

Policy Problem

The social issue being addressed is inadequate access to health care services in Tennessee, specifically for those living in rural areas. Tennessee currently has nearly 1.5 million residents who live in rural areas (Peligrin et al., 2018). A majority of rural areas consist of elderly residents, have significant health issues, and come from a lower-income family (Peligrin et al., 2018). The general shortage of healthcare service providers in Tennessee's rural areas makes healthcare accessibility a challenge (Association of American Medical Colleges, 2018). Over three years, more than 20% of adults in rural areas stated their health was reported as fair or poor (Elfein, 2020). Tennessee Bill HB 8002-SB 8003 or the Telehealth Coverage Law seeks to rectify rural residents' poor health by expanding Telehealth services (MHealthIntelligence, 2020). The primary goal of the policy is to address the inadequate accessibility of healthcare services in Tennessee.

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). The current law, HB 8002-SB 8003, amends the previous statement and allows insurance holders to receive Telehealth services at the same rate at 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 receive in-person care (Tennessee General Assembly, 2020).

Support and Opposition

There are both supporters and potential opposers to the current law. SB 8003 was initiated by Senator Johnson, and Representative Lamberth initiated HB 8002. HB 8002-SB 8003 was substantially supported by both the republican and democratic parties in both the House and the Senate. Although there are no known opposers of the bill, a potential opposer could be insurance agencies because they must pay for face-to-face and Telehealth services at the same value. Hospital board members of for-profit organizations are another group that may oppose Telehealth services due to a decline in hospital admissions.

Provisions and Rules

There are several rules and provisions that HB 8002-SB 8003 requires healthcare providers, insurance companies, and patients. One of those rules requires that any medical service provided 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 law is that the site where a person can receive Telehealth services must be at an originating site (Tennessee General Assembly, 2020). In this instance, the originating site refers to the place where the patient is specifically located, or any other site stipulated by an insurance company. The law also states that healthcare providers must adhere to their state licensure requirements (Tennessee General Assembly, 2020). The rule in the law ensures that all medical services via Telehealth are being distributed correctly.

The Impact of the Policy

The policy impacts Medicare and Medicaid recipients, health care services providers, health insurance entities, and managed care organizations participating in the medical assistance program under title 71, chapter five of the Medical Assistance Act of 1968 (State of Tennessee, 2020). The policy also impacts people with mental health needs. 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). Stigma still exists concerning mental health, especially among people with mental health needs who do not have transportation or access to public transit routes to get to their chosen mental health facility (Health IT Outcomes, 2019). Telehealth will resolve that stigma and allow individuals to get the help they need by reducing care gaps for underserved populations. Although the bill 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. After the number of hospitalizations due to COVID-19 decreases, another unintended consequence of this bill is the potential loss in for-profit hospital revenue.