An Environmental Scan Of State Telehealth Policies That Enhance Health Equity For Patients With Chronic Conditions

Presented by

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Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Division for Heart Disease and Stroke Prevention

Hello and welcome to today's Coffee Break presented by the Applied Research and Evaluation Branch in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.
My name is Yu-Jan Huang. I am an ORISE fellow with the branch, and I will be acting as today's moderator.

Our presenters today are Cidney Diallo, a contracted health communication research specialist and Moriah Bailey, a contracted public health policy analyst on the Applied Research and Translation Team within the Division for Heart Disease and Stroke Prevention's Applied Research and Evaluation Branch. They will be providing an overview of state telehealth policies that enhance health equity for patients with chronic conditions.

Before We Begin…

- Any issues or questions?
  - Use Q & A box on your screen
  - Email AREBHeartInfo@cdc.gov

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Before we begin, there are some housekeeping items. If you are having issues with audio or seeing the presentation, please message us using the Q&A or send us an email at AREBheartinfo@cdc.gov. Please submit any questions for the presenters using the Q&A as well. Since this is a training series on applied research and evaluation, we hope you will complete the poll at the end of the presentation and provide us with your feedback.

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This presentation is not intended to promote any particular legislative, regulatory, or government action.

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So, without further delay. Let's get started. Cidney and Moriah, the floor is yours.

TELEHEALTH POLICIES AND CHRONIC DISEASE

Hello! My name is Cidney, I am a contracted Health Communications Research Specialist with Cherokee Federal at CDC's Division for Heart Disease and Stroke Prevention.

Today , my colleague Moriah and I will be discussing an environmental scan of state telehealth laws that enhance health equity for patients with chronic conditions. This analysis was conducted in collaboration with researchers and attorneys from NORC at University of Chicago and CDC.
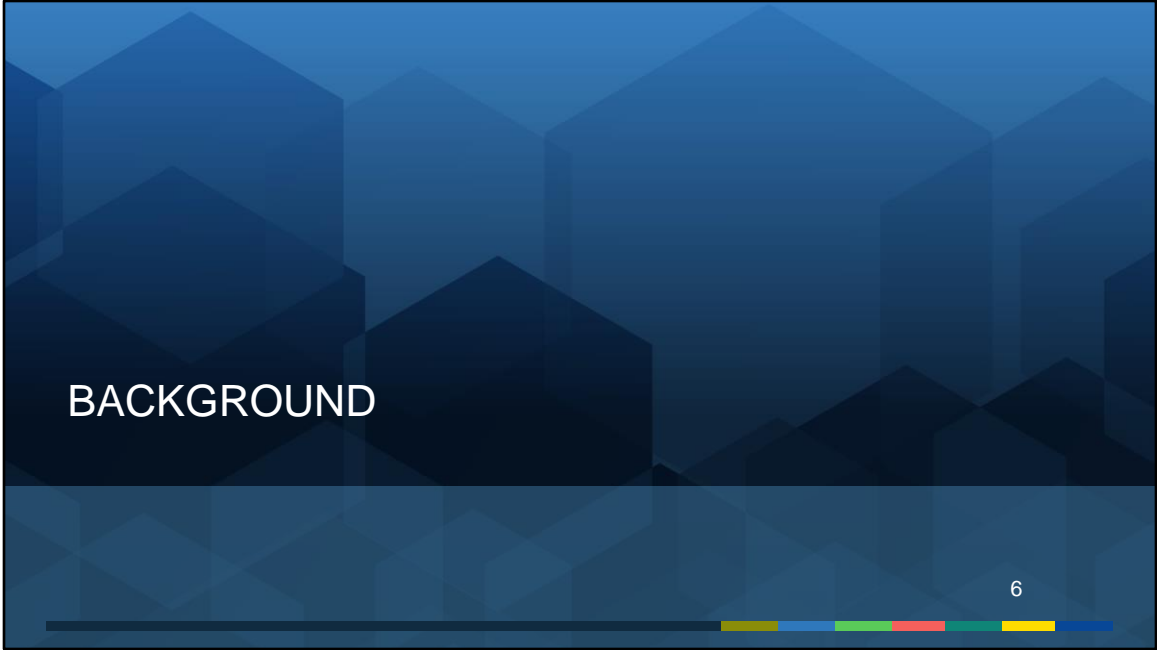
Today we will discuss the background, methods, results, conclusion and implications of this analysis, as well as how we plan to utilize these findings.

BACKGROUND

So beginning with the background

Chronic Disease in America

6 in 10
U.S. adults have a **chronic disease**

4 in 10
Have **two or more**

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As many of you are likely aware, chronic diseases are the leading causes of death in the United States, with 6 in 10 adults having at least 1, and 4 in 10 having 2 or more.

Further, many with chronic conditions encounter obstacles that hinder or restrict their ability to access essential healthcare services.

Role of Telehealth in Chronic Disease Management

- Telehealth plays a crucial role in managing chronic disease.
  - enables continuous monitoring, structured support, and remote interventions through wearable devices
  - leads to improved outcomes such as reduced blood pressure and healthcare costs
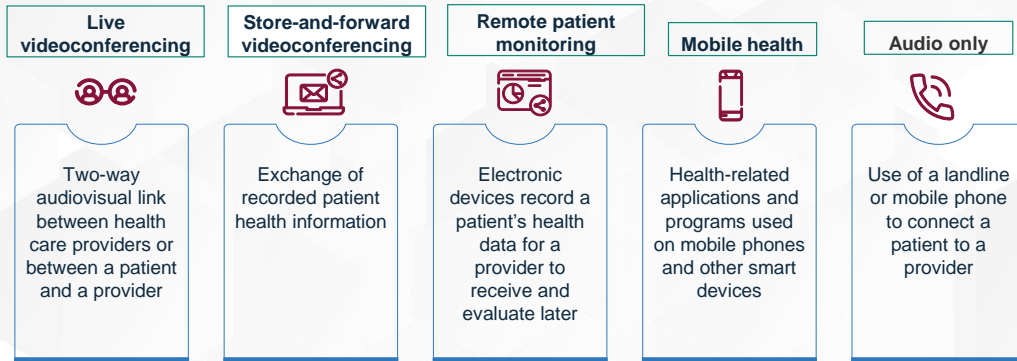- It has shown promise in overcoming access barriers to healthcare.

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Telehealth plays a crucial role in managing chronic diseases. It can be described as the use of electronic data and communication technologies to facilitate remote healthcare delivery. It enables continuous monitoring, structured support, and remote interventions through wearable devices which may lead to improved outcomes.

The utilization of telehealth has also shown promise in overcoming access barriers to healthcare. Its usage significantly increased during the COVID-19 pandemic to provide continued services while mitigating the spread of the virus.

Telehealth Modalities Captured

| Live videoconferencing	Store-and-forward videoconferencing	Remote patient monitoring	Mobile health	Audio only
Two-way audiovisual link between health care providers or between a patient and a provider	Exchange of recorded patient health information	Electronic devices record a patient's health data for a provider to receive and evaluate later	Health-related applications and programs used on mobile phones and other smart devices	Use of a landline or mobile phone to connect a patient to a provider

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In our assessment, we captured a broad range of telehealth modalities. These include live videoconferencing (which is often what we think of when we hear telehealth), as well as recorded health data, audio recordings, mobile applications, and audio-only engagement between patients and providers.

Health Disparities

- While telehealth can improve access, disparities in technology access, digital literacy, and broadband access **can exacerbate health inequities**.
- Approximately 21 million Americans **still lack access to broadband service**
- Telehealth use was lower during the COVID-19 pandemic among Medicaid beneficiaries who were not white, did not have health insurance, had lower incomes, and did whose first language was not English.
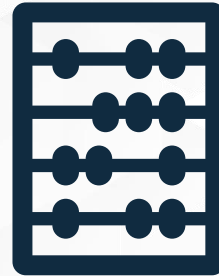
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While telehealth is a tool that can enhance access to care, disparities in technology access, digital literacy, and broadband access can exacerbate health inequities.

For example, approximately 21 million Americans still lack access to broadband service, with most of that population living in rural areas.

Also, telehealth use was lower during the COVID-19 pandemic among Medicaid beneficiaries who were not white, did not have health insurance, had lower incomes, and whose first language was not English.

There are policy opportunities to address these disparities. This is because Federal and state policies affect the provision and access to telehealth services by defining what services are reimbursed, how they are provided, who provides them, and where patients can access them.

Purpose

- **To analyze policies** in all 50 states and D.C. that facilitate or limit the use of telehealth for chronic disease using *legal epidemiology methods.*
- **To inform policy makers, providers**, and others on policies that facilitate or limit implementation of telehealth.

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That leads me to the purpose of this analysis, which was to use legal epidemiology methods to conduct an environmental scan of state policies that facilitate or limit the use of telehealth for chronic disease.

Legal epidemiology studies the influence laws have on the cause, distribution, and prevention of disease by translating complex legal language into quantifiable data.

Ultimately, this analysis intends to inform policy makers, providers, and decision makers.

METHODS

I will now describe how we approached this analysis.

Developing the Dataset

Policy Brief → Expert Panel Meeting → Coding Protocol → Legal Dataset
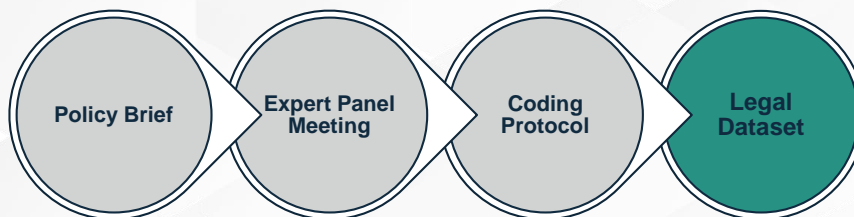
To begin our legal epidemiology process, researchers executed a series of steps.

First, we developed a policy brief to guide the development of the protocol and datasets. This involved conducting a limited literature review that sought to identify:

- The current telehealth policy landscape
- Policy questions of interest and
- Potential data sources, criteria and methodology

Next, we identified a panel of telehealth policy subject matter experts or SMEs representing federal agencies, health care providers, and national organizations. SMEs provided input based on the policy brief findings.

Finally, the policy brief and expert panel informed the development of a coding protocol which detailed the finalized methodology.

These resources allowed us to develop the legal dataset which included the variables to be coded, including four health equity policy elements.

Health Equity Policy Elements

Broadband access or affordability

Technology access or affordability

Digital literacy

English Language Proficiency

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These elements are listed here. They included whether a policy facilitated broadband access or affordability, technology access or affordability; and digital literacy; as well as whether a policy specified requirements for patients with limited English proficiency. These elements were included within our dataset.

Inclusion and Exclusion Criteria

Category	Inclusion Criteria	Exclusion Criteria
Timeframe	In effect on or after January 1, 2018	Expired before January 1, 2018
Services	Telehealth policies that apply to services for chronic disease management.	Services not related to HTN, CVD, or stroke prevention, treatment, or management.
Providers	primary care services, relevant specialty care (e.g., cardiology, neurology), medication therapy management/ comprehensive medication management, cardiac rehabilitation, telestroke, evidence-based lifestyle interventions, chronic disease management, and RPM	Indian Health Service (IHS), physical therapy, speech therapy, occupational therapy, durable medical equipment suppliers
Population	General adult population	Pregnant women, newborns, children, or people with intellectual or developmental disability
Other	N/A	Worker's Compensation policies, Scope of practice policies, Telehealth definitions in professional regulations, General data privacy and security policies (e.g., HIPAA), Proposed legislation

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As previously mentioned, the policy brief and expert panel informed the development of inclusion and exclusion criteria. We included policies and laws:

- In effect on or after January 1, 2018
- That apply to services for chronic diseases and conditions
- That are for the general adult population
- And pertain to certain types of providers

Policies that were excluded include:

- Worker's Compensation policies
- Scope of practice policies
- Telehealth definitions within professional regulations
- General data privacy and security policies such as HIPAA and
- Proposed legislation

Data Sources

- Focused on **secondary data sources**
- The **Center for Connected Health Policy (CCHP)**
- **Executive Orders** enacted in response to the COVID-19 pandemic.
- Other sources:
  - The National Conference of State Legislatures
  - Medicaid and CHIP Payment and Access Commission
  - Kaiser Family Foundation
  - Federation of State Medical Boards
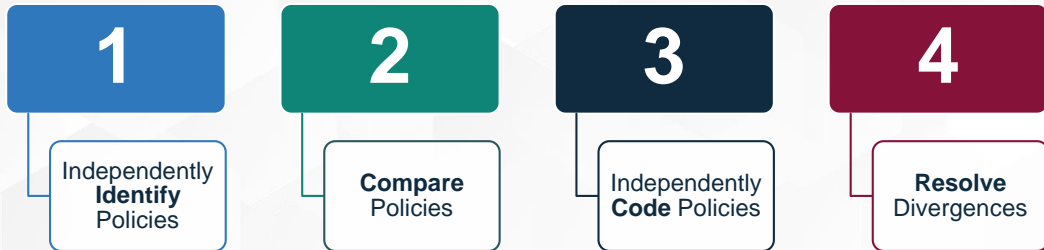 - Alliance for Connected Care

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As I mentioned, the policy brief and expert panel also informed the data sources. Researchers identified policies using secondary data sources, particularly The Center for Connected Health Policy or CCHP.

The search also included Executive Orders enacted in response to the COVID-19 pandemic.

Other sources are also listed.

Legal Epidemiology Coding Process

Two Researchers….

1	**2**	**3**	**4**
Independently **Identify** Policies	**Compare** Policies	Independently **Code** Policies	**Resolve** Divergences

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Once the preliminary planning was complete, we used the coding protocol to initiate the Legal Epidemiology Coding Process. The process went as follows:

- First, 2 researchers independently identified relevant policies in all 50 states and D.C. using predetermined sources and search terms
- Next, the 2 researchers compared policies identified and discussed any discrepancies
- Then, the researchers independently coded the same list of policies for the health equity elements
- Lastly, the researchers discussed any coding discrepancies to resolve divergences

FINDINGS

I will now pass it to Moriah to introduce herself and discuss our findings.

Hello, my name is Moriah Bailey I am a contracted public health policy analyst with ASRT at CDC's Division for Heart Disease and Stroke Prevention. And as Cidney mentioned, I will now take us through the findings.

Dataset

- **Relevant state policies** included in the dataset

State Policies Included in Dataset					
Year in Effect	2018	2019	2020	2021	2022
# of Policies	278	291	350	398	422

- The dataset includes:
  - Medicaid policies
  - commercial payer policies
  - professional licensure requirements
 - data privacy and security policies for the 50 states and DC

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The state policies that researchers identified were in effect between 2018-2022. In the chart shown, you can see the number in effect for each year.

The dataset included Medicaid policies, commercial payer policies, professional licensure requirements, and data privacy and security policies.

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Number of Health Equity Policies in Effect

- Number of health equity policies in effect between 2018-2022
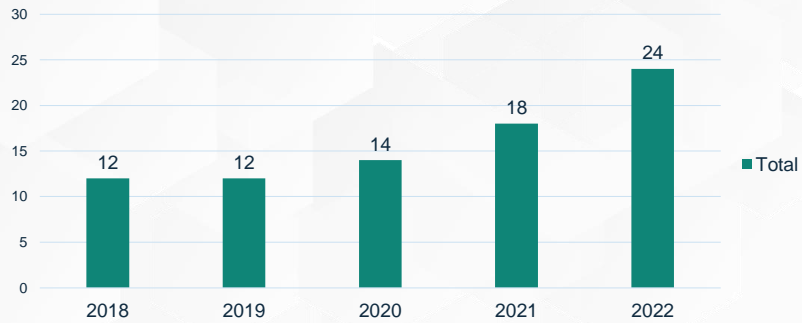
As you can see in the graph shown, 2018 and 2019 have an equal number of health equity policies in effect and the number gradually increases in the years after.

Percentage of Coded Health Equity Elements

- ■ Broadband Access
- ■ Technology Access
- ■ Digital Literacy
- ■ English Language proficiency
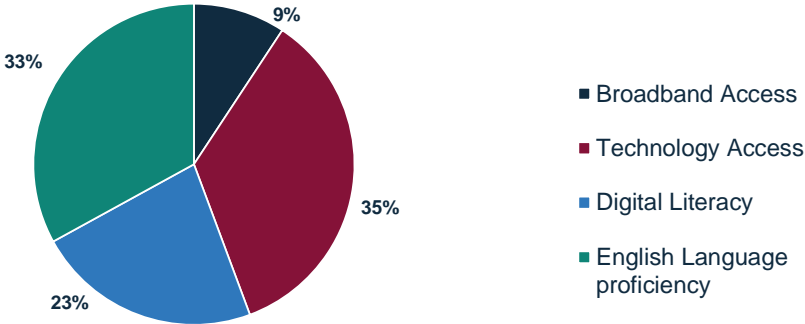
In total, 35% of the relevant state policies addressed technology access, followed by English Language Proficiency at 33%, digital literacy at 23%, and broadband access at 9%.

States With Health Equity Policies

Has at least one health equity policy
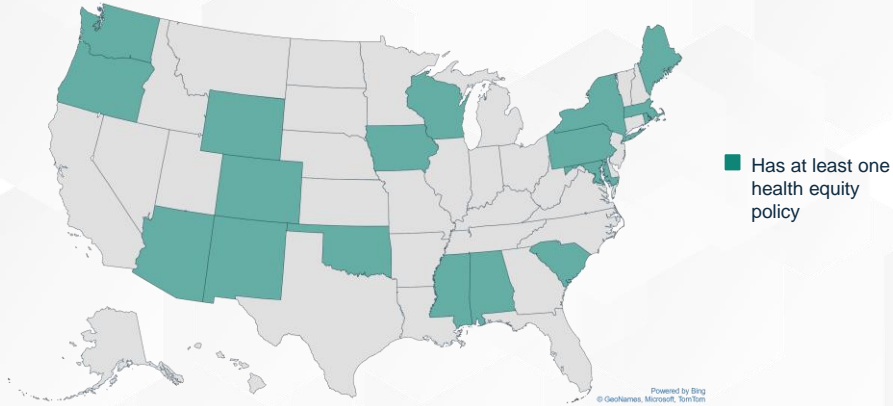
We also found that within our dataset, 19 or roughly 37% of the 50 states and D.C. implemented some kind of health equity policy. Each of the states had variations in their health equity policies.

Broadband Access

States with Broadband Access Policies
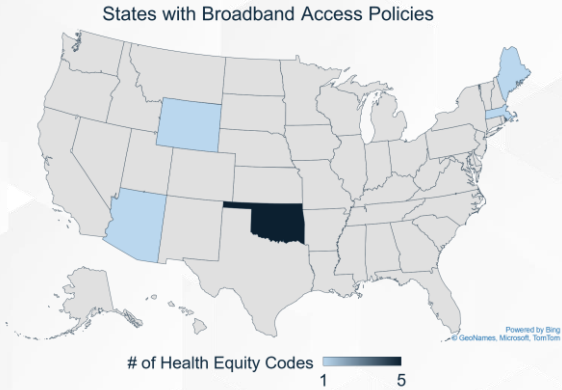
Code & State	Count
Funding	**2**
Maine	1
Wyoming	1
Modality	**1**
Arizona	1
Other	**1**
Massachusetts	1
Other	**5**
Oklahoma	5
Grand Total	**9**

# of Health Equity Codes
1   5

23

Beginning with broadband access, you can see here that five states addressed this policy element. The darker the shading, the more health equity codes existed for that state.

Health Equity policies in Arizona were coded for modality because they allowed the use of numerous modalities due to broadband inaccessibility. Policies in Maine and Wyoming were coded for funding broadband infrastructure.

There were other topics not captured in the chosen coding variables of our dataset which is why some codes are notated as "other". These topics included: Providing telehealth support to providers in Oklahoma, and plans to expand services in Massachusetts.

Example Policy: Broadband Access

"…the fund must be used to provide grants…to support a…broadband network in their regions with the following goals: . . . Provide expanded health care services by facilitating access to telehealth…"—*ME Revised Statutes Title 35-A, Part 7, Ch. 93, Sec. 9211*

- **Subcategory:** *Funding*

Here is a brief example of a policy coded for Broadband Access. The excerpt states: ""…the fund must be used to provide grants…to support a …broadband network in their regions with the following goals: . . . . .[To] Provide expanded health care services by facilitating access to telehealth…"

This policy example requires that funds be used to support broadband networks with the goal of facilitating access, so its coded specifically as, funding.

Technology Access

States with Technology Access Policies
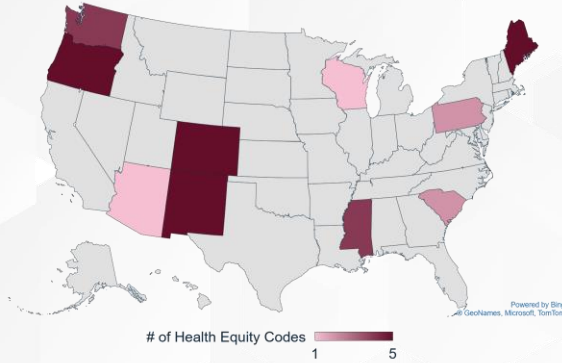
Code & State	Count
Equipment	**3**
South Carolina	2
Wisconsin	1
Modality	**13**
Arizona	1
Maine	5
Oregon	5
Pennsylvania	2
Other	**4**
Washington	4
Purchase	**14**
Colorado	5
Mississippi	4
New Mexico	5
Grand Total	**34**

# of Health Equity Codes
1   5

25

Ten states had policies that addressed technology access. Overall, they allowed use of different modalities and the provision of technology equipment and/or medical devices for patients.

Topics in the "other" category included: Requiring insurers to ensure that their technology are accessible to individuals with disabilities in Washington State.

Example Policy: Technology Access

"[Arizona Health Care Cost Containment System (AHCCCS)] covers audio-only services if a Telemedicine encounter is not reasonably available due to the member's functional status, the member's lack of technology or telecommunications infrastructure limits, as determined by the provider."—Arizona Medical Policy AHCCCS Covered Services, Ch. 300, (320-I pg. 1). Apr. 2022.

- **Subcategory:** *Modality*

Here is an example of a policy coded for Technology Access. The excerpt states that: "[the entity] covers audio-only services if a Telemedicine encounter is not reasonably available due to the member's functional status, the member's lack of technology or telecommunications infrastructure limits, as determined by the provider."

This policy example is coded specifically as, modality, because it requires coverage of audio-only services if a member is unable to access other telehealth modalities.

Digital Literacy

States with Digital Literacy Policies
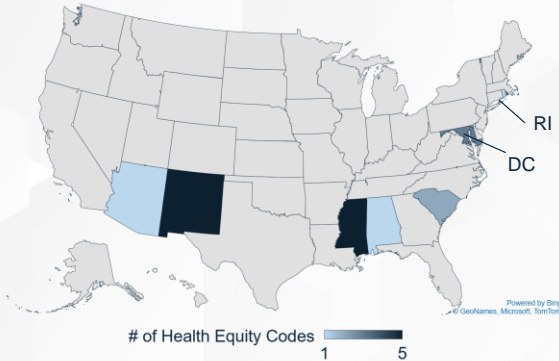
Code & State	Count
Education	**4**
Maryland	3
Rhode Island	1
Education, TA	**13**
Alabama	1
Mississippi	5
New Mexico	5
South Carolina	2
Modality	**1**
Arizona	1
TA	**4**
District of Columbia	4
Grand Total	**22**

# of Health Equity Codes
1   5

27

Eight states had policies that addressed digital literacy. Most of the states discussed education and technical assistance for patients.

Example Policy: Digital Literacy

"[remote patient monitoring (RPM)] services include, but are not limited to:

- *Initial home assessment for RPM*
- *Initial setup of RPM equipment*
- *Instructions and education about the use of monitoring devices*
- *Instructing the patient/care giver on data entry*
- *Instructing patient on optimum symptom control"*

—AL Medicaid Management Information System Provider Manual, Remote Patient Monitoring (Ch. 111)

Subcategories: *Education, Technical Assistance (TA)*

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Here is an example of a policy coded for Digital Literacy. The excerpt states:

"[…services include, but are not limited to:

- …Initial setup of …equipment

- Instructions and education about the use of monitoring devices [and]

- Instructing the patient [or] care giver on data entry…"

The policy example requires patient assistance with setup and education on how to use telehealth services, so it is coded as both, education and technical assistance.

English Language Proficiency

States with English Language Proficiency Policies
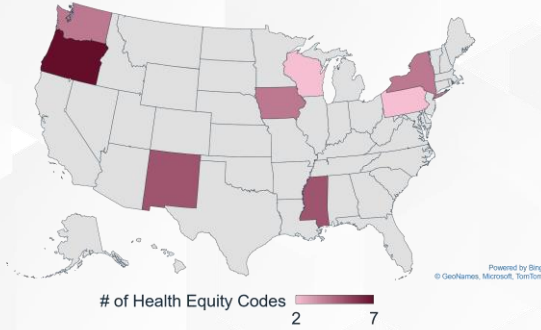
States with English Language Proficiency Policies	
Code & State	Count
Language assistance	**8**
Mississippi	2
Washington	4
Wisconsin	2
Non-English language options	**4**
District of Columbia	4
Translation	**18**
Iowa	4
New Mexico	5
New York	4
Oregon	3
Pennsylvania	2
Translation, Other	**2**
Oregon	2
Grand Total	**32**

# of Health Equity Codes   2   7

29

Finally, Twelve states addressed English language proficiency. Translation was the most common topic and there were a few laws and policies that discussed language assistance and providing non-English Language options to patients.

Topics in the "other" category included: requiring the equipment used by a provider to accommodate non-English language options and cultural responsiveness.

*note: language assistance is ensuring programs and services are accessible by those with limited language proficiency

And here is a brief example of a policy coded for English Language Proficiency. The policy excerpt states: "Culturally competent translation and/or interpretation services must be provided when the member and distant practitioner do not speak the same language."

This policy example requires translation or interpretation services for patients, so it is coded as, Translation.

Finally, lets talk about our conclusions and the implications of this analysis.

Conclusion

Variations in how states address telehealth access

Less than half of states implemented health equity policy

The number of health equity policies increased

Technology Access and English Language Proficiency were the most coded policy elements

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In conclusion, State laws addressed the healthy equity policy elements in varying ways.

Less than half of states implemented at least one policy that addressed telehealth inequities in effect between 2018 and 2022.

The number of health equity policies in effect increased in that time.

Technology Access and English Language Proficiency were the most coded policy elements.

Limitations
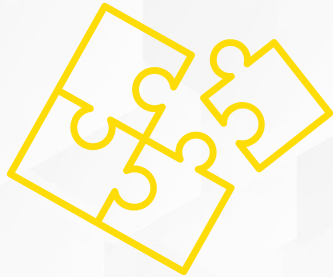
- Focused on four health equity policy elements
- Analyzed secondary sources
- Excluded some policies

We would like to note that this study is subject to limitations. First, the policy brief and expert panel findings only captured a limited number of coding variables. We ended up coding some items as "other" to account for this.

Second, this study only used secondary data sources, which required researchers to rely on the interpretation of laws from others.

Finally, our analysis did exclude some policies such as proposed legislation and laws that were not relevant to chronic disease.

Implications for Public Health

- Inform state health officials and decision makers about existing policies.
- Guide future telehealth program development.
- Inform rigorous evaluations of telehealth strategies.
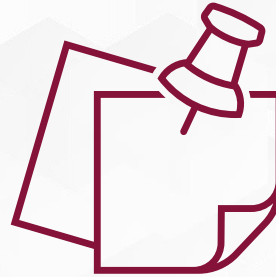
The findings from this study can:

Share insights with state health officials and decision makers on existing policies to improve access to telehealth for patients with chronic conditions.

Offer recommendations to shape the development of future telehealth programs.

Contribute data and insights that can be used to evaluate telehealth strategies' effectiveness.

Next Steps

MANUSCRIPT

IMPLEMENTATION STUDY

Currently, the policy surveillance project team is developing a manuscript that will discuss state telehealth policies that facilitate or serve as barriers to telehealth access for CVD patients in the 50-states and DC.

We are also conducting a telehealth policy implementation study to understand how telehealth policy interventions are implemented as well as facilitators and barriers to said implementation.

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Here are the references.

Acknowledgements

Moriah Bailey, JD[1], Adebola Popoola, JD, MPH, MBS[2], Shena Popat, MHA[3]

1. Applied Science, Research, & Technology (A.S.R.T.), Inc., Atlanta, GA
2. Centers for Disease Control and Prevention, Atlanta, GA
3. NORC at University of Chicago, Chicago, IL
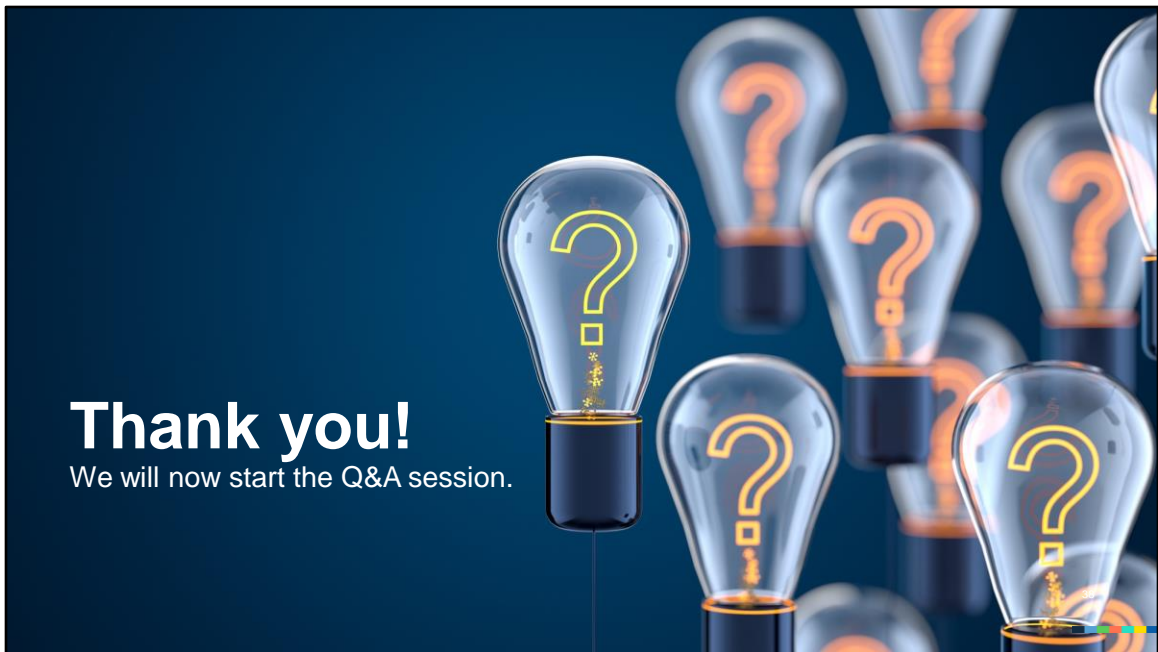
Thank you!

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Division for Heart Disease and Stroke Prevention

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Thank you!
We will now start the Q&A session.

Thank you, Moriah and Cidney! At this time, we'll take questions. First, we'll check to see if any questions have come in through the Q&A box.

Question: What is the Center for Connected Health Policy and why was it such a relied upon source for this analysis?

Answer: As previously mentioned, this project used multiple secondary data sources. However, CCHP's telehealth law reports were predominantly utilized as a data source. In 2012, CCHP was federally designated as the National Telehealth Policy Resource Center. They serve as an independent center of excellence in telehealth policy and provide technical assistance to twelve regional Telehealth Resource Centers, state and federal policy makers, national organizations, health systems, providers, and the public. Thus, we determined CCHP's telehealth law resources to be reliable and accurate summaries of state telehealth policies.

Question: Could you go into more detail about why you excluded certain types of policies such as scope of practice and HIPPA-related policies?

Answer: The goal of this project was to develop comprehensive data sets on state and federal policies that apply to telehealth services for patients with hypertension or cardiovascular disease. The datasets consist of priority federal and state policies that facilitate or limit the use of telehealth to prevent, treat, and/or manage hypertension, cardiovascular disease, and stroke. Therefore, standard procedures and practices were not part of the inclusion criteria.