

February 2, 2018

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

Re: Promoting Telehealth in Rural America (83 FR 303); WC Docket No. 17-310.

Dear Chairman Pai,

The American Association of Nurse Practitioners (AANP), representing more than 234,000 nurse practitioners (NPs) in the United States, appreciates the opportunity to provide comment on the proposed rule for Promoting Telehealth in Rural America. The FCC has requested comment on how to maximize the ability of the Rural Health Care (RHC) Program to provide rural health care providers with access to telehealth services.

As the FCC noted in this proposed rule, telehealth is an important tool to increase access to medically necessary care in rural communities. Nurse practitioners are essential health care providers in rural communities, and practices owned and run by nurse practitioners as well as MDs and DOs, who need to have access to this funding in order to best serve rural communities. We look forward to working with the FCC to increase access to telehealth funding for NPs and their patients.

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 89.2% of NPs are certified in primary care, the majority of whom see Medicare and Medicaid patients.

Spending Caps

The spending caps for the RHC program (\$400 million overall and \$150 million for multiyear agreements and start-up costs) have not changed since the program began in 1997. The FCC requested feedback on whether these caps should be increased. The FCC also noted that demand for funding is expected to exceed available funding for the second consecutive year.¹ We believe that given the increased demand for telehealth services, the FCC should increase its spending caps for the RHC Program in the upcoming

¹ 83 FR 303-304.

years. Increasing funding caps for startup costs is particularly important for small rural practices to utilize telehealth since the costs of implementing telehealth for those practices can often be a barrier to entry.

Prioritization

The FCC also requested feedback on how the funds in the RHC program should be prioritized. One of the suggestions made by the FCC was prioritizing funding based on rurality or remoteness. While remote areas need telehealth services, they also have lower patient populations. Many Health Professional Shortage Areas (HPSAs) are located near metropolitan areas. They are also in great need of telehealth services, and may not receive the necessary funding to treat their larger patient populations if prioritization is based solely on rurality or remoteness. We would suggest that the FCC also consider the number of patients that could be treated via telehealth when considering the prioritization of funding for services.

We particularly stress the importance of ensuring that all providers, including practices and clinics owned and run by nurse practitioners, have equal access to this funding. As we have stated, the proposed rule did not mention nurse practitioners in that capacity. We want to ensure that the FCC is aware of the vital role that nurse practitioners play in providing health care in rural and underserved communities. In the FCC's list of healthcare providers, physicians and other specialties were referenced², but practices run and owned by nurse practitioners were not. The FCC should have a designation for primary care providers which would be inclusive of practices run and owned by nurse practitioners, physicians and other primary care providers, to more accurately reflect the type of practice serving a rural area. Nurse practitioner growth is significantly outpacing other health care disciplines³, NPs complete an estimated more than one billion visits annually⁴; 86.6% are certified in an area of primary care⁵, and NPs are more likely than other disciplines to work in rural communities.⁶ To increase the use of telehealth in the most efficient manner, the FCC must ensure that nurse practitioners in rural communities have access to this funding.

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 in rural America. 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

² 83 FR 303, 317-320.

³ <https://www.bls.gov/ooh/healthcare/nurse-anesthetists-nurse-midwives-and-nurse-practitioners.htm>.

⁴ <https://aanp.org/192-press-room/2017-press-releases/2098-more-than-234-000-licensed-nurse-practitioners-in-the-united-states>

⁵ <https://www.aanp.org/images/documents/about-nps/npfacts.pdf>

⁶ <https://www.ahrq.gov/research/findings/factsheets/primary/pcwork3/index.html>.