



May 4, 2020

Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: Federal Communications Commission (FCC) Lifeline Program and Responses to the COVID-19 Pandemic

Dear Chairman Pai and Commissioners:

On behalf of America's Community Affiliated Plans (ACAP), America's Health Insurance Plans (AHIP), the Blue Cross and Blue Shield Association (BCBSA), Medicaid Health Plans of America (MHPA), and the National MLTSS Health Plan Association, we are writing to request that the FCC consider certain actions to expand the availability of the Lifeline program during the current COVID-19 public health emergency.

Our member Medicaid health plans appreciate the value and support the Lifeline program provides to people with Medicaid, and our plans are committed to the program's success. We also appreciate recent actions the FCC has taken to preserve access to the Lifeline program for subscribers during the public health emergency.¹ Our recommendations, which we discuss in more detail below, will further enable health plans and providers to stay connected with Medicaid enrollees during this public health emergency:

1. Remove the monthly telephone minute and broadband gigabyte limits for Lifelines subscribers for at least the duration of the federal COVID-19 emergency order.
2. Extend the current 60-day moratorium on involuntary removal from the Lifeline program for at least the duration of the federal COVID-19 emergency order.

¹ On March 30, 2020, the Commission waived several rules to ensure that no current Lifeline subscribers would be involuntarily removed from the Lifeline program during the coronavirus pandemic, for a 60-day period ending May 29, 2020. Also, the Commission established a \$200 million COVID-19 Telehealth Program to enable more health care providers to provide remote care services to patients in their homes or mobile locations.

3. Add Home and Community-Based Services (HCBS) providers to the list of providers eligible to receive funding under the COVID-19 Telehealth Program.

The Value of the Lifeline Program to Medicaid

Medicaid health plans serve more than 56 million people with Medicaid in 38 states, Puerto Rico, and Washington, DC. Many people with Medicaid are eligible for a residential landline and internet service, or a cell phone subsidized through Lifeline, and Medicaid health plans help connect them to the program.

Lifeline helps improve patient engagement and clinical outcomes, thereby saving money for state and federal taxpayers, through interactions such as health text messaging, phone calls, telehealth visits, and texted reminders about upcoming appointments, prescriptions and immunizations. These services promote good primary care, help avoid costly hospital and emergency room services, and are important components of many Medicaid plan care management programs that help members maintain their health.

Studies show that health text messaging plays a key role in supporting health care for people with Medicaid.ⁱ For example:

- One study of a mobile phone text messaging program for diabetic management found cost savings of more than \$1,600 per participant per year.ⁱⁱ
- The Lifeline program helps health plans connect pregnant women with the Text4baby program, which has been found to significantly increase maternal influenza immunization ratesⁱⁱⁱ, reduce rates of alcohol consumption and smoking^{iv}, and improve glycemic control for those with diabetes^v.

For those Medicaid recipients unable to afford cell phones, the Lifeline program is the only means of accessing these kinds of important health services.

Recommendations to Increase Access During the COVID-19 Pandemic

The COVID-19 pandemic has prompted most states to issue “stay at home” orders, and Americans are urged to minimize contact with other people to avoid becoming exposed to the coronavirus. For many Americans with low incomes, especially older adults and those with disabilities, the Lifeline program has become even more critical as their principal means of engaging with care and services without an in-person visit that risks their health.

We commend the FCC for its actions to make additional funds available for health care providers delivering remote care services and limit involuntary removals during the current emergency. These actions, combined with steps by the Centers for Medicare & Medicaid Services (CMS) to increase flexibility for the use of telehealth in both Medicaid and Medicare, should expand the use of telehealth and increase access to health care services. However, we believe additional steps are needed to ensure patients have the ability to engage with providers remotely:

- 1. Remove the monthly telephone minute and broadband gigabyte limits for Lifelines subscribers for at least the duration of the federal COVID-19 emergency order.**

Lifeline subscribers currently are allowed up to 1,000 telephone minutes of mobile voice communications and 3 GB of mobile broadband communications per month. We believe it is critical during the current emergency that the FCC remove any potential barriers to the appropriate use of telehealth. This would help ensure that Lifeline subscribers with complex needs can continue to engage with multiple providers through the month without having to worry about running out of minutes.

2. Extend the current 60-day moratorium on involuntary removal from the Lifeline program for at least the duration of the federal COVID-19 emergency order.

There is tremendous uncertainty regarding when it will be safe for high-risk individuals to return to routine interactions with the health system and the services that support them. In addition, providers may not have adequate resources to provide access to in-person visits for all care that may be needed as restrictions begin to be eased. We urge the FCC to provide additional resources at least during the emergency period rather than apply cut-off dates that could create confusion and uncertainty for populations relying on the program.

3. Add HCBS providers to the list of providers eligible to receive funding under the COVID-19 Telehealth Program.

With respect to the FCC's COVID-19 Telehealth Program, a variety of health care providers are eligible to receive funding, including teaching hospitals and medical schools; community health and mental health centers; local health agencies; not-for-profit hospitals; rural health clinics; and skilled nursing facilities. These kinds of providers play key roles in our nation's health services infrastructure, and investments in their telehealth capacity will extend their care capabilities. However, there is another group of providers whose services are also critical to the health and well-being of older adults with functional limitations and people with disabilities, many of whom are on Medicaid. These are HCBS providers – nonprofit and community-based organizations that provide in home services, personal care attendants, direct support professionals, and in-home health service providers that support Medicaid's most frail and vulnerable beneficiaries. Making these providers eligible to receive funding under the COVID-19 Telehealth Program will further expand the reach of critical telehealth services.

In closing, we appreciate the Commission's actions taken to support the Lifeline program and greater use of telehealth, and we urge the Commission to consider our recommendations. If additional information would be helpful or if you have questions about the issues we have raised, please contact Mark Hamelburg at mhamelburg@ahip.org.

Sincerely,

America's Community Affiliated Plans
America's Health Insurance Plans
Blue Cross and Blue Shield Association
Medicaid Health Plans of America
National MLTSS Health Plan Association

ⁱ U.S. Department of Health and Human Services. Health Resources and Services Administration. *Using Health Text Messages to Improve Consumer Health Knowledge, Behaviors, and Outcomes: An Environmental Scan*. Rockville, Maryland: U.S. Department of Health and Human Services, 2014.

<https://www.hrsa.gov/sites/default/files/archive/healthit/txt4tots/environmentalscan.pdf/>

ⁱⁱ Nundy, S. Dick, J., Chia-Hung, C., Nocon, R., Chin, M., Peek, M. Mobile Phone Diabetes Project Led to Improved Glycemic Control and Net Savings for Chicago Plan Participants. *Health Affairs*, February 2014 33:2265-272.

<http://content.healthaffairs.org/content/33/2/265.full>

ⁱⁱⁱ Jordan, E.T., Bushar, J., Kendrick, J., Johnson, P., Wang, J. (2015). Encouraging Influenza Vaccination among Text4baby Pregnant Women and Mothers. *American Journal of Preventive Medicine*. Published online July 29, 2015.

[http://www.ajpmonline.org/article/S0749-3797\(15\)00213-5/abstract](http://www.ajpmonline.org/article/S0749-3797(15)00213-5/abstract)

^{iv} Evans, W. D., Wallace, J. L., & Snider, J. (2012). Pilot Evaluation of the Text4baby Mobile Health Program. *BMC Public Health*, 12(1), 1031.

<http://www.biomedcentral.com/1471-2458/12/1031>

^v Grabosch, S., Gavard, J. A., & Mostello, D. (2014). 151: Text4baby Improves Glycemic Control in Pregnant Women with Diabetes. *American Journal of Obstetrics and Gynecology*, (210)1:88.

[http://www.ajog.org/article/S0002-9378\(13\)01249-0/pdf](http://www.ajog.org/article/S0002-9378(13)01249-0/pdf)