

RESOLUTION OF THE
NAABIK'ÍYÁTI' STANDING COMMITTEE
24th NAVAJO NATION COUNCIL -- Second Year, 2020

AN ACTION RELATING TO NAABIK'ÍYÁTI'; AUTHORIZING AND APPROVING
WAIVER OF ADMINISTRATIVE COSTS FOR FEDERAL COMMUNICATIONS
COMMISSION COVID-19 TELEHEALTH COST REIMBURSEMENT AWARD

SECTION ONE. AUTHORITIES

- A. The Naabik'íyáti' Committee is a standing committee of the Navajo Nation Council. It has the authority to "review and continually monitor the programs and activities of federal and state departments and to assist development of such programs designed to serve the Navajo People and the Navajo Nation through intergovernmental relationships between the Navajo Nation and such departments." 2 N.N.C. § 701 (A) (7).
- B. Pursuant to 2 N.N.C. § 701 (A) (10), the Naabik'íyáti' Committee is authorized:

"To review and approve the negotiation and setting of the Navajo Nation's indirect cost or administrative cost rate agreements with the cognizant federal agent. When in the best interest of the Nation, the committee may waive the indirect cost or administrative cost rate when:

- a. The division, department or program requesting the waiver demonstrates a statutory and/or regulatory requirement that limits the indirect cost or administrative cost rate available for a particular grant or contract, or
- b. There is a showing of necessity and a commitment of available general funds by the division, department or program requesting the waiver which is available to offset the loss in indirect costs or administrative costs."

SECTION TWO. FINDINGS

- A. COVID-19 is a serious respiratory disease. COVID-19, a global pandemic, has affected all communities of the Navajo Nation. In the United States, the rate of COVID-19 is again rapidly increasing.

- B. The Navajo CHR/Outreach program, Navajo Nation Department of Health, on April 23, 2020, submitted a Telehealth cost reimbursement award application to the Wireless Competition Bureau, Federal Communications Commission (FCC). See **Exhibit A**. The purposes include monitoring patients requiring hospitalization during the COVID-19 pandemic. On May 6, 2020, the Wireless Competition Bureau, on a cost reimbursement basis, issued notice of award to the CHR/Outreach Program, Navajo Nation Department of Health, in the amount of \$954,990. See attached **Exhibit B, Funding Commitment Letter** (Commitment Number 0048). Generally, under the award, funds would be used "to provide home health care and remote monitoring services throughout the Navajo Nation to patients who are isolated and under shelter-in-place orders, including low-income, elderly and vulnerable and high-risk patients." See **Exhibit C, FCC News**, May 6, 2020.
- C. Administrative costs are not allowed under the award provided to the Navajo Nation CHR/Outreach program. The applicable federal administrative order, in part, provides:
- "The COVID-19 Telehealth Program will not provide funding for health care provider administrative costs associated with participating in the COVID-19 Telehealth Program (e.g., costs associated with completing COVID-19 Telehealth Program applications and other submissions) or other miscellaneous expenses (e.g., doctor and staff time spent on the COVID-19 Telehealth Program and outreach). We emphasize that COVID-19 Telehealth Program funds may only be used for services and devices covered under the CARES Act. The costs of ineligible items must not be included in the reimbursement requests for the COVID-19 Telehealth Program." See paragraph 30, <https://docs.fcc.gov/public/attachments/FCC-20-44A1.pdf> (attached hereto as **Exhibit D**).
- D. Because of federal administrative order FCC-20-44A1, and pursuant to Navajo Nation law, the Navajo Nation CHR/Outreach Program is seeking a waiver of administrative costs associated with the FCC award provided the program.
- E. Under the award extended to the Navajo Nation, funds must be expended by September 30, 2020. It is absolutely crucial that the funds be made available immediately for purposes of addressing emergencies presented by COVID-19.

SECTION THREE. APPROVING ADMINISTRATIVE COST WAIVER

- A. The Navajo Nation hereby approves and authorizes a waiver of administrative costs for the Federal Communications Commission Covid-19 Telehealth cost reimbursement award dated May 6, 2020 (Funding Commitment Number 0048 - Wireless Competition Bureau).
- B. With the assistance of the Navajo Nation Office of the Controller, Office of Management and Budget and the Navajo Nation Department of Justice, the CHR/Outreach Program, Navajo Department of Health, shall finalize and submit to the federal awarding agency all necessary documents for purposes of completing all award requirements. Further, the President of the Navajo Nation shall be authorized to execute any and all documents necessary to effectuate the intent of this resolution.

CERTIFICATION

I, hereby certify that the foregoing resolution was duly considered by the Naabik'íyáti' Committee of the 24th Navajo Nation Council at a duly called meeting in Window Rock, Navajo Nation (Arizona), at which a quorum was present and that the same was passed by a vote of 18 in Favor, and 00 Opposed, on this 18th day of July 2020.


Honorable Seth Damon, Chairman
Naabik'íyáti' Committee

July 19, 2020
Date

Motion: Honorable Wilson Stewart, Jr.

Second: Honorable Eugenia Charles-Newton

Chairman Seth Damon not voting

EXHIBIT A

Report Title: Telehealth Application Details
Run Date and Time: 2020-04-23 17:51:27 Eastern Daylight Time
Run by: Mae-Gilene Begay
Table name: x_g_fmc_c19_telehe_grant_application

Telehealth Application

Number:	GRA0004432	State:	
Notes for Applicant:		Status:	Pending
Applicant:	Mae-Gilene Begay	Applicant National Provider Identifier (NPI):	
Applicant FCC Registration Number (FRN):	0029463817		
Federal Employer Identification Number (EIN or TAX ID Number):	860092335		
Data Universal Numbering System (DUNS) Number:	009001702		
DATA Act Business Types:	1 - Indian/Naive American Tribal Government (Federally-Recognized)		
Service Area:	Arizona		

Contact Information

Contact Name:	Mae-Gilene Begay
Position Title:	Director of CHR/Outreach Program
Street:	Window Rock Blvd. & Rte. 12
City:	Window Rock
State:	AZ
Zip:	86515
Email:	mgbegay@yahoo.com
Phone:	9288716786

Services and Conditions

Patient-Based Internet-Connected Remote Monitoring: Other Monitoring: true Video Consults: true Voice Consults: false Imaging Diagnostics: false Other Diagnostics: false Remote Treatment: true Other Services: false	
Additional information on Medical Services to be provided:: Would you treat COVID-19 patients directly?: Yes Would you treat patients without COVID-19 symptoms or conditions?: Yes Emergency / Urgent Care: false Mental Health Services (Non-Emergency): true Other Infectious Diseases: true Routine, Non-Urgent Care: true Other Conditions (Explain Below): false	
If you will treat patients without COVID-19, explain...	

Medical services will be provided by the Navajo Department of Health (NDOH), Community Health Representative Program (CHR). Established in 1968, the CHR program delivers medical services to the Navajo people by providing direct home health care, community health care, and health education. CHR employs around 100 representatives who provide mobile health care to 107 chapters across the Navajo Nation. The CHR program serves approximately 210,000 Navajo individuals both on and around the Navajo Nation. Services provided by the community health representatives include health screenings, after-care and follow-up visits, care planning, and direct observation of medical treatment. In light of the COVID-19 pandemic on the Navajo Nation and the resulting hospital closures to non-COVID-19 and emergency care patients, community health representatives have become the front line health care providers. Program funding will be used to provide home health care and monitoring services, including the use of remote, connected devices. By providing these patient services, CHR will help Navajo residents comply with shelter-in-place orders because residents will receive medical care at home, thus alleviating bed capacity and freeing up resources at local hospitals for the treatment of COVID-19 patients.

Additional information on specific conditions to be treated::

Purpose and Intent

What are your goals and objectives for use of the COVID-19 Telehealth Funding?:

The Navajo Nation has been particularly hard hit by the coronavirus and is struggling to meet the needs of its residents. By participating in the COVID-19 Telehealth Program, CHR hopes to 1.) provide critical medical services to Navajo Nation residents and communities already suffering from the lack of sufficient health care resources, and 2.) free up limited the medical resources for the treatment of COVID-19 patients.

What is your timeline for deployment of the proposed service(s)?:

Deployment of the services and devices funded by the program will begin as soon as practically possible.

What metrics will you use to help measure the impact of the funds used?:

CHR will monitor the number of non-COVID-19 patients that require hospitalization during the coronavirus pandemic through September 30, 2020. CHR will compare this data to data from the same time period of the previous year to measure the impact of services and devices funded by the program. Additionally, community health representatives will seek feedback from patients on medical services provided, including patient comfort, privacy, ease of use of connected devices, and overall experience with telemedicine services.

How has COVID-19 affected HCPs in your geographic area (e.g. county)?

The Navajo Nation is facing the third-largest outbreak of COVID-19 in the country, per capita, behind only New York and New Jersey, putting great strain on medical facilities located in or near the Nation. The Navajo Nation Health Command Operations Center reported that, as of April 20, 2020, more than 1,300 people in the Nation have tested positive and 45 people have died. The Navajo Nation's high poverty rate, high percentage of elderly residents, and high rates of diabetes and cardiovascular disease make COVID 19 an especially dangerous threat to the Nation's residents. The Navajo Nation has already sought help from FEMA and the Arizona National Guard to set up a field hospital in the community of Chinle to extend the Nation's limited medical facilities. The community health representatives are currently treating patients with COVID-19, providing monitoring services and remote telehealth services with the limited resources currently available. In emergency situations, community health representatives help coordinate with the Navajo Nation Public Health Nurses and medical providers.

Have you been under pre-existing strains? If so, please describe such factors.

While the COVID-19 pandemic is creating challenges for large parts of the United States, the Navajo Nation's situation is unique. Virtually no other part of the country is as poor: the median household income is only \$20,000, and 43 percent of the population lives below the poverty line. Many Nation residents live miles from the closest town or medical facility. Additionally, some areas of the Nation lack basic necessities such as running water and electricity. In fact, forty percent of the Nation's households have no running water. The CHR program is a critical resource for medical services, and even more so during the current pandemic. In light of the COVID-19 pandemic on the Navajo Nation and the resulting hospital closures to non-COVID-19 patients and emergency care patients, community health representatives have become the front line health care providers. The community health representatives provide necessary medical services to COVID-19 patients and non-COVID-19 patients, including health education and medication, as well as ensuring that Nation residents have access to necessities such as food, water, and firewood. The funding requested herein is critical for the community health representatives to meet these new demands during the COVID-19 pandemic, thus alleviating bed capacity and freeing up resources at local hospitals for the treatment of COVID-19 patients. Adding to its challenges, the Navajo Nation also lacks a robust broadband infrastructure. Although Americans have been told to shelter in place and to conduct business online, rather than through in-person encounters, doing so is often not possible or is extremely limited throughout much of the Navajo Nation. The Navajo Nation is the largest Tribal reservation in the United States. It covers more than 27,000 square miles—roughly the size of West Virginia—and sits on some of the most remote, challenging, and sparsely populated terrain in the country. There are numerous gaps in the broadband coverage areas, as well as areas where coverage is bandwidth-limited, and therefore capacity-limited. Many Nation residents have no reliable internet access service, making it difficult to complete even simple tasks online. The funding requested herein is primarily focused on overcoming the geographic isolation and gaps in broadband coverage on the Navajo Nation so that the community health representatives can meet the new demands of providing frontline healthcare to isolated shelter-in-place households during the COVID-19 pandemic.

Do you plan to target the funding to high-risk and vulnerable patients?

Yes

If so, please describe how:

As noted above, the Navajo Nation has a high percentage of elderly residents and high rates of its population have diabetes and cardiovascular disease. By serving its residents, the Navajo Nation Department of Health by definition serves high-risk and vulnerable patients.

Please provide any additional information to support your application and:

Do you request confidential treatment of supporting documentation?

Yes

Funding Request

Total Amount of Funding Requested:	\$983215.00
Are you requesting funding for devices?:	Yes
Are the devices for the health care provider's use?:	Yes
Are the devices for patient use?:	Yes
How are the devices integral to patient care?:	

The devices are integral to patient care in several ways. First, the laptops and Mobile Broadband kits will allow the community health representatives to input electronic health records at the time of the visit with the patient instead of driving back to their office and inputting the records at a later time. We believe that will help improve health tracking, increase accuracy of patient records, and increase community health representative efficiency. Second, the hotspots will be available for both community health representative and patient use. The hotspots will improve communication and provide for patient care in real time. Third, the patient monitoring devices will help patients participate and be more aware of their own health and treatment and will alert community health representatives more quickly as to changes in patient health status. In addition, patient monitoring devices may help limit community health representative exposure to COVID-19 by allowing them to monitor the health of people who may potentially have COVID-19 remotely.

Certification

Certified and Submitted by: Mae-Gilene Begay
 Certifier Full Name: Mae-Gilene Begay

Certified Date and Time: 2020-04-23 17:51:04

Related List Title: Health Care Provider List

Table name: x_g_fmc_c19_telehe_health_care_provider
 Query Condition: Associated Application = GRA0004432
 Sort Order: Number in ascending order

1 Health Care Providers

▲ Number	Facility Name	Is Lead HCP?	FRN	HCP Number	NPI	State	City	Eligibility Type	Total Patient Population	Estimated Number of Patients to be Served by Funding Request	Associated Application	Updated by	Updated
HCP00049 97	Navajo Nation Dept. of Health	Yes	002946381 7	82129		AZ	Window Rock	(3) local health department s or agencies	210,000	210,000	GRA00044 32	mgbegay@yahoo.com	2020-04-23 17:15:29

Related List Title: Funding Request Details List

Table name: x_g_fmc_c19_telehe_funding_request
 Query Condition: Associated Application = GRA0004432
 Sort Order: Number in ascending order

8 Funding Request Details

▲ Number	Category	Description of Service(s) and/or Device(s)	Total Monthly Expense	Updated by	Updated
FDR0006761	Internet Connectivity Service	Mobile Broadband Solution, Wireless - Choice SIM Card - 30GB data per month	\$0.00	mgbegay@yahoo.com	2020-04-23 17:28:31

▲ Number	Category	Description of Service(s) and/or Device(s)	Total Monthly Expense	Updated by	Updated
FDR0006771	Devices	The 4K Solutions' fully integrated Mobile Broadband Kit (MBK™) includes a rugged LTE Advanced Pro broadband router (1Gbps, North American auto-carrier select, FirstNet 14). All components fitted into a custom HDPE insert with integrated battery, antennas (cell, wifi, and GPS), and power cords, contained in a mil-spec case. Broadband router includes 1 year of NetCloud Essentials and Support.	\$0.00	mgbegay@yahoo.com	2020-04-23 17:29:32
FDR0006774	Devices	Laptop computers, software, and accessories	\$0.00	mgbegay@yahoo.com	2020-04-23 17:30:07
FDR0006775	Devices	Hotspots/Indoor Broadband Units	\$0.00	mgbegay@yahoo.com	2020-04-23 17:31:15
FDR0006779	Internet Connectivity Service	Monthly recurring charges for Hotspots/Indoor Broadband Units	\$0.00	mgbegay@yahoo.com	2020-04-23 17:31:52
FDR0006783	Devices	Portable vital signs monitor	\$0.00	mgbegay@yahoo.com	2020-04-23 17:33:29
FDR0006785	Devices	Connected pulse oximeter	\$0.00	mgbegay@yahoo.com	2020-04-23 17:34:13
FDR0006787	Devices	Connected blood pressure monitor	\$0.00	mgbegay@yahoo.com	2020-04-23 17:34:47

[illegible]

**COVID-19 TELEHEALTH PROGRAM*****Funding Commitment Letter*****Contact Information:**

Mae-Gilene Begay
Director of CHR/Outreach Program
Navajo Nation Department of Health
Window Rock Blvd. & Rte. 12
Window Rock, AZ 86515
928-871-6786
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Funding Commitment Date: 5/6/2020**Funding Commitment Number:** 0048**Applicant Name:** Navajo Nation Department of Health**Applicant ID:** GRA0004432**Health Care Provider Number(s):** HCP# 82129

The Wireline Competition Bureau (Bureau) has completed its review of your application and request for funding, along with the supporting documentation submitted on behalf of the health care provider number(s) referenced above. Based on the information provided, the Bureau is approving funding in the amount set forth below for the health care provider number(s) listed above for the categories of services and/or connected devices described below purchased between March 13, 2020 and September 30, 2020, as established in its April 8 Public Notice (DA 20-394). We emphasize that this funding shall only be used by eligible health care providers to obtain the telecommunications services, information services, and connected devices they need to provide telehealth services in response to the coronavirus 2019 disease (COVID-19) pandemic. Any funding therefore received by a consortium applicant on behalf of the health care provider number(s) listed above shall be provided to such eligible health care provider(s) to reimburse them for their respective costs incurred under the COVID-19 Telehealth Program.

Applicant's Total Committed Funding: \$954,990.00**Category(ies) of Services and/or Connected Devices:** Telecommunications Services and Broadband Connectivity Services; Information Services; Connected Devices/Equipment**How to Submit Invoice(s) for Reimbursement:**

Upon receipt of services and/or connected devices and subsequent payment by the health care provider(s), the applicant must submit an invoice and any supporting documentation to the Commission for reimbursement, on at least a monthly basis, for the eligible cost of the services and/or connected devices. If your organization is not already enrolled in the U.S. Department of the Treasury's Bureau of the Fiscal Service Invoice Processing Platform (IPP), you should



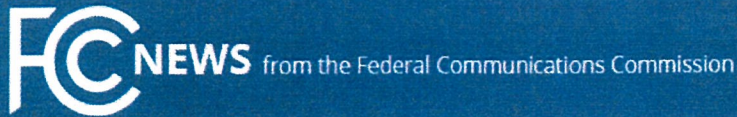
become familiar with this platform at IPP.gov. The IPP is used by the Commission to accept invoices from the Commission's program partners, and approved by the Office of Management and Budget. Applicants will need to be prepared to upload certain documents as attachments to their invoice submission in IPP: (1) a completed COVID-19 Telehealth Program Request for Reimbursement Form; (2) supporting documents that identify the eligible services and/or connected devices purchased and received, and price paid (e.g., invoices, vendor and service provider quotes, or other similar information). For additional information regarding the invoicing process, please refer to the Bureau's and the Office of Managing Director (OMD)'s Public Notice DA 20-425 available at <https://docs.fcc.gov/public/attachments/DA-20-425A1.pdf>.

Notice on Rules and Requirements:

An eligible health care provider's receipt of a funding commitment is contingent on their compliance with all applicable program requirements and procedures as set forth in the Commission's *Report and Order* (FCC 20-44) and the Bureau's and OMD's subsequent Public Notices (DA 20-394 and DA 20-425), and all applicable federal and state laws, including the False Claims Act, the Anti-Kickback Statute, and the Civil Monetary Penalties Law, as waived or modified in connection with the COVID-19 pandemic, and the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Eligible health care providers who have received funding commitments are subject to audits and other reviews that the Commission and other appropriate authorities may undertake periodically to ensure that committed funds are being used in accordance with such requirements and for their intended purpose. Additionally, pursuant to the CARES Act, eligible health care providers are subject to certain reporting requirements and are required to provide the U.S. Government Accountability Office with access to their records related to assistance received under the COVID-19 Telehealth Program.

For More Information:

For more information about the COVID-19 Telehealth Program, refer to the Commission's website at www.fcc.gov/covid19telehealth. Questions specific to the application process or your funding commitment should be directed to TelehealthApplicationSupport@fcc.gov.

**Media Contact:**

Katie Gorscak, (202) 418-2156
katie.gorscak@fcc.gov

For Immediate Release

FCC APPROVES FIFTH SET OF COVID-19 TELEHEALTH PROGRAM APPLICATIONS

Commission Continues Approving Funding for Telehealth During Coronavirus Pandemic

WASHINGTON, May 6, 2020—The Federal Communications Commission's Wireline Competition Bureau today approved an additional 26 funding applications for the COVID-19 Telehealth Program. Health care providers in both urban and rural areas of the country will use this \$11.19 million in funding to provide telehealth services during the coronavirus pandemic. To date, the FCC's COVID-19 Telehealth Program, which was authorized by the CARES Act, has funded 56 health care providers in 23 states for a total of \$24.9 million in funding.

Below is a list of health care providers that were awarded funding:

- **Ampala Health, in Yuba City, California**, with 12 sites throughout Northern California was awarded \$332,079 to expand its video telehealth services using connected devices at COVID-19 testing centers to limit both patient and provider exposure.
- **Avenue 360 Health and Wellness, in Houston, Texas**, was awarded \$297,975 to provide video telemedicine services to low-income and vulnerable patients at risk for COVID-19 through mobile telehealth sites at public housing locations in the city of Houston and throughout Harris County.
- **Brazos Valley Community Action Agency, Inc. dba HealthPoint, in College Station, Texas**, was awarded \$415,621 to provide remote patient monitoring devices and services for its rural, vulnerable, high-risk patient population.
- **The Children's Home of Cincinnati, in Cincinnati, Ohio**, was awarded \$456,871 to expand its video telehealth consultations and remote monitoring programs serving its low-income and vulnerable patient population throughout the Greater Cincinnati area that has been displaced by the COVID-19 pandemic.
- **Chinatown Service Center, a Federally Qualified Health Center with locations in Los Angeles, Monterey Park, San Gabriel, and Alhambra, California**, was awarded \$460,572 to implement telehealth to continue providing primary care, mental health, and dental services to low-income and vulnerable patient populations during the COVID-19 pandemic.
- **Community Health Centers of Burlington, in Burlington, Vermont**, was awarded \$782,903 for its eight sites to provide telehealth visits through the use of connected devices designed to serve community residents, primarily low-income patients, who

face barriers to access comprehensive primary care, psychiatry, behavioral health, and dental care services.

- **Community Health Center of Lubbock, Inc., in Lubbock, Texas**, was awarded \$143,584 to expand its telehealth services to mitigate and limit exposure of patients and staff to COVID-19-positive patients receiving care while continuing to provide care to its vulnerable patients, including the elderly and chronically ill.
- **Delaware Valley Community Health, Inc., in Philadelphia, Pennsylvania**, was awarded \$504,880 to provide telehealth services to its patients who are predominantly vulnerable and at high-risk for COVID-19.
- **El Rio Santa Cruz Neighborhood Health Center, Inc., dba El Rio Health, in Tucson, Arizona**, with 12 sites throughout the community was awarded \$444,462 to provide video telehealth services and remote patient monitoring of chronic diseases to ensure continued care for high-risk patients during the COVID-19 pandemic.
- **Fair Haven Community Health Clinic, in New Haven, Connecticut**, was awarded \$430,438 to provide its COVID-19 high-risk and vulnerable patient population with video and voice consults, and management of chronic conditions through patient-based Internet-connected remote monitoring.
- **Greater Baden Medical Services, Inc., in Brandywine, Maryland**, was awarded \$537,747 to expand its video telehealth services and remote patient monitoring to continue to provide care to its low-income patients outside of emergency rooms overwhelmed by COVID-19 patients.
- **Health Access for All, Inc., dba Angeles Community Health Center, in Los Angeles, California**, was awarded \$442,376 to implement remote patient monitoring to care for patients who are most susceptible to COVID-19, including chronically ill and elderly patients.
- **Holyoke Health Center, Inc., in Holyoke, Massachusetts**, was awarded \$668,335 to use telehealth to provide its high-risk and vulnerable patients with HIV infectious disease services and management, substance use disorder program treatment and adherence counseling, and nutrition, medication management, and oral health services, thereby reserving staff, equipment, and other onsite supplies specifically for patients with COVID-19 symptoms and conditions.
- **Kennedy Krieger Children's Hospital, Inc., in Baltimore, Maryland**, was awarded \$994,950 to expand its video telehealth and remote patient monitoring services to continue to provide care to vulnerable and high-risk children, adolescents, and adults with disabilities.
- **Linn County Department of Health Services, in Albany, Oregon**, was awarded \$56,332 to implement telehealth services to provide medical services, mental health services, and maternal health services to its community, a third of which lives in rural and remote areas.
- **MA FQHC Telehealth Consortium in Boston, Massachusetts**, made up of 28 community health centers, was awarded \$939,627 to maximize the health center providers and patients with access to telehealth via phone calls and videoconferencing, and use connected thermometers and pulse oximeters for remote monitoring of

COVID-19 patients and connected blood pressure monitors for the monitoring of patients with hypertension.

- **Matagorda Episcopal Health Outreach in Bay City, Texas**, was awarded \$193,038 to provide telehealth services to treat patients with COVID-19 as well other infectious disease, including patients needing psychiatric services and other patients who have acute and chronic conditions.
- **Mount Sinai Hospital in New York, New York**, was awarded \$862,950, to provide remote patient monitoring services to pediatric patients suffering from at least one pre-existing, chronic condition, such as asthma, cardiac disease, diabetes, or immunocompromise, who are dependent on ongoing monitoring of their condition to ensure that they remain in reasonable health.
- **Navajo Nation Department of Health, in Window Rock, Arizona**, was awarded \$954,990 to provide home health care and remote monitoring services throughout the Navajo Nation to patients who are isolated and under shelter-in-place orders, including low-income, elderly and vulnerable and high-risk patients.
- **Opportunities Industrialization Center, Inc., dba OIC Family Medical Center, in Rocky Mount, North Carolina**, was awarded \$27,468 to expand its remote patient care program to provide connected devices to patients infected by COVID-19 or high-risk patients suffering from chronic conditions.
- **Parker Health Group in Somerset, New Jersey**, was awarded \$28,838 to provide physical, occupational, and speech therapy through telehealth for elderly members of the community.
- **Pomona Community Health Center, in Pomona, California**, was awarded \$209,933 to implement video and telephonic visits to provide medical, dental and behavioral health services to its COVID-19 high-risk and vulnerable community members who are either afraid to access services due to the risk of being infected or who have been advised to “stay at home” due to multiple at-risk health conditions.
- **South Plains Rural Health Services, Inc., in Levelland, Texas**, was awarded \$109,365 to expand its telehealth services to provide continued care to COVID-19 patients as well as its vulnerable, low-income, uninsured and under-insured patients.
- **Spectrum Health Services, Inc., in Philadelphia, Pennsylvania**, was awarded \$40,417 to implement telehealth services to allow providers to continue to care for its vulnerable patient population, which it characterized as the most impoverished patient base in Philadelphia.
- **Wilmington Community Clinic with sites in Los Angeles, California and Wilmington, California**, was awarded \$232,291 to provide remote patient monitoring, video, and voice telehealth consultations to low-income and vulnerable patient populations in Los Angeles County, which has been heavily impacted by the COVID-19 pandemic.
- **Wright Center Medical Group, in Scranton, Pennsylvania**, was awarded \$629,051 to deploy in-home patient monitoring kits and expand its video telehealth services to provide remote care to its high-risk and vulnerable populations, including older adults, homeless individuals, and individuals in rural areas.

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

In the Matter of)	
)	
Promoting Telehealth for Low-Income Consumers)	WC Docket No. 18-213
)	
COVID-19 Telehealth Program)	WC Docket No. 20-89
)	

REPORT AND ORDER

Adopted: March 31, 2020

Released: April 2, 2020

By the Commission: Chairman Pai and Commissioners Carr and Starks issuing separate statements;
Commissioner O’Rielly approving in part, dissenting in part and issuing a statement; Commissioner
Rosenworcel approving in part, concurring in part and issuing a statement:

TABLE OF CONTENTS

Heading	Paragraph #
I. INTRODUCTION.....	1
II. BACKGROUND.....	8
III. DISCUSSION	13
A. COVID-19 Telehealth Program.....	15
1. Application, Evaluation, and Selection Process	18
2. Administrative Matters.....	29
B. Connected Care Pilot Program.....	37
1. Budget, Number of Pilot Projects and Support Amount Per Project, Funding Duration, and Discount Level.....	43
2. Eligible Health Care Providers, Patients, and Service Providers	47
3. Eligible Services and Equipment.....	55
4. Application and Evaluation Process.....	67
5. Administrative Matters.....	75
6. Pilot Program Goals and Metrics	83
7. Legal Authority	87
IV. PROCEDURAL MATTERS.....	92
V. ORDERING CLAUSES.....	95

APPENDIX A – Final Regulatory Flexibility Analysis

APPENDIX B – List of Commenters

I. INTRODUCTION

1. The coronavirus disease 2019 (COVID-19) pandemic, and associated respiratory illness has spread throughout the United States in recent weeks.¹ Efforts to slow the spread of the disease and mitigate strain on the nation’s health care system have resulted in dramatic disruption of many aspects of

¹ See Centers for Disease Control and Prevention, Coronavirus (COVID-19), <https://www.cdc.gov/coronavirus/2019-ncov/index.html> (last visited Mar. 15, 2020).

Applicants must also send a courtesy copy of their application via email to EmergencyTelehealthSupport@fcc.gov. For questions, please contact (1) Rashann Duvall at (202) 418-1438, Rashann.Duvall@fcc.gov or (2) Hayley Steffen at (202) 418-1586, Hayley.Steffen@fcc.gov.

28. *Evaluation of Applications and Selection Process.* The Bureau, in consultation with the FCC's Connect2Health Task Force, will evaluate the COVID-19 Telehealth Program applications and will select participants based on applicants' responses to the criteria listed above. Our goal is to select applications that target areas that have been hardest hit by COVID-19 and where the support will have the most impact on addressing the health care needs. As indicated above, the funds for the COVID-19 Telehealth Program will be awarded on a rolling basis until they are exhausted or until the current pandemic ends. In selecting applicants, we direct the Bureau to consider the funding sought by each applicant compared to the total COVID-19 Telehealth Program budget. This does not mean that the Bureau will evaluate applications based solely on requested funding, but the Bureau will seek to select as many applicants as reasonably possible within the COVID-19 Telehealth Program's limited budget. Upon selection, the Bureau will provide additional guidance to program participants, as necessary, to facilitate the implementation of the COVID-19 Telehealth Program. Applicants who are selected for the COVID-19 Telehealth Program may later submit applications to participate in the broader Connected Care Pilot Program, but may not request funding for the same exact services from both programs at the same time.⁵⁶

2. Administrative Matters

29. *Requesting Funding, Invoicing, and Disbursements.* We direct the Bureau and the Office of the Managing Director (OMD) to develop processes for selected applicants to submit invoices and receive reimbursements for services and devices supported through the COVID-19 Telehealth Program, and any necessary subsequent filings. We also direct OMD and the Bureau to include in the application forms or subsequent filings by program participants any information necessary to satisfy the Commission's oversight responsibilities and/or agency-specific/government-wide reporting obligations associated with the \$200 million appropriation by Congress.⁵⁷ After receiving the eligible services and/or equipment, health care providers will submit invoicing forms on a monthly basis⁵⁸ and supporting documentation to the Commission to receive reimbursement for the cost of the eligible services and/or devices they have received from their applicable service providers or vendors under the COVID-19 Telehealth Program. The Bureau and OMD shall develop a process for reviewing the monthly invoicing forms and supporting documentation and for issuing disbursements directly to the participating health care providers rather than to the applicable service providers or vendors. COVID-19 Telehealth Program health care provider participants will be required to make certifications as part of the invoicing form submission to ensure that COVID-19 Telehealth Program funds are used for their intended purpose.

30. This funding and disbursement process is designed to provide funds to participating eligible health care providers as soon as possible due to the rapid spread of COVID-19 across the country and the increasing need for connected care services to assist in the diagnosis, treatment, and prevention of the coronavirus disease. We recognize that more extensive administrative requirements could delay the provision and use of COVID-19 Telehealth Program funds to assist in combatting this pandemic and could result in serious harm to patients, and we desire to help health care providers proceed as rapidly as

⁵⁶ For example, a health care provider receiving COVID-19 Telehealth Program funding for broadband Internet access service for patient use could not request Pilot Program funding for the same exact broadband Internet access service for patient use for the same period, but could request funding for additional broadband Internet access for patient use or funding for patient broadband Internet access use for a different time period.

⁵⁷ CARES Act, Public Law 116-136 (March 27, 2020), DIVISION B, entitled "Emergency Appropriations for Coronavirus Health Response And Agency Operations," Title V, Sec. 15011.

⁵⁸ Monthly invoice submissions are an important safeguard that will help the Commission track the amount of funding remaining and monitor expenditures in order to guard against waste, fraud, and abuse.

possible in addressing this public health crises. For this reason, we find that the benefit to the American public in using this streamlined invoicing process outweighs any administrative concerns in processing and distributing funds in this manner. The COVID-19 Telehealth Program will not provide funding for health care provider administrative costs associated with participating in the COVID-19 Telehealth Program (e.g., costs associated with completing COVID-19 Telehealth Program applications and other submissions) or other miscellaneous expenses (e.g., doctor and staff time spent on the COVID-19 Telehealth Program and outreach). We emphasize that COVID-19 Telehealth Program funds may only be used for services and devices covered under the CARES Act. The costs of ineligible items must not be included in the reimbursement requests for the COVID-19 Telehealth Program. To guard against potential waste, fraud, and abuse, we make clear that participating health care providers are prohibited from selling, reselling, or transferring services or devices funded through the COVID-19 Telehealth Program in consideration for money or any other thing of value.⁵⁹

31. *Procurement for COVID-19 Telehealth Program-Supported Services and Equipment, and Document Retention.* As detailed above, the COVID-19 Telehealth Program is funded through a congressional appropriation and not the USF. Given the immediate need to award and disburse the COVID-19 Telehealth Program funding to health care providers, we will not require COVID-19 Telehealth Program participants to conduct a competitive bidding process to solicit and select eligible services or devices, or otherwise comply with the competitive bidding requirements that apply to the RHC Program and the broader Connected Care Pilot Program. We find that, in light of the coronavirus pandemic and ongoing community efforts to slow its spread, requiring COVID-19 Telehealth Program participants to seek competitive bids prior to requesting funding would cause unnecessary delays and pose an unreasonable burden on health care providers during this unprecedented time. Because we recognize the importance of connected care services during this pandemic, we do not believe that the public interest would be served by requiring health care providers to follow the competitive bidding requirements that we have traditionally required for the RHC Program, including submitting Request for Services and Request for Proposals (RFP) (as applicable) to USAC to post on its website, seeking bids,⁶⁰ waiting 28 days before selecting a service provider,⁶¹ conducting a bid evaluation to select a service provider,⁶² and then selecting the most-cost effective service⁶³ prior to providing essential health care support to patients. We also find that it would not be in the public interest during this national health crisis to prohibit participating health care providers from receiving gifts or things of value from service providers valued at over \$20, including, but not limited to devices, equipment, free upgrades or other items.⁶⁴

⁵⁹ This restriction is consistent with the spirit of section 254(h)(3) of the 1996 Act, which applies to the RHC Program, and is an important safeguard for the COVID-19 Telehealth Program. See 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.”). This restriction does not preclude health care providers participating in the COVID-19 Telehealth Program from providing their patients with devices or broadband services funded through the COVID-19 Telehealth Program or transferring funded devices from one patient to another in order to address health care needs.

⁶⁰ 47 CFR § 54.622(e).

⁶¹ 47 CFR § 54.622(g).

⁶² 47 CFR § 54.622(d).

⁶³ 47 CFR § 54.622(c).

⁶⁴ We note that the Bureau has already waived a number of rules applicable to the USF programs to assist entities impacted by COVID-19. See, e.g., *Rural Health Care Universal Service Support Mechanism, Schools and Libraries Universal Service Support Mechanism*, Order, Docket Nos. WC 02-60, CC 02-6, DA 20-290A, para. 1 (WCB Mar. 18, 2020) (waiving the Commission’s gift rules in sections 54.622(h) and 54.503(d) of the Commission’s rules, respectively applicable to the RHC Program and the Schools and Libraries (E-Rate) Program to assist health care providers and schools and libraries affected by the coronavirus disease). Consistent with past practice in this regard, COVID-19 Telehealth Program participants receiving such gifts should retain records of any gifts received for the

32. While we will not require health care providers to conduct a competitive procurement process to receive COVID-19 Telehealth Program funding, we are committed to ensuring the integrity and fiscal responsibility of the COVID-19 Telehealth Program funds and will guard against waste, fraud, and abuse. We thus strongly encourage applicants to purchase cost-effective eligible services and devices to the extent practicable during this time. We also emphasize that health care providers and service providers must comply with the requirements applicable to the COVID-19 Telehealth Program. To help us guard against potential waste, fraud, and abuse, participants in the COVID-19 Telehealth Program must maintain records related to their participation in the COVID-19 Telehealth Program to demonstrate their compliance with the program requirements for at least three years from the last date of service under this program and must present that information to the Commission or its delegates upon request. Health care providers participating in the COVID-19 Telehealth Program may also be subject to compliance audits in order to ensure compliance with the rules and requirements for the COVID-19 Telehealth Program and must provide documentation related to their participation in the COVID-19 Telehealth Program in connection with any such audit.

33. *Outreach for COVID-19 Telehealth Program.* Upon release of this Report and Order, in order to ensure that health care providers are aware of available funding under the COVID-19 Telehealth Program, the Commission will, to the extent possible, coordinate with other federal agencies to distribute information about this program to the health care community. We also direct the Bureau to coordinate with the FCC's Connect2Health Task Force and USAC as necessary to promote and announce the COVID-19 Telehealth Program to interested stakeholders including service providers and health care providers. We are committed to doing our part in addressing the needs of health care providers as demand for connected care services increases to address the coronavirus pandemic, and believe that such coordination and outreach will improve the overall efficacy of the COVID-19 Telehealth Program. We also encourage selected participants to contact the Bureau with any questions regarding their funding awards or the invoicing and disbursement processes.

34. *Post-Program Feedback.* Within six months after the conclusion of the COVID-19 Telehealth Program, COVID-19 Telehealth Program participants should provide a report to the Commission in a format to be determined by the Bureau on the effectiveness of the COVID-19 Telehealth Program funding on health outcomes, patient treatment, health care facility administration, and any other relevant aspects of the pandemic. Such information could include feedback on the application and invoicing processes, in what ways funding was helpful in providing or expending telehealth services, including anonymized patient accounts, how funding promoted innovation and improved health outcomes, and other areas for improvement. Specific information about how to provide feedback and associated deadlines will be provided to COVID-19 Telehealth Program participants at a later time. This information will assist efforts to respond to pandemics and other national emergencies in the future.

35. *Administrative Procedure Act Exception.* While all or nearly all of the COVID-19 Telehealth Program is a logical outgrowth of issues we sought comment on in the *Connected Care Notice*, we also determine, out of an abundance of caution, that using additional notice and comment procedures for this emergency relief, and thereby delaying its effectiveness by at least several months, would be impracticable and contrary to the public interest.⁶⁵ The good cause exception to the notice and comment procedures of the Administrative Procedure Act "excuses notice and comment in emergency situations, or where delay could result in serious harm."⁶⁶ "In determining whether good cause exists, an agency should 'balance the necessity for immediate implementation against principles of fundamental fairness which

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three year document retention period applicable to health care providers participating in the COVID-19 Telehealth Program. *Id.*

⁶⁵ 5 U.S.C. § 553(b).

⁶⁶ *Jifry v. FAA*, 370 F.3d 1174, 1179 (D.C. Cir. 2004) (citations omitted).

require that all affected persons be afforded a reasonable amount of time to prepare for the effective date of its ruling.”⁶⁷

36. As a general matter, we believe that public notice requirements are an essential component of our rulemaking process. In this case, however, because of the unprecedented nature of this pandemic and the need for immediate action, we find there is good cause for foregoing the usual administrative procedures in this situation to the extent the *Connected Care Notice* does not provide the requisite notice. In light of the rapid spread of COVID-19 and the increasing need to address this public health crises, any further delay in the use of these funds to assist health care providers in meeting the health care needs of their patients could impede efforts to mitigate the spread of the disease. This emergency relief imposes a minimal regulatory burden on any parties but merely offers funds to help health care providers combat this global pandemic. Waiting an additional 30 days to make this relief available “would undermine the public interest by delaying” much needed expansion of telemedicine resources.⁶⁸ We further find good cause to make the rules granting this relief effective immediately upon publication of this Report and Order in the Federal Register.⁶⁹

B. Connected Care Pilot Program

37. The Pilot Program we adopt today is a discrete, limited duration program that will provide universal service support to help defray health care providers’ qualifying costs of providing connected care services, with a primary focus on providing these services to low-income or veteran patients. We will support selected pilot projects to help health care providers improve health outcomes and reduce health care costs, thereby supporting efforts to advance connected care initiatives. The structure we adopt for this Pilot Program reflects our careful consideration of the record, our statutory authority, and the administrability of the Pilot Program and our discussions with the USDA and expert federal health agencies, including the VA and HHS. The structure we adopt today also aims to incentivize participation from a wide range of eligible health care providers, their patients, and a variety of broadband service providers. This in turn will maximize the potential for the Pilot Program to provide meaningful data about the benefits of connected care, and how and whether Universal Service Fund support could be used more broadly in the future to enable the adoption of connected care services among patients and their health care providers.

38. The Pilot Program is structured to target funding to eligible health care providers, with a primary focus on pilot projects serving patients that are most likely to need USF support for connected care services, and to ensure that the Pilot Program provides meaningful, measurable data. All eligible nonprofit and public health care providers that fall within the statutory categories under section 254(h)(7)(B), regardless of whether they are non-rural or rural, can apply for the Pilot Program. Eligible health care providers can receive support for the qualifying costs of providing connected care services to patients participating in their pilot projects. We emphasize that we intend to target funding towards pilot projects that would primarily benefit low-income or veteran patients. The Pilot Program will make available up to \$100 million over a three-year funding period and will be separate from the budgets of the existing universal service programs. The Pilot Program will provide funding for selected pilot projects to cover 85% of the eligible costs of broadband connectivity, network equipment, and information services necessary to provide connected care services to the intended patient population. To participate in the Pilot Program, an eligible health care provider must first submit an application to the Commission describing, among other things, its proposed pilot project and how the pilot project will use connected care services to serve the health care needs of participating patients. The Pilot Program is designed to be health care provider-driven—eligible health care providers will design their proposed pilot projects, select

⁶⁷ *Omnipoint Corp. v. FCC*, 78 F.3d 620, 630 (D.C. Cir. 1996) (citation omitted).

⁶⁸ *Id.*

⁶⁹ 5 U.S.C. § 553(d). See 47 C.F.R. §§ 1.103(a), 1.427(b).

NAVAJO NATION

585

Navajo Nation Naabik'iyati' Committee Meeting

7/18/2020
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Amd# to Amd#	Consent Agenda; Legislations	PASSED
MOT Stewart, W	0155-20, 0149-20, 0150-20	
SEC Charles-Newton		

Yeas : 18

Nays : 0

Excused : 0

Not Voting : 5

Yea : 18

Begay, K	Freeland, M	Slater, C	Tso, E
Begay, P	Halona, P	Smith	Tso, O
Brown	Henio, J	Stewart, W	Walker, T
Charles-Newton	James, V	Tso, D	Wauneka, E
Crotty	Nez, R		

Nay : 0

Excused : 0

Not Voting : 5

Begay, E	Tso, C	Yazzie	Yellowhair
Daniels			

Presiding Speaker: Damon