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August 29, 2019

The Honorable Marlene H. Dortch  
Secretary  
Office of the Secretary  
Federal Communications Commission  
445 12<sup>th</sup> St., SW, Room TW-A325  
Washington, DC 20554

**Re: WC Docket No. 18-213; FCC 19-64: Promoting Telehealth for Low-Income Consumers**

Dear Secretary Dortch:

On behalf of the membership of the Pharmacy Health Information Technology Collaborative (Collaborative), we appreciate the opportunity to submit comments on the Federal Communications Commission's proposed pilot program, *WC Docket No. 18-213; FCC 19-64: Promoting Telehealth for Low-Income Consumers*, also referred to as the new Connected Care Pilot program, within the Universal Service Fund.

Pharmacists are users of health IT and telehealth. The Collaborative supports the use of health IT and telehealth, which are important to pharmacists for working with other health care providers to transmit patient information related to overall patient care, transitions of care, immunizations (historical and administered), immunization registry reporting, medication lists, medication allergies, allergy reactions, patient problem lists, smoking status, reporting to public health agencies, clinical decision support services/knowledge artifacts, drug formulary checking, and electronic prescribing.

The Collaborative has been involved with federal agencies, including the Office of the National Coordinator (ONC) and the Centers for Medicaid and Medicare Services (CMS), in developing the national health information technology (HIT) framework and standards since 2010.

**Support for Telehealth and the Role of Pharmacists**

The Collaborative supports the use of telehealth for delivering clinical health and person-centered care, particularly in rural health areas, and is supportive of the proposed pilot program. Telehealth enables pharmacists to connect with established

health care management teams and patients, particularly when questions arise concerning medications prescribed or changes to medications, independent of geography. In many instances, especially in rural and underserved where telehealth would be invaluable, pharmacists are the first point of contact by patients and their caregivers.

The role of pharmacists in telehealth is expanding. Many types of medication management services (MMS)<sup>1</sup> provided by pharmacists are clinically appropriate for the pilot program, including: medication therapy management, chronic care management (e.g., diabetes, hypertension), medication reconciliation, transitions of care, pharmacogenomics, interpretation of diagnostic tests and providing test results, consultations with patients and health care providers.

Telehealth is a cost-saving option that can expand pharmacist-provided health care services to patients outside traditional community pharmacy practice settings, while complementing existing pharmacy services and expanding access to the expertise of pharmacists across all settings in which pharmacists practice. Telehealth and telepharmacy could also provide cost-savings for hospitals, particularly rural hospitals.<sup>2</sup>

## **Comments on Discussion Points Presented**

### **#12. Telehealth and Telemedicine**

The Collaborative appreciates the Commission’s recognition that telehealth includes a variety of health care services beyond the doctor-patient relationship and the acknowledgment that pharmacists provide such services.

Concerning the term “telemedicine,” as defined by the Commission in this proposal, the Collaborative believes the term should be expanded to include mobile service technologies and that the pilot program should not be limited solely to broadband Internet access service-enabled technologies as proposed by this definition. Broadband Internet access, including high speed Internet, is not fully available in all regions of the country, particularly rural areas. According to Pew Research, rural residents go online less frequently than those living in urban and suburban areas.<sup>3</sup> With advancing technologies, more health care connectivity is being provided via mobile-cellular technology. Additionally, the use of mobile-cellular technology may help bridge gap between rural and nonrural areas.

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<sup>1</sup> “Medication Management Services (MMS) Definition and Key Points,” Joint Commission of Pharmacy Practitioners, <https://icpp.net/wp-content/uploads/2018/05/Medication-Management-Services-Definition-and-Key-Points-Version-1.pdf>

<sup>2</sup> Health IT News, January 2018, <https://www.healthcareitnews.com/news/telepharmacy-rural-hospitals-provides-big-savings-quality-improvements>

<sup>3</sup> “Digital gap between rural and nonrural America persists,” Pew Research Center, May 2019, <https://www.pewresearch.org/fact-tank/2019/05/31/digital-gap-between-rural-and-nonrural-america-persists/>

### **#13. Connected Care Technologies**

The Collaborative supports the use of remote patient monitoring devices, particularly when such devices help improve care provided by health care practitioners. Many patients are currently connected to their pharmacists by such devices. The Collaborative would also recommend that the Commission consider pilot program funding for these devices for low-income patients and veterans who many not be able to afford them, as well for those health care practitioners who may need financial assistance to purchase remote patient monitoring devices. Such funding could help eliminate some of the existing barriers to connected care services and provide an incentive for more vulnerable patients to have access to health care.

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

As noted in #13, the Collaborative believes funding these devices could help eliminate some of the existing barriers to connected care services and provide an incentive for more vulnerable patients to have access to health care.

### **#28. Eligible Health Care Providers**

Although the Commission proposes to limit health care provider participation in the pilot program to non-profit or public health care providers within Title 47, §254(h)(7)(B) of the Telecommunications Universal Service Code, the Collaborative requests the Commission to ensure that the list of eligible health care providers includes participation by pharmacists. If the Commission is focusing solely on this list, some of the health care providers listed, such as rural health clinics, skilled nursing facilities, etc., may not necessarily have pharmacists on staff. They may contract pharmacy services to a local pharmacy or consultant pharmacist. In such instances, would the contract pharmacy or pharmacist be considered an eligible health care provider for the pilot program? It appears §254(h)(7)(B) may exclude pharmacists if they are not directly employed by one of the health care providers listed, making them ineligible to participate. See #30 below.

### **#30. Statutory Definition of Health Care Provider**

The Collaborative is not sure of the Commission's interpretation that the statutory definition of health care provider under §254(h)(7)(B), as used for the pilot program, "would still allow for a wide range of health care providers to participate in the Pilot program." §254(h)(7)(B) is limited, specific, and states that health care provider means: (i) post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools; (ii) community health centers or health centers providing health care to migrants; (iii) local health departments or agencies; (iv) community mental health centers; (v) not-for-profit hospitals; (vi) rural health clinics; and (vii) consortia of health care providers consisting of one or more entities described in clauses (i) through (vi).

The definition appears to make pharmacists who are not employed directly by one of the health care entities listed in §254(h)(7)(B) ineligible to participate in the pilot program. As noted previously, in many instances, especially in rural and underserved areas where telehealth would be invaluable, pharmacists are the first point of contact by patients and their caregivers.

The Collaborative believes that not having access to a full range of health care providers, such as pharmacists who are currently using telehealth, and limiting participation eligibility solely to §254(h)(7)(B) could limit the effectiveness of the pilot program.

The Collaborative recommends that the Commission not solely use §254(h)(7)(B), but expand the definition of health care provider for the pilot program to include pharmacists and others as eligible health care providers and ensure they have the opportunity participate in the pilot program.

### **#33. Urban and Rural Eligible Health Care Providers**

The Collaborative supports having the pilot program open to urban and rural eligible health care providers, including pharmacists. See previous comments for #28 and #30 for the concern about pharmacists possibly being ineligible to participate.

### **#36. Requiring Experience in Remote Monitoring and Telehealth Services**

As this is a new pilot program, the Collaborative recommends that participating health care providers should have experience integrating remote monitoring and telehealth services. Eligibility does not necessarily need to be limited to providers who are federally designated as Telehealth Resource Centers or Telehealth Centers of Excellence. Eligible health care providers, however, should be required to demonstrate their experience providing telehealth services and show sound evaluation of patient outcomes.

### **#43. Self-Certification**

As discussed in #36, the Collaborative believes eligible health care providers should be required to demonstrate their experience providing telehealth services and show sound evaluation of patient outcomes. Additionally, the Collaborative strongly believes and recommends that an eligible health care provider document that certified electronic health information technology (CEHRT) is being used. Adding this as a requirement to the application process would bring the pilot program in alignment with current requirements of CMS and ONC who have developed certification standards for using electronic health IT, including telehealth, to ensure interoperability in the health care system. CMS requires the use of CEHRT by eligible providers in its Promoting Interoperability Program.

## **#55. Selecting Service Providers**

The Collaborative agrees that having participating health care providers, not the patients, select the service provider would be the better approach.

## **#78 and #84. Working with CMS and ONC and Avoiding Duplication**

The Collaborative strongly recommends that the Commission work with CMS and ONC in moving the Connected Care Pilot program forward. The interoperability aspects of this telehealth pilot program are part of the standards development and ongoing initiatives of the national health IT infrastructure being developed by ONC and being used by CMS. Telehealth is also a component of TEFCA. Building on the structure, standards, certification, and processes already developed and put in place by CMS and ONC may help the pilot program launch and operate more effectively, avoid duplication of existing federal efforts promoting telehealth, and eliminate possible redundancies in the pilot program.

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The Pharmacy HIT Collaborative comprises the major national pharmacy associations, representing 250,000 members, including those in pharmacy education and accreditation. The Collaborative's membership is composed of the key national pharmacy associations involved in health information technology (HIT), the National Council of Prescription Drug Programs, and nine associate members encompassing e-prescribing, health information networks, transaction processing networks, pharmacy companies, system vendors, pharmaceutical manufacturers, and other organizations that support pharmacists' services.

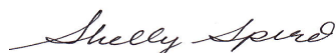
As the leading authority in pharmacy health information technology, the Pharmacy HIT Collaborative's vision and mission are to ensure the U.S. health IT infrastructure better enables pharmacists to optimize person-center care. Supporting and advancing the use, usability, and interoperability of health IT by pharmacists for person-centered care, the Collaborative identifies and voices the health IT needs of pharmacists; promotes awareness of functionality and pharmacists' use of health IT; provides resources, guidance, and support for the adoption and implementation of standards driven health IT; and guides health IT standards development to address pharmacists' needs. For additional information, visit [www.pharmacyhit.org](http://www.pharmacyhit.org).

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On behalf of the Pharmacy HIT Collaborative, thank you again for the opportunity to comment on *WC Docket No. 18-213; FCC 19-64: Promoting Telehealth for Low-Income Consumers*.

For more information, contact Shelly Spiro, executive director, Pharmacy HIT Collaborative, at [shelly@pharmacyhit.org](mailto:shelly@pharmacyhit.org).

Respectfully submitted,



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