August 29, 2019

Ajit Pai
Chairman
Federal Communications Commission (FCC)
445 12th St SW
Washington, DC 20554

**Re: FCC Connected Care Pilot Program Notice of Proposed Rulemaking; WC Docket No. 18-213**

Dear Chairman Pai,

The American Association of Nurse Practitioners (AANP), representing more than 270,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to provide comment on the Notice of Proposed Rulemaking for the Connected Care Pilot Program (the Pilot). The FCC has requested comment on how to maximize the ability of the Pilot to promote telehealth for low-income families and veterans.

NPs are advanced practice registered nurses (APRNs) who are prepared at the masters or doctoral level to provide primary, acute, chronic and specialty care to patients of all ages and walks of life. Daily practice includes: assessment; ordering, performing, supervising and interpreting diagnostic and laboratory tests; making diagnoses; initiating and managing treatment including prescribing medication and non-pharmacologic treatments; coordinating care; counseling; and educating patients and their families and communities. NPs practice in nearly every health care setting found in rural America including clinics, hospitals, Veterans Affairs and Indian Health Care facilities, emergency rooms, urgent care sites, private physician or NP practices (both managed and owned by NPs), nursing homes, schools, colleges, retail clinics, public health departments, nurse managed clinics, homeless clinics, and home health. NPs hold prescriptive authority in all 50 states and the District of Columbia. It is important to note that 87.1% of NPs are certified in primary care, the majority of whom see Medicare and Medicaid patients.

As the FCC noted in this proposed rule, telehealth is an important tool to increase access to medically necessary care in rural and underserved communities. Nurse practitioners are essential health care providers who utilize and provide telehealth/telemedicine services, particularly in rural and underserved communities and for our nation's veterans. NPs need to be full participants in the Pilot to best serve all qualified patients.

Nurse practitioner growth is significantly outpacing other health care disciplines[1]; they complete more than one billion visits annually[2], 87.1% are certified in primary care,[3] comprising approximately 25% of the primary care workforce[4]. NPs are more likely than other disciplines to work in rural communities,[5] and more than 5,000[6] NPs serve our veterans in Veterans Health Administration (VHA) facilities. We

[1] https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm.
[2] https://aanp.org/192-press-room/2017-press-releases/2098-more-than-234-000-licensed-nurse-practitioners-in-the-united-states
[3] https://www.aanp.org/images/documents/about-nps/npfacts.pdf
[4] Rural And Nonrural Primary Care Physician Practices Increasingly Rely On Nurse Practitioners, Hilary Barnes, Michael R. Richards, Matthew D. McHugh, and Grant Martsolf, Health Affairs 2018 37:6, 908-914.
[5] https://www.ahrq.gov/research/findings/factsheets/primary/pcwork3/index.html.
[6] 81 Fed. Reg. 90198, 90200. (Based on VHA payroll data from August 31, 2016 the VHA employees 5,444 NPs).

look forward to working with the FCC to ensure that NPs and their patients are included in the Pilot. Our comments on select sections of the proposed rule are below.

**Definitions of "Telehealth" and "Telemedicine"**

While we note that "telehealth" and "telemedicine" are often used interchangeably, we recommend using the term "telehealth", the more inclusive term that is representative of the current use of connected care technologies. We do not believe there needs to be separate definitions of "telehealth" and "telemedicine." Treating acute and chronic illnesses as well as promoting health and preventing illnesses are components of "telehealth", and/or "telemedicine. Creating two definitions is confusing and unnecessary.

In that vein, we strongly disagree with the portion of the suggested definition of "telemedicine" that states that telemedicine is delivered "usually by doctors." Nurse practitioners provide telehealth/telemedicine services to their patients and are included as telehealth/telemedicine providers, ie telehealth providers, in the Medicare program, the Veterans Health Administration telehealth program, and in virtually every state definition of telehealth provider. The services rendered by NPs in these programs include diagnosis and treatment of acute and chronic illnesses that are not solely the purview of physicians as the proposed definition of "telemedicine" suggests. The phrase "usually by doctors" is inaccurate and not reflective of the way telehealth is being delivered and inconsistent with state and federal regulatory environments.

We strongly encourage the FCC to not adopt the suggested definition of "telemedicine" and instead adopt the well accepted designation of " telehealth" that is consistent with the Medicare and VA definitions.[7] This will better align the FCC Connected Care Pilot with other federal and state programs and ensure that qualified health care providers will not be excluded from participating in the pilot or unnecessarily limited in the services they are authorized to provide.

**End-User Devices, Medical Equipment, Mobile Applications, and Health Care Provider Administrative Expenses**

While we understand the FCC's position on the historical use of the Universal Service Fund to exclude end-user devices and other equipment, this Pilot may merit different consideration. There is rapid innovation occurring with telehealth products and CMS and commercial insurers are constantly expanding the technological services that are reimbursable. While most providers who sign up for the Pilot would likely have an existing telehealth infrastructure, maintaining a funding stream for providers to purchase equipment and other devices would enable them to keep their practices up to date with the best technology to care for their patients.

**Other Program Structure Considerations**

We concur with commenters that reimbursement is a barrier to telehealth adoption and that the FCC should coordinate with CMS to remove barriers to telehealth adoption. Specifically, Medicare reimbursement barriers that do not allow a patient's home to be an originating site and which limit the provision of reimbursable telehealth services to rural areas should be waived for the Pilot. We also encourage the FCC to align with State Medicaid programs. It is important that providers involved in the Pilot can utilize the benefits of the Pilot for all their patients, and that state and federal barriers to telehealth utilization are removed. Since the FCC is proposing that providers would need to contribute a portion of the Pilot costs, removing these reimbursement barriers should be a key consideration.

[7] 42 CFR § 10.78.

**Cost Allocation**

We encourage the FCC to not be overly prescriptive in provider usage of Pilot funds. This is particularly true in the case of non-health care services, given the consensus regarding the importance of addressing social determinants of health for patients. Many services that have not traditionally been considered health care services are recognized as having a significant impact on patient health, and the funded Pilot projects should enable providers to innovate in the provision of health care.

**Eligible Health Care Providers**

We encourage the FCC to include individual and group clinician practices or a consortia of individual clinician practices (including those owned and operated by NPs) as health care providers in the Pilot program. Individual and group practices do not appear in the list of health care providers under § 254(H)(B)(7) despite the fact that they utilize telehealth and are important components of the health care delivery systems for the populations that the Pilot is targeting.

We agree with the FCC's proposal to open the Pilot to urban and rural health care providers and thank the FCC for considering our prior comments on this topic. While access to telehealth is vital in rural communities, urban communities also have issues with access to care and lack of transportation which limits the ability of patients to reach their providers. According to HRSA: although rural areas comprise approximately 2/3 of the health professional shortage areas (HPSAs), there are 11 million more people in non-rural HPSAs. Providers in these areas are not reimbursed by Medicare for telehealth provided to Medicare beneficiaries which puts these communities at a significant disadvantage. We fully support the proposal to include urban communities in the Pilot.

We encourage the FCC to not limit eligibility in the Pilot program to federally-designated Telehealth Resources Centers or Telehealth Centers of Excellence. While those programs should certainly be encouraged to participate, there are so few such centers that the goals of the Pilot program to reach underserved communities would be inhibited. As you are aware, to date, HRSA has only designated two Telehealth Centers of Excellence.

It is our opinion that the FCC should not require prior experience with integrating remote monitoring and telehealth services. While most applicants will likely have prior experience, the FCC may find that there are innovative practices that have the capacity and interest to integrate telehealth even without prior experience. These providers should be eligible to apply to the Pilot.

**Pilot Program Goals and Metrics**

We support the Pilot Program goals, especially the goal to improve health outcomes through connected care. We also agree regarding the importance of delivering health care at a lower cost to patients and the removal of costly barriers to care such as lack of transportation or having to take time off work. We agree with the FCC and other commenters that providing greater access to high-quality health care using telehealth will lead to lower costs for patients and the entire health care system.

As mentioned above, we believe it is vital to the success of the Pilot, that all health care providers are eligible to be full participants in Pilot programs and that the FCC uses the more-inclusive definition of "telehealth". Treating acute and chronic illnesses as well as promoting health and preventing illnesses are components of "telehealth", and/or "telemedicine. Creating two definitions is confusing and unnecessary and using a definition of "telemedicine" that indicates this treatment is usually provided by a physician is

inaccurate and restrictive. We strongly encourage the FCC to use the term “telehealth” which is more representative of current practice and more inclusive of all the providers treating acute and chronic illnesses through connected care technology.

We thank you for the opportunity to comment on this proposed rule and look forward to working with the FCC on increasing access to telehealth services. Should you have comments or questions, please direct them to MaryAnne Sapio, V.P. Federal Government Affairs, msapio@aanp.org, 703-740-2529.

Sincerely,

David Hebert
Chief Executive Officer