PLEASE NOTE: THIS RESOLUTION WILL BE DEBATED AT THE 2020 COUNCIL MEETING. RESOLUTIONS ARE NOT OFFICIAL UNTIL ADOPTED BY THE COUNCIL AND THE BOARD OF DIRECTORS (AS APPLICABLE).

RESOLUTION: 38(20)

SUBMITTED BY
Government Services Chapter
Illinois College of Emergency Physicians
Minnesota Chapter
Missouri College of Emergency Physicians
Ohio Chapter
Pennsylvania College of Emergency Physicians
Diversity, Inclusion, & Health Equity Section
Emergency Telehealth Section
Rural Emergency Medicine Section

SUBJECT: Universal Access to Telehealth Care

PURPOSE: Advocate for universal access to telehealth in all rural and underserved areas of the United States and to support innovative strategies to improve individual access to broadband and cellular technology.

FISCAL IMPACT: Budgeted staff resources.

WHEREAS, Access to primary, emergency, and specialty healthcare is limited for many Americans leading to delays in care with significant associated negative impact on health outcomes; and

WHEREAS, The pandemic has demonstrated a growing place for telehealth in emergency care; and

WHEREAS, Transportation limitations and geographical location of healthcare practitioners pose barriers to seeing a healthcare provider for millions of Americans; and

WHEREAS, The COVID-19 pandemic highlights that without high-quality broadband communication services telehealth usage is drastically limited; and

WHEREAS, Access to broadband is a social determinant of health and therefore important to health equity; and

WHEREAS, Structural inequalities in availability of healthcare services disproportionately disenfranchise the poor, racial minorities, and other vulnerable communities; and

WHEREAS, According to a Pew Research Center survey conducted in 2019, 18% of low-income American adults do not use the internet; and

WHEREAS, A Pew Research Center survey from 2019 indicates that low-income Americans have substantially limited access to technology capable of connecting to telehealth care since only 71% have a smartphone, 54% have access to a home desktop or laptop computer, 36% own a tablet, and 56% have home broadband access; and

WHEREAS, Patients in rural areas have greater difficulty accessing care, elevated mortality rates from common diseases, and higher percentages of unintentional drug overdose deaths; and

WHEREAS, According to a Pew Research Center survey conducted in 2019, only 63 percent of rural Americans say they have a broadband internet connection at home and are 12% less likely to have a smartphone, limiting patients' access to telehealth in these communities; and

WHEREAS, The pandemic has made more evident disparities in telehealth capacity among low-income populations, with inadequate broadband services a barrier particularly in rural communities; and

WHEREAS, As a result of the COVID-19 pandemic, the FCC has bolstered funding of its Telehealth Program, the Centers for Medicare and Medicaid Services has expanded its telehealth policy, and there is bipartisan Congressional support to strengthen broadband infrastructure, indicating interest by policymakers to expand broadband infrastructure in rural and underserved communities; and

WHEREAS, Initiatives such as the Department of Housing and Urban Development's ConnectHome pilot and ConnectHomeUSA Expansion programs have capitalized on public-private partnerships to expand access to broadband services, internet-capable devices, as well as digital education for low-income Americans; therefore, be it

RESOLVED, That ACEP, in collaboration with other medical organizations, advocate for universal access to telehealth care through expanded broadband infrastructure and wireless connectivity to all rural and underserved areas of the United States as well as supporting innovative strategies to improve individual access to broadband and cellular technology.

References:

1. Bauerly BC, McCord RF, Hulkower R, Pepin D. Broadband Access as a Public Health Issue: The Role of Law in Expanding Broadband Access and Connecting Underserved Communities for Better Health Outcomes. *J Law Med Ethics*. 2019;47(2_suppl):39-42. doi:10.1177/1073110519857314
2. "How The Rapid Shift To Telehealth Leaves Many Community Health Centers Behind During The COVID-19 Pandemic, " Health Affairs Blog, June 2, 2020. DOI: 10.1377/hblog20200529.449762
3. Pew Research Center, April 22, 2019. "10% of Americans Don't Use the Internet. Who Are They?"
4. Pew Research Center, May 7, 2019. "Digital Divide Persists Even as Lower-Income Americans Make Gains in Tech Adoption."
5. Pew Research Center, June 2019. "Mobile Technology and Home Broadband 2019".
6. Pew Research Center, 2/27/2020. "How States Are Expanding Broadband Access".
7. AMA Telemedicine Policy. American Medical Association Advocacy Resource Center. 2017. Available at: https://www.ama-assn.org/media/22056/download. Accessed 6/10/2020.

Background

This resolution calls on ACEP to advocate for universal access to telehealth in all rural and underserved areas of the United States and to support innovative strategies to improve individual access to broadband and cellular technology.

ACEP is actively engaged in advocacy efforts aimed at advancing the use of telehealth in emergency medicine.

The resolution cites recent analyses showing that many low-income Americans as well as individuals in rural areas do not have access to smart phones or broadband internet, thereby limiting their ability to receive vital telehealth services. Further, ACEP's information paper "Delivery of Emergency Care in Rural Settings" specifically discusses the barriers that broadband and equipment availability /interoperability present in rural areas. The paper states that "although the costs of obtaining the hardware for telehealth assessments have been rapidly decreasing and may be minimal, some areas may lack sufficient capital or knowledge to establish a telehealth site or may be geographically located in areas without internet or broadband access. Another barrier relates to not having compatible interfaces among different healthcare providers. The information should flow seamlessly across the system. The implementation group of the telehealth program needs to consider both the electronic and spoken language challenges in the planning process." The paper concludes by stating that telehealth dramatically improves "the access of health care across rural and underserved areas across the nation and the world. This system enables rural providers to maintain their knowledge base and skills and improves the rural populations' access to needed, but difficult-to-recruit, specialists which can be lifesaving in the rare/high-risk scenarios when the full-time recruitment of a particular specialist for an area would be cost prohibitive. Telehealth use in the rural ED helps to bring a vast array of specialty expertise to the bedside in environments that are otherwise unable to provide these services."

In accordance with ACEP's policy statement "Emergency Medicine Telehealth" (most recently revised in February 2020), ACEP has supported the delivery of emergency telehealth services by board-certified emergency physicians.

From an advocacy perspective, ACEP has pushed for both regulatory and legislative changes to advance the use of telehealth in emergency medicine and implement more consistent payment policies. The Medicare statute currently restricts reimbursement for telehealth to services performed in rural areas. During the COVID-19 public health emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) used its unique "1135" waiver authority that only exists during a national emergency to temporarily waive this restriction, as well as another restriction called the originating site requirement (which mandates that Medicare beneficiaries receive a telehealth service from a certain type of health care facility and not from any location like their home). ACEP has supported legislation that would permanently eliminate these restrictions, thereby allowing low-income Medicare beneficiaries in urban, underserved communities to also receive telehealth services from any location, including their home.

With respect to funding for broadband infrastructure, as referenced in the resolution, the Federal Communications Commission (FCC) has implemented initiatives to support health care providers who want to stand up telehealth programs in rural and underserved communities. First, the FCC established a $200 million telehealth program for healthcare providers responding to the COVID-19 PHE. Congress appropriated the funds as part of the Coronavirus Aid, Relief, and Economic Security Act, also known as the CARES Act. Through the COVID-19 Telehealth Program, the FCC helped healthcare providers purchase telecommunications, broadband connectivity, and devices necessary for providing telehealth services. The FCC has closed applications for this program.

The FCC also has finalized regulations implementing a Connected Care Pilot Program. This separate three-year Pilot Program will provide up to $100 million of support to help defray health care providers' costs of providing connected care services. ACEP supported this program and offered comments to the FCC when it was first proposed. The FCC has not yet begun accepting applications for this program.

Finally, on September 1, the U.S. Department of Health and Human Services (HHS), the FCC, and U.S. Department of Agriculture announced that they have signed a Memorandum of Understanding to work together on a Rural Telehealth Initiative. Through this new initiative, these departments will collaborate and share information that will address health disparities, resolve service provider challenges, and promote broadband services and technology to rural areas.

ACEP Strategic Plan Reference

Goal 1 – Improve the Delivery System for Acute Care
Objective B – Develop and promote delivery models that provide effective and efficient emergency medical care in different environments across the acute care continuum.

Fiscal Impact

Budgeted staff resources.

Prior Council Action

Amended Resolution 52(19) Telehealth Emergency Physician Inclusion adopted. Directed ACEP to develop a policy statement specifically indicating that its policies apply to all locations of emergency medicine practice whether provided remotely or in-person.

Amended Resolution 51(19) Stimulating Telemedicine Researchers and Programs adopted. Directed ACEP to advocate for telehealth research in emergency medicine.

Resolution 40(19) Advancing Quality Care in Rural Emergency Medicine referred to Board. Directed ACEP to: 1) work with stakeholder groups to promote emergency medicine delivery models that increase quality and reduce costs in rural settings; 2) identify and promote existing training opportunities to help physicians and non-physicians in rural settings maintain their clinical skills; 3) develop a paper that identifies best practices and funding mechanisms to promote development of emergency medicine electives within emergency medicine residency programs; and 4) encourage research in rural emergency medicine by identifying funding sources to support research and cost savings in rural emergency medicine.

Resolution 45(15) Telemedicine Appropriate Support and Controls adopted. Directed ACEP to investigate and evaluate the unintended consequences of telemedicine and develop policy that supports remote access to specialist care that also assures the establishment of an appropriate doctor-patient relationship.

Resolution 36(14) Development of a Telemedicine Policy for Emergency Medicine adopted. The resolution directed that a group of members with expertise in telemedicine be appointed to create a telemedicine policy specific to emergency medical practice.

Amended Resolution 28(14) Fair Payment for Telemedicine Services adopted. The amended resolution directed ACEP to work with appropriate parties at federal and state levels, to advocate for legislation or regulation that will provide fair payment by all payers, for appropriate services provided via telemedicine.

Prior Board Action

May 2020, reviewed the information paper "COVID-19: Rapid Application of Technology for Emergency Department Tele-Triage."

February 2020, approved the revised policy statement "Emergency Medicine Telehealth;" originally approved June 2016.

Amended Resolution 52 (19) Telehealth Emergency Physician Inclusion.

Amended Resolution 51 (19) Stimulating Telemedicine Researchers and Programs.

August 2017, reviewed the information paper "Delivery of Emergency Care in Rural Settings."

June 2017, approved policy statement "Definition of Rural Emergency Medicine."

June 2016, approved the policy statement "Ethical Use of Telemedicine in Emergency Care."

Amended Resolution 45(15) Telemedicine Appropriate Support and Control.

June 2015, approved the revised policy statement "Definition of Emergency Medicine;" revised and approved April 2008 and April 2001; reaffirmed October 1998; revised April 1994 with the current title; originally approved March 1986 as "Definition of Emergency Medicine and the Emergency Physician."

Amended Resolution 28(14) Fair Payment for Telemedicine Services.

Resolution 36(14) Development of Telemedicine Policy for Emergency Medicine.

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