

April 14, 2022

[Submitted electronically to <https://www.fcc.gov/ecfs/>.]

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

Re: Proposed Rules – Promoting Telehealth in Rural America (WC Docket No. 17-310; FCC 22-15; FR ID 75595)

On behalf of Michigan's more than 70 small or rural hospital members, the Michigan Health & Hospital Association (MHA) appreciates the opportunity to participate in the rule making process by providing comment on the Proposed Rules by the Federal Communications Commission (FCC), Promoting Telehealth in Rural America: revisions to the Rural Health Care (RHC) Program. To bring a higher level of expertise to our comment, the MHA utilized the National Rural Health Association's (NRHA) guidance on specific comment areas of interest, as follows.

**Defining "rural area" for the purposes of program participation.**

Currently, the RHC Program employs a definition of "rural area" that relies upon a healthcare provider's location relative to the Census Bureau's Core Based Statistical Area designation. However, until 2004, the Commission followed the definition used by the Federal Office of Rural Health Policy (FORHP) located within the Health Resources and Services Administration (HRSA). The MHA recommends the FCC consider revisiting whether the FORHP definition of a rural area should be reconsidered, to broaden the definition of a rural area. Small and rural hospitals in Michigan, and across the United States, face critical challenges each day, unique to their rural locations. Additionally, physical location should not be the main indicator when defining a rural area. The Upper Peninsula of Michigan, one of two main landmasses in Michigan, is entirely rural. Conversely, there are areas neighboring some of Michigan's most populous cities that have lower populations and geographic dividers that warrant their categorization as a rural area. **The MHA encourages the FCC to be as inclusive as possible when defining a rural area as it pertains to Promoting Telehealth in America; the goal should be to expand access broadly to critical healthcare services and supports, and every effort should be made to decrease barriers and constraints to doing so.**

**Applying geographic cost factors to rurality tiers.**

The MHA is supportive of the FCC's proposal to maintain a definition of "comparable rural areas" that includes the areas immediately surrounding the health care provider and similar areas within the state. This approach broadens the eligibility criteria and places less limitations on hospitals and providers looking to expand telehealth access in rural areas. **Specifically, the MHA is supportive of the FCC's request for comment on expanding the criteria for consideration of "comparable rural areas" to include population density, distance to the nearest metropolitan area, topography, and existing infrastructure, all components that impact the cost of providing care.** A rural area in the Upper Peninsula is considerably different than a rural area in Southeast Michigan. While they may be similar in terms of topography population density, they vary considerably in terms of distance to the nearest

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metropolitan area and existing infrastructure. Both should be considered “comparable rural areas”.

**Application processing, funding decisions, and appeals of decisions.**

Rural hospital closures occur each year, removing vital care from rural communities. The COVID-19 pandemic placed incredible stress on already fragile rural hospitals and communities. **The MHA encourages the FCC to consider all opportunities to decrease the administrative burden required for application processing, decision making, and the appeals process.** The MHA applauds the FCC for their commitment within the proposed rule to complete a Paperwork Reduction Act analysis, pursuant to the Paperwork Reduction Act of 1995. Small or rural hospitals have limited administrative staff to complete such paperwork, which can be a deterrent for applying for programs such as the RHC, that expands telehealth in rural communities.

**Digital equity and inclusion.**

Expanding access to telehealth services to small or rural hospitals, providers, and patients is a key area of focus in Michigan. Research shows that expanding access to telehealth and telemedicine increases the availability and quality of care for patients living in rural areas. Inequitable access to broadband and telehealth services impacts access to care and can subsequently broaden health disparities. **The MHA encourages the FCC to increase funding necessary to access the broadband telecommunications services required to provide vital healthcare services and expand the funding cap to engage in the Rural Health Care Healthcare Connect Fund Program and the Telecom Program.**

The MHA recognizes that while expanding access to telehealth services in rural areas is a critical step to improving access to care, there are additional considerations that must be made to ensure digital expansion is equitable and inclusive. A related issue is the need to expand reimbursement for home healthcare providers, who are critical partners in assisting patients with accessing telehealth services. Additionally, the MHA reminds the FCC of the importance of providing telehealth and telemedicine in multiple languages to ensure linguistic and cultural appropriateness for patients. **The MHA encourages the FCC to partner with other federal bodies to ensure the necessary programs and supports are in place to facilitate increasing access to telehealth in rural America.**

Thank you for your consideration of these comments on this matter. If you have any questions, please contact me at, 517-703-8626 or at llapine@mha.org.

Respectfully submitted,



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