Chapter

5

Access to Health Services

May 2021

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Overview

Although there is growing recognition that much of what impacts health occurs outside of the healthcare delivery system, access to affordable, high-quality healthcare – and health insurance coverage – is critical to health and wellbeing. Individuals in rural and underserved areas face additional barriers to care, including limited access to healthcare providers, insufficient high-speed broadband connectivity that limits access to telehealth, and less access to critical care due to high rates of rural hospital closures. Federal policy changes to mitigate these barriers to care and opportunities for states to consider are outlined below, and include expanding flexibilities in telehealth, health insurance coverage, and rural hospital financial sustainability.

Below is a list of federal COVID-19 relief resources allocated to states, territories, and localities for health systems as of March 30, 2021:

Community Health Centers (HRSA)	$1,411,088,000
Community Health Centers - Expanding Capacity for COVID-19 Testing (HRSA)	$581,469,000
Community Health Centers – Expanded Access to COVID-19 Vaccines, Build Vaccine Confidence (HRSA)	$6,058,737,000
Health Center Look-Alikes – Expanding Capacity for Coronavirus Testing (HRSA)	$17,256,000
Rural Health Clinics – COVID-19 Testing (HRSA)	$225,000,000
Telehealth Resource Centers (HRSA)	$11,600,000
Veteran Nurses in Primary Care Training Program (HRSA)	$450,000
Registered Nurses in Primary Care Training Program (HRSA)	$3,300,000
Small Rural Hospital Improvement Program (HRSA)	$150,000,000
Geriatrics Workforce Enhancement Program (HRSA)	$4,350,000
Area Health Education Centers Program (HRSA)	$4,200,000
Registered Nurses in Primary Care Training Program (HRSA)	$3,300,000
Certified Community Behavioral Health Clinics (SAMHSA)	$738,437,000
Provider Relief Funds - General (Office of the HHS Secretary)	$39,985,127,000

Provider Relief Funds - High-Impact Allocations (Office of the HHS Secretary)	$20,525,357,000
Provider Relief Funds - Rural (Office of the HHS Secretary)	$11,054,316,000
Provider Relief Funds - Skilled Nursing Facilities/Nursing Homes (Office of the HHS Secretary)	$8,128,031,000
Provider Relief Funds - Safety Net Hospitals (Office of the HHS Secretary)	$14,081,103,000
STAR Health Information Exchange Program (Office of the HHS Secretary)	$5,095,000
Hospital Preparedness Awards (Office of the HHS Secretary)	$339,471,000

Opportunities to Bounce Forward to Improved Health Insurance Coverage

The COVID-19 response has highlighted the importance of affordable healthcare as a key determinant of health, especially as people experience high rates of job loss, which can be tied to loss of employer-provided health insurance. Uninsured populations may avoid testing or seeking treatment for COVID-19 or other health conditions due to concerns about their ability to afford the cost of care or being restricted from returning to work without sick leave.

Several key federal policy changes have occurred that impact state Medicaid programs due to COVID-19. The Families First Coronavirus Response Act (FFCRA) made a temporary 6.2% increase to state and territorial Federal Medical Assistance Percentages (FMAP) if continuity of coverage for current enrollees is maintained and certain other requirements are met. The American Rescue Plan Act also encouraged states that have not yet adopted Medicaid expansion to do so by offering 90% federal matching funds for the expansion population, in addition to a 5% increase in the FMAP for two years following expansion.

These strategies to ensure continuity of coverage and care will be important elements of a bounce forward strategy. Policymakers can consider:

- Requiring health plans to maintain continuity of coverage during changes to income or employment status during the public health emergency. In January, HHS released a letter to governors stating that the public health emergency will likely remain in place for the entirety of 2021.
- Adopting the newly created optional Medicaid eligibility group for uninsured individuals during the public health emergency.
- Enhancing outreach and enrollment assistance efforts for uninsured individuals and those losing income to enroll in Medicaid or health insurance marketplace coverage.
- Simplifying enrollment pathways, applications, and related verifications for individuals to enroll

Opportunities to Bounce Forward to Expand Access to Care Via Telehealth

The uptake of telehealth has not been fully realized in recent years due largely to barriers related to geographic and site restrictions, provider and service reimbursement restrictions, cross-state licensure limitations, and limited broadband connectivity in rural areas. However, there has been an unprecedented increase in telehealth use during the COVID-19 response. This increase is due to a necessity to utilize virtual services as individuals shelter in place, a desire to protect healthcare workers, and the multitude of federal and state policies that have significantly increased telehealth flexibilities.

The CARES Act, along with federal guidance from the Centers for Medicare and Medicaid Services and the Office of Civil Rights (OCR), temporarily removed several telehealth restrictions, allowing significantly expanded flexibilities and access to telehealth. As a result of these policy changes, telehealth services can now be provided regardless of where an individual is located, allowing these services to be provided in the home. Providers are also no longer required to see patients in-person prior to providing telehealth services and, as a result of OCR announcing that it will exercise enforcement discretion, some services can be delivered telephonically or via commonly used virtual conferencing platforms such as FaceTime and Skype.

The CARES Act also allowed federally qualified health centers (FQHCs) and rural health clinics, which provide primary healthcare to nearly 1-in-12 people regardless of a person's ability to pay, to utilize telehealth and act as distant site providers during the public health emergency. FCC launched the COVID-19 Telehealth Program in March 2020 to provide $200 million in funding using CARES Act dollars to providers and healthcare organizations to support telehealth services. Further, FCC announced on March 31, 2021 that it would relaunch the program for a new phase of awards to providers.

The Federal Administration is seeking to address the digital divide by potentially investing $100 billion dollars in improving broadband infrastructure for populations who struggle with access to high-speed internet and reducing the cost of broadband internet services.

Policymakers can support access to telehealth services by:

- Considering how to sustain telehealth flexibilities beyond the pandemic.
- Leveraging the HRSA-funded National Consortium of Telehealth Resource Centers to provide assistance on telehealth policy, technical, and operational challenges.
- Engaging state primary care association and FQHCs to leverage eligible funds for telehealth equipment through the HRSA FY 2020 Capital Assistance for Disaster Response and Recovery Efforts funding.
- Pursuing current and future Federal Communications Commission funding opportunities to support purchasing of telehealth equipment, broadband connectivity, and other needed resources.

Opportunities to Bounce Forward to a Robust Rural Health System

Even prior to COVID-19, a quarter of rural hospitals were at high financial risk of closing, 81% of which were considered essential, a designation made based on a hospital's trauma center status, its service to vulnerable populations, its distance from other hospitals, and the economic impact it has on a region. Alarmingly, existing vulnerabilities for rural hospitals have been magnified during the COVID-19 response. Many rural hospitals initially canceled elective procedures (which often have high profit margins) or closed non-urgent care facilities, leading to financial shortfalls and furloughs. The American Hospital Association predicts that hospitals could face $53-122 billion in total revenue loss in 2021 alone.

States may consider pursuing policies with the ultimate goal of assuring that care in rural settings is accessible and aligns with community need. Policymakers can consider:

- Pursuing innovative payment methodologies for rural hospitals, including value-based payment models.
- Reducing regulatory burdens for hospitals and clinics that serve rural populations, such as exemption from certificate of need review.
- Strengthening loan repayment and tax incentive programs that encourage healthcare providers to work and live in rural communities.

Conclusion

The COVID-19 pandemic has illustrated the need for close coordination between public health and healthcare, as well as the criticality of access to health services. There have been numerous efforts at the national and state levels to improve access and harness new federal funding to "bounce forward" from COVID-19. This chapter is the fifth in a series of products that challenge state and territorial leaders to not only limit the impact of the pandemic, but also work across sectors to rebuild systems that create a healthier, more equitable post-COVID-19 world.