and delayed care in response to national and local level orders aimed at reducing the spread of the virus. Much like adult facilities and providers, children’s hospitals suspended elective procedures, implemented protocols to promote social distancing and other public health measures, and grappled with supply chain issues. Despite these challenges, children’s hospitals quickly adapted to respond to the physical and behavioral health care needs of children and families and support continuity of care, such as for children with complex medical needs who could be at increased risk of infection. The ability to continue to provide services has also been critical in addressing the increasing MEB needs of children because of the effects of the pandemic, including social isolation and traumatic stress.

Children’s hospitals have capitalized on available resources to promote access to care during the pandemic, recognizing the importance of continuity of care. We have previously highlighted innovative programs and best practices for the administration that children’s hospitals have implemented utilizing telehealth technology, particularly to provide MEB care.1 These service innovations range from texting families the results of COVID-19 tests, conducting aspects of well-child visits, delivering behavioral health services and providing in-hospital consultive care via telehealth.

Several children’s hospitals applied and received round one funding through the FCC’s COVID-19 telehealth program. Hospitals used this funding to support various initiatives and improve telehealth infrastructure including investments in telemedicine carts, tablets and other connected devices, a telehealth platform, and other telehealth equipment to treat seriously ill COVID-19 pediatric patients and continuation of evaluations, diagnoses and care for patients with acute or chronic health needs via telemedicine. Another children’s hospital used FCC funds to provide telehealth services to children who have received organ transplants and are, as a result, immunocompromised and at a high risk for COVID-19. Providing opportunities for children’s hospitals to invest in telehealth services continues to promote continuity of access to necessary care for children across the spectrum of health.

Impact of COVID-19 on children’s health

Although children represent a lower number of COVID-19 infections, hospitalizations or deaths, they have been significantly impacted directly and indirectly. The coronavirus pandemic has introduced additional and traumatic stress for children and families, including parental unemployment, social isolation and deferred or foregone care. Stresses associated with the COVID-19 pandemic have exacerbated existing MEB health issues in children and lead to more cases among children throughout and after the pandemic concludes. Children typically have access to social and mental health support services in schools. However, with schools closing as part of the efforts to curb the pandemic, access to these critical services was greatly diminished. Tele-behavioral health care services can help to fill those gaps, and policies and resources that support delivery of tele-behavioral health at home are especially needed.

Recent data shows that some health care services for children, such as routine screenings and immunizations, plummeted during the pandemic.2 The expanded use of telehealth technology helped to fill some of these gaps in care and is an important tool in maintaining access to health care services as we experience surges or virus outbreaks across the country. The flexibilities and waivers authorized by federal regulatory and legislative bodies along with actions taken by state officials and private insurers allowed for the rapid expansion and adoption of telehealth. We are encouraged by how the telehealth

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2 Centers for Medicare and Medicaid Services, Service use among Medicaid & CHIP beneficiaries age 18 and under during COVID-19 – Preliminary Medicaid & CHIP Data Snapshot
flexibilities granted during the pandemic have allowed children’s hospitals to continue to provide care to patients that are out-of-state, as well as provide services to children with special health care needs, components of well-child visits and behavioral health services. However, additional resources are needed to continue to support the technological and infrastructure needs of providers seeking to expand telehealth services to a greater number of their patients.

**Pediatric considerations for round two funding**

As detailed above, the use of telehealth technology has been a vital health care delivery tool and will continue to be critical to providing necessary care beyond the pandemic. The direct and indirect impacts of the pandemic on children cannot be emphasized enough. The effects of delayed care, stress and uncertainty have implications for the long-term health and well-being of children as they grow and develop.

Children’s hospitals continue to work to improve access to high-quality primary and specialty care, increase efficacies and improve collaboration and communication among clinicians through pediatric telehealth programs. We were pleased to see that additional funding for the COVID-19 telehealth program has been authorized, as some children’s hospitals applied for funding in recognition of the critical importance of investing in telehealth but did not receive any before first round funding was exhausted. The second round of funding for the COVID-19 telehealth program is an opportunity to build on the work children’s hospitals have done to adapt to ensure children continue to have access to necessary care during the COVID-19 pandemic. As the pandemic continues to take a toll on the MEB of children, additional support for children’s hospitals is needed to provide via telehealth can ensure children receive necessary care. We ask the FCC to ensure that pediatric providers are given the same considerations as other applicants as you review round two applications.

**Treatment of round one applications and support for a streamlined process**

A number of children’s hospitals went through the round one application process. As hospitals continue to face financial uncertainty while simultaneously supporting a workforce experiencing burnout in response to the traumatic stress of the pandemic, it is critical that additional barriers to receiving funding or resources to support access to care are limited. We recommend that the commission ensure that the application process for the second round of funding does not place unnecessary burden on round one applicants that did or did not receive funding and is streamlined to the extent possible. A streamlined process that minimizes administrative burdens on providers would encourage previous applicants to update and resubmit their applications in accordance with round two requirements in a timely manner.

Thank you for the opportunity to provide comments on pediatric considerations for round two funding for the COVID-19 telehealth program, impacts of the pandemic on children and their families and how the expanded use of telehealth has equipped children’s hospitals to adapt and continue to provide necessary services to children to promote their health and well-being. If you have questions on our response, please contact Hilary Daniel at hilary.daniel@childrenshospitals.org.

Sincerely,

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Children’s Hospital Association