

Telehealth Expanding Accessibility Medically in Tennessee

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Introduction

T.E.A.M. is advocating to repeal H.B. 8002-SB 8003 to enact an amendment to expand Telehealth services in Tennessee indefinitely. The main focus of this policy is to strengthen and expand the existing Telehealth care system. Expanding the Telehealth system is essential 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 for rural population health.⁷ The access to healthcare has been a significant issue all along. However, this group strives to amend the T.N. H.B. 8002-SB 8003 by expanding telehealth services permanently at an equal cost of face-to-face visits to close some of the gaps. Telehealth will allow individuals to access healthcare from their homes without needing any transportation. Although this does not solve all issues, expanding Telehealth services is an essential step in the right direction.

The Problem

Currently, HB 8002 (SB 8003) is a bill that addresses the expansion of Telehealth services. The underlying social issue associated with this policy is the inadequate access to health care services, specifically for those living in rural areas or those with limited transportation. The population in Tennessee is relatively sick and has inadequate access to health care resources.⁵ Around 1.5 million residents live in rural areas of Tennessee. A majority of rural areas consist of elderly residents, have significant health issues, and come from a lower-income family.¹⁰ Due to the lack of service providers in Tennessee's rural areas, accessibility to healthcare is a challenge.³ In the American Hospital Association, it reported that 80% of virtual hospital visits resolve the medical issue without a trip to the emergency room.² Furthermore, from 2012 to 2015, over 20% of adults in rural areas stated their health was fair or even poor.⁶ Rural populations reported 73% less mental health visits than urban residents.⁹ A potential reason for this could be the clients' distance to drive for the mental health services; it is too far to drive to see the client provide those services, so that need goes unmet. In addition to this, 43% of those living in rural communities stated they had unmet mental health care needs.⁹

Current Policy

Under the previous law <u>T.N. Code § 63-1-155</u>, insurance companies, both public and private, were not required to compensate for health services rendered through telecommunication.¹ 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 through April 1, 2022.⁸ HB 8002 also ensures that the quality of care Telehealth patients receive is the same standard to which they would receive inperson care.¹¹ 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. The primary goal of this policy is to address the inadequate accessibility of healthcare services for underserved populations.



Key Facts:

Telehealth will allow healthcare access from home

Telehealth saves money

Telehealth can improve the overall quality of care in rural communities

Lack of service providers in the rural areas of Tennessee

The Solution

Amending the current bill will address the inadequate access to medical services by mandating insurance providers to cover the cost of Telehealth services equivalent to the cost of face to face services beyond the COVID-19 Pandemic. By advocating for this policy, the overall Telehealth field will advance healthcare services by bridging the gap to healthcare services.

Recommended Policy Change

T.E.A.M. is advocating to repeal H.B. 8002-SB 8003 to enact an amendment to expand Telehealth services in Tennessee indefinitely. Expanding Telehealth services will bridge the gap of inadequate access to healthcare.

Conclusion

Currently, bill H.B. 8002-SB 8003 allows for Telehealth services delivery at the same rate as face-to-face visits through April 1, 2022. Although this is a step in the right direction, it does not permanently solve the problem. Amending bill H.B. 8002-SB 8003 to remove the time constraint will not only expand Telehealth services indefinitely but bridge the gap of inadequate access to healthcare. Join the Tennessee T.E.A.M!

¹2015 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

²American Hospital Association. (2019, February). Telehealth: A path to virtual integrated care. https://www.aha.org/system/files/media/file/2019/02/MarketInsights TeleHealthReport.pdf

³Association of American Medical Colleges. (2018, December 31). *Health disparities affect millions in rural U.S. communities*. A.A.M.C. https://www.aamc.org/news-insights/health-disparities-affect-millions-rural-us-communities

⁴C.M.S. (2020). Hospital care expenditure in the United States from 1960 to 2020 (in billion U.S. dollars)* [Graph]. In Statista. Retrieved October 01, 2020, from

https://www.statista.com/statistics/184772/us-hospital-care-expenditures-since-1960/

⁵DuBois, S. (2014). Tennessee's health ratings suffer. The Tennessean. Retrieved from

https://www.tennessean.com/story/money/industries/health-care/2014/05/01/tennessee-scores-poorlystate-health-rankings/8579379/

⁶Elfein, J. (2020). Topic: Rural and urban health in the U.S. Statista. https://www.statista.com/topics/4531/rural-and-urban-health-in-the-us/ ⁷Leath, B. A., Dunn, L. W., Alsobrook, A., & Darden, M. L. (2018). Enhancing rural population health care access and outcomes through the telehealth EcoSystemTM model. *Online journal of public health informatics*, *10*(2), e218. <u>https://doi.org/10.5210/ojphi.v10i2.9311</u>

⁸MHealthIntelligence. (2020). *Tennessee lawmakers pass new Telehealth coverage law - With limits*. mHealthIntelligence. https://mhealthintelligence.com/news/tennessee-lawmakers-pass-new-telehealth-coverage-law-with-limits

⁹Patel, S. Y., Huskamp, H. A., Busch, A. B., & Mehrotra, A. (2020). Telemental health and U.S. rural– urban differences in specialty mental health use, 2010–2017. American Journal of Public Health, 110(9), 1308–1314. https://doi-org.ezproxy.southern.edu/10.2105/AJPH.2020.305657

¹⁰Peligrin, M., Melton, C., Berlind, L., & Straessle, B. (2018). Healthy debate 2018: Health and wellbeing in Tennessee. The Sycamore Institute. https://www.sycamoreinstitutetn.org/healthy-debatewellbeing/#!

¹¹Tennessee General Assembly. (2020). Retrieved from:

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