

Assignment 1: The Policy Issue DUE September 4

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Select an issue/topic on which to focus for the duration of the semester and identify a relevant policy within this topic. This should pertain to a city, county, or state level policy. You may also target the federal- level but this is more complex. Your instructor will provide you with feedback before you work further on your assignments [see Libby’s Step 1]. (20 pts.). Review the sample policy campaign [here](#).

Describe your chosen policy/issue/topic. (What are the goals of the policy? What primary issue is addressed in this policy? What does the policy say are the provisions or, rules or benefits or what is mandated? Who does the policy impact [intended beneficiaries but also may include agencies and their frontline workers that have to implement it]? What are the potential unintended consequences? Who supports the policy/bill? Who opposes the

Tennessee Bill HB 8002-SB 8003 or the Telehealth Coverage Law states that telehealth services will be equivalent to in person services, and the cost for those services will remain the same. Under the previous law [TN Code § 63-1-155](#), insurance companies both public and private were not required to compensate for health services rendered through telecommunication (TN code 63-1-155, 2015). This current bill amends the previous statement and allows insurance holders to receive telehealth services at the same rate in which they would receive in person medical services (MHealthIntelligence, 2020). HB 8002 also ensures that the quality of care telehealth patients receive is the same standard to which they would receive in person care (Tennessee General Assembly, 2020). This policy (SB 8003) was initiated by Senator Johnson and (HB 8002) was initiated by Representative Lamberth and was substantially supported by both the republican and democratic parties in both the house and the senate. Hospital board members of for-profit organizations may oppose telehealth services due to a decline in hospital admissions. The primary goal of this policy is to address the inadequate accessibility of healthcare services for underserved populations.

There are several rules and provisions that bill HB 8002 is requiring of healthcare providers, insurance companies, and patients. One of those rules requires that any medical service that would be provided for under previous law for face to face services will be covered within the realm of telehealth services (Tennessee General Assembly, 2020). Another stipulation of this bill is that the site where a person can receive telehealth services must be at an “originating site” (Tennessee General Assembly, 2020). In this instance “originating site” refers to the place where the patient is specifically located or any other site that is stipulated by an insurance company. This bill also stipulates the healthcare providers have to adhere to their state licensure requirements in order. (Tennessee General Assembly, 2020). This rule ensures that all medical services via telehealth are being distributed correctly.

This policy impacts Medicare and Medicaid recipients, health care services providers, and health insurance entities and managed care organizations participating in the medical assistance program under title 71, chapter 5 of the Medical Assistance Act of 1968 (State of Tennessee, 2020). People who need mental health treatment do not receive it promptly or at all because they are too embarrassed to speak in person with a professional about their struggles, or they may have issues like depression or anxiety that make it difficult or impossible to leave the house (Health IT Outcomes, 2019). There is still a stigma surrounding mental health, especially among people with mental health needs who do not have their own transportation or access to public transit routes to get to their chosen mental health facility. Telehealth will resolve that

policy/bill?)
(10 pts.)

stigma and allow individuals to get the help that they need by reducing care gaps for underserved populations. Although this policy has many positive aspects, there are a few unintended negative consequences. One of those is that health care providers may be unable to detect the presence of drugs or alcohol use and/or indications of abuse such as bruises and abrasions. Another unintended consequence of this bill, after the numbers of hospitalizations due to COVID-19 decrease, is the potential loss in for-profit hospital revenue.

Due to the risk of transmission of COVID-19, providing telehealth services via audio-visual applications became an essential component to healthcare. Any care that can be done outside of a clinic and in a patient's home is beneficial whether or not there is a public health emergency (PHE) (Yarbrough, 2020). Augmenting healthcare systems with telehealth services is feasible, and telemedicine gives practitioners a way to offer medical support to patients during this global pandemic. Telehealth services are an efficient way to provide people with remote access to quality healthcare services without increasing the risk of transmitting infection (Ali & Khoja, 2020). Beyond the clinical benefits and more effective utilization of providers in very atypical circumstances, the changes instigated initially by the COVID-19 pandemic have likely irreversibly altered the position of telemedicine in the U.S. healthcare system (Mann et al., 2020).

2015 Tennessee code, Title 63 - Professions of the healing arts, Chapter 1 - Division of health-related boards, Part 1 - General provisions, 63-1-155 - Telehealth services Establishment of provider-patient relationship, Standard of practice, Applicability. (n.d.). Justia Law.
<https://law.justia.com/codes/tennessee/2015/title-63/chapter-1/part-1/section-63-1-155>

Ali, N. A., & Khoja, A. (2020). Telehealth: An important player during the COVID-19 pandemic. *Ochsner Journal*, 20(2), 113-114.
<https://doi.org/10.31486/toj.20.0039>

Health IT Outcomes. (2019, January 31). *6 unexpected side effects of the growing Telehealth market*. Health IT Outcomes for EHR, EMR, POC, mHealth, Telehealth, & More. <https://www.healthitoutcomes.com/doc/unexpected-side-effects-of-the-growing-telehealth-market-0001>

Mann, D. M., Chen, J., Chunara, R., Testa, P. A., & Nov, O. (2020). COVID-19 transforms health care through telemedicine: Evidence from the field. *Journal of the American Medical Informatics Association*, 27(7), 1132-1135.
<https://doi.org/10.1093/jamia/ocaa072>

MHealthIntelligence. (2020). *Tennessee lawmakers pass new Telehealth coverage law - With limits*. mHealthIntelligence.
<https://mhealthintelligence.com/news/tennessee-lawmakers-pass-new-telehealth-coverage-law-with-limits>

State of Tennessee. (2020). *House Bill 8002*.
<https://publications.tnsosfiles.com/acts/111/2nd%20Extraordinary%20Session/pc0004EOS.pdf>

Tennessee General Assembly. (2020). Retrieved from:

<http://wapp.capitol.tn.gov/apps/BillInfo/Default.aspx?BillNumber=HB8002>

Yarbrough, C. (2020). Important changes that may affect Telehealth policy during the COVID-19 pandemic. *Diabetes Technology & Therapeutics*, 23(2).

<https://doi.org/10.1089/dia.2020.0295>

<p>Within the context of your chosen policy, determine what change or issue you will address (e.g., Are you advocating for creation of a policy? Are you advocating changing a current policy or some aspect of a proposed policy (bill)? If so, state what is the change you are proposing. Are you supporting or opposing a proposed (bill) or existing policy? Are you addressing your state's implementation of a federal policy? If so, what specifically? (5 pts.)</p>	<p>This group would like to address the inadequate accessibility to medical services by mandating that insurance providers cover the cost of telehealth services equivalent to the cost of face to face services, by advocating for HB 8002 (SB8003) beyond the COVID-19 pandemic. Advocating for this policy the overall telehealth field will advance healthcare services by offering telehealth services to people who cannot regularly access healthcare services. The bill proposes that telehealth service costs will be equivalent to face-to-face healthcare costs for constituents.</p> <p>HB 8002 passed August 12, 2020 with several rules. This bill states, in section 9, that until April 2022 alcohol and drug abuse counselors are permitted to use telehealth services that will be covered by insurance companies (Tennessee General Assembly, 2020). This means that those struggling with drug or alcohol abuse will be able to use their medical insurance as a way to financially supplement the services they need. This group is advocating that this portion of the amendment be changed, by eliminating the date of April 2022 and allowing insurance agencies to cover this service indefinitely. This group would also like to change part of the bill to include all mental healthcare services and providers instead of limiting the provision of services to drug and alcohol counselors.</p> <p>This amendment will make telehealth services more affordable and accessible, especially for those needing drug and alcohol counseling services. People who have limited access to transportation, live in rural areas, have limited funds and more constituents will have the opportunity to receive those health care services from the comfort of their home. With the exception of the previously mentioned amendment to section 9 subsection (1)(h)(1)(C) of HB 8002 (SB 8003), this group is in full support of the policy.</p> <p>2015 Tennessee code, Title 63 - Professions of the healing arts, Chapter 1 - Division of health-related boards, Part 1 - General provisions, 63-1-155 - Telehealth services Establishment of provider-patient relationship, Standard of practice, Applicability. (n.d.). Justia Law. https://law.justia.com/codes/tennessee/2015/title-63/chapter-1/part-1/section-63-1-155</p> <p>MHealthIntelligence. (2020). <i>Tennessee lawmakers pass new Telehealth coverage law - With limits</i>. mHealthIntelligence. https://mhealthintelligence.com/news/tennessee-lawmakers-pass-new-telehealth-coverage-law-with-limits</p> <p>Tennessee General Assembly. (2020). Retrieved from: http://wapp.capitol.tn.gov/apps/BillInfo/Default.aspx?BillNumber=HB8002</p>
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Why is it important to address this policy/issue/topic that you are focusing on? (Research gap, services gap, community needs based, social justice issue, etc.) (5 pts.)

Telehealth was necessary to help transform the health care system by increasing access and quality of health care across the geographic and economic spectrum. Although telehealth helped increase access and quality of health care, there are still some gaps that need to be addressed. The main goal as to why this policy needs to be addressed is because of the inadequate accessibility that there is of healthcare services for underserved populations. This issue is important to address so that we can advocate for quality and accessible care to those that are underserved. The Healthy People Midcourse Review demonstrates that there are many groups that have inadequate access to care which include: sex, age, race ethnicity, education, and family income. One of the main groups that have this inadequate accessibility to care is due to geographic location. The main geographic location that has an inadequate access to services are rural areas. There are many that go without treatment because these healthcare services are not available in their area (Lewis, 2016). In an article published in the Association of American Medical Colleges, it is stated that the individuals that did receive care in these rural areas had a lower-quality health care than other areas with a higher population (Lewis, 2016).

The main focus of this policy is to strengthen and expand the existing telehealth care system. Expanding the telehealth system is important to address the unequal elements of healthcare that exist in rural communities. The former Director of the U.S. Office of Rural Health policy stated that the country needs a better structure when it comes to rural population health (Leath et al., 2018). The access to healthcare has been a major issue all along. However, this group strives to amend the TN HB 8002-SB 8003 by expanding telehealth services permanently at an equal cost of face-to-face visits to help aid in closing some of the gap. This will allow individuals to access healthcare from their home, without needing any transportation. Although this does not solve all issues, expanding telehealth services is an important step in the right direction.

Leath, B. A., Dunn, L. W., Alsobrook, A., & Darden, M. L. (2018). Enhancing Rural Population Health Care Access and Outcomes Through the Telehealth EcoSystem™ Model. *Online journal of public health informatics*, 10(2), e218. <https://doi.org/10.5210/ojphi.v10i2.9311>

Lewis, N. (2016). Telehealth Helps Close Health Care Disparity Gap in Rural Areas. *Association of American Medical Colleges*. Retrieved from: <https://www.aamc.org/news-insights/telehealth-helps-close-health-care-disparity-gap-rural-areas>