



Testimony of Sinsi Hernández-Cancio
House Ways and Means Health Subcommittee
“Charting the Path Forward for Telehealth”

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Good afternoon Chairman Doggett, Ranking Member Nunes, and Members of the Committee. My name is Sinsi Hernández-Cancio and I am Vice President for Health Justice at the National Partnership for Women & Families. For 50 years, the National Partnership for Women & Families has been on the frontlines fighting for health and economic security. The National Partnership’s Health Justice Program frames our work with the understanding that health and economic equity are inextricably linked, and that we can’t achieve gender equity without achieving racial equity. I am honored to be here today to share our thoughts and concerns about ensuring that the broader implementation of telehealth works to reduce long-standing health inequities, and does not unintentionally exacerbate them.

Health Inequities, the Pandemic, and the Potential Role of Telehealth

We believe that every single human being in this country has the right to live a healthy life. Unfortunately, we are very far from living this value. The U.S. is plagued with persistent health inequities that inflict worse health on and shorten the lives of Black, Latinx, Asian Americans, Pacific Islanders and American Indians. These terrible outcomes are rooted in generations of structural inequities grounded in racism and gender discrimination that privilege some communities with the resources and protections to promote excellent health, while others struggle with much more limited resources and are overwhelmed with concentrated health risks. And when they predictably get sick, our health care system often fails them by making their health care unaffordable, inaccessible, lower quality, and sometimes even biased. It can strip us of our agency, rob us of our dignity, and ignore our pain.

Even as many of us have known this, even lived this, for a long time, the coronavirus pandemic brought these structural challenges to the forefront, and fueled more interest in remedying health and health care inequities. The COVID-19 crisis has not only revealed the serious weaknesses of our fragmented health care system, it has also brought into sharp focus many of the deep inequities in our

society. While we may all be in the same storm, we are in very different boats, if we are lucky enough to have one – and communities of color are bearing the brunt. This pandemic has permanently changed our society, and will leave an indelible imprint on our health care system. We will not go back to “normal” after it “ends” – nor should we. Yesterday’s normal was much too unjust and painful for too many of us. Still, while it has exposed some of our nation’s worst deficiencies and inequities, including our unraveled safety net, it has also inspired resilience, creativity, and action.

One such innovation is telehealth. While definitions vary slightly in scope, we at the National Partnership take an expansive view of “telehealth” to include real-time video or audio patient-provider interactions, communications between patients and providers over email or text message or through an app or online portal, and remote patient monitoring and the direct transmission of a person’s clinical information from a distance to a provider.¹

While the health care system was already moving toward greater use of telehealth, the pandemic catalyzed an explosion in its use by instigating the removal of many of the barriers, both real and perceived, that had previously hampered its uptake. In March 2020, fewer than 20% of Americans had experienced a telehealth appointment. By March of 2021, more than 61% had undergone a telehealth visit.²

Telehealth is and will continue to be integral to the future of health care. It offers tremendous promise for improving access to care, addressing health inequities, and helping to make care more equitable. For women especially, telehealth has the potential to be transformative, offering options to meet the myriad health care needs we have over our life course, from reproductive and maternal health, to primary care, to mental health, to our role as caregivers for others – young and old. Telehealth enables people to get the care they need without exposing them to unnecessary health risks, or worrying about transportation, or who would watch the kids. It facilitates people supporting the health of family members who might not live close by. It can extend the reach of practitioners beyond their usual geographic boundaries, potentially increasing access to culturally congruent, high quality care generally, as well as specialty care.

However, despite its potential, telehealth is not the panacea that many people think or wish it to be. As with any new system or innovation, there are many pitfalls and unintended consequences to guard against and try to plan for. This is especially true when something is rapidly scaled during a moment of crisis – as

¹ See examples of definitions via the [Office of the National Coordinator for Health Information Technology](#) and the [American College of Obstetricians and Gynecologists](#).

² <https://www.sykes.com/resources/reports/how-americans-feel-about-telehealth-now/>

telehealth has been during the pandemic. It is also very common for technologies to be designed and deployed in ways that center the needs, preferences, and experiences of middle-class white men and have that be considered the standard, or “normal”. This is also true of policy development and implementation. So I am here today to respectfully request that you take a pause, interrogate assumptions, and make sure decisions don’t add insult to injury for communities of color through a vicious cycle of inequities that beget even deeper inequities. I invite you to instead build a health equity virtuous cycle that enables all of us to thrive – not just because it is the right thing to do, but because it is the smart thing to do.

Addressing Potential Pitfalls by Designing for Equity

At the National Partnership, we strive to apply an intersectional health equity lens to all of our work to surface the barriers different communities, in different geographies, with different resources, may encounter. We focus on understanding how underlying structures might support or undermine access or quality. In the case of telehealth, there are key considerations we would like to bring to the forefront.

The Digital Divide

The digital divide is deeper and wider than the story that numbers about access tell. Significant gaps remain in people’s ability to access broadband internet and digital services because of lack of infrastructure. Broadband is simply not available or reliable in many places in the country. In particular, BIPOC, low-income, and rural communities have been affected by “digital redlining,” which has left approximately 42 million people without access to broadband at any price.³ Affordability is also a problem: approximately 157 million people do not use the internet at broadband speeds, and half of non-broadband users do not subscribe to the service, because it is too expensive.⁴ High costs can also put necessary hardware like laptops and smartphones out of reach. Beyond this, the digital divide also encompasses differences in people’s experience with technology. This often results from disparities in digital literacy skills: the capacity to use technology and navigate it with ease. Telehealth and other digital innovations must be accessible for people with lower digital literacy, as well as for people who speak languages other than English, or who have visual or hearing impairments or other disabilities that require accommodations in order for technologies to be usable and effective.

³ John Busby, Julia Tanberk, et al. “FCC Reports Broadband Unavailable to 21.3 Million Americans, BroadbandNow Study Indicates 42 Million Do Not Have Access,” BroadbandNow Research, February 3, 2020, <https://broadbandnow.com/research/fcc-underestimates-unserved-by-50-percent>

⁴ Monica Anderson. “Mobile Technology and Home Broadband 2019,” Pew Research Center, June 13, 2019, <https://www.pewresearch.org/internet/2019/06/13/mobile-technology-and-home-broadband-2019>; Shelley McKinley. “Microsoft Airband: An Annual Update on Connecting Rural America,” Microsoft, March 5, 2020, <https://blogs.microsoft.com/on-the-issues/2020/03/05/update-connecting-rural-america>

Privacy, Safety, and Trust

While some people may find that telehealth visits afford them greater confidentiality or privacy, many others lack the privacy or safety needed to have a medical consultation or receive a prescription by mail at home. Concerns about privacy and trust also emerge in new ways with the use of telehealth. The ability of a provider to see inside someone's home during a virtual visit creates new opportunities for coaching and technical assistance – but also creates the potential for assumptions and bias that could result in significant harms. For example, a provider may make a biased determination to contact Child Protective Services or Immigration and Customs Enforcement, when such contact would not only be unwarranted but also extremely harmful to the patient and their family. Policymakers and health care systems must set very clear parameters around information sharing and documentation in ways that protect patient privacy and facilitate trust between patients and their providers.

The Bifurcation of Health Care and Quality Concerns

Another significant challenge is one of quality. There are concerns about telehealth fueling a two-tiered health care system, where some communities are only able to access care remotely and are relegated to lower-quality services. Telehealth expansion must ***guard against the proliferation of low-quality care***. It must be used as a complement to – *not* a substitute for – high-quality, affordable, in-person care. This is especially critical for underserved rural, low-income, and BIPOC communities, and for people with disabilities. Creating more opportunities for telehealth services cannot replace much-needed efforts to build critical capacity for high-quality, in-person, accessible health care. Additionally, there are key differences in providing care virtually as opposed to in person, and providers do not necessarily have the skill sets or core competencies to effectively deliver care via telehealth. Studies indicate that provider training is a key facilitator in delivering telehealth services,⁵ and that lack of training is one of the biggest barriers to telemedicine adoption.⁶ Currently, however, there is no nationally recognized telehealth curriculum.⁷ Trainings should include both

⁵ Dorian E. Traube, Julie A. Cederbaum, Amanda Taylor, Lauren Naish, and Angela Rau. “Telehealth Training and Provider Experience of Delivering Behavioral Health Services,” *The Journal of Behavioral Health Services & Research*, 2021, DOI: 10.1007/s11414-020-09718-0

⁶ Miranda A. Moore, Megan Coffman, Anuradha Jetty, Kathleen Klink, Stephen Petterson, and Andrew Bazemore. “Family Physicians Report Considerable Interest in, but Limited Use of, Telehealth Services,” *The Journal of the American Board of Family Medicine*, 2017, DOI: 10.3122/jabfm.2017.03.160201

⁷ Mary Theobald and Traci Brazelton. “STFM Forms Task Force to Develop a National Telemedicine Curriculum,” *The Annals of Family Medicine*, 2020, DOI: 10.1370/afm.2549

relevant clinical capabilities, like conducting video consultation and observation, as well as strategies for virtually communicating with and engaging patients and, where applicable and appropriate, their families.

Relatedly, quality measures and patient experience assessments must be developed and deployed specifically for the telehealth setting, so that we can understand whether, under what conditions, and for whom telehealth may improve outcomes. Importantly, these assessments must measure and track, at a minimum, racial, ethnic, and gender disparities in telehealth use, experiences, and outcomes.

Insurance Coverage and Costs to Patients and to Providers

We must also keep in mind the *financial impact on small safety net and community providers* and the need for up-front investment. Prior to the COVID-19 pandemic, over half of Community Health Centers (CHCs) did not have any telehealth use. Barriers to implementation included lack of reimbursement, lack of funding for equipment, and lack of training.⁸ Community providers need flexible federal funding to pay for the hardware, software, and training necessary for telehealth. These investments are critical to ensuring that community providers can continue to provide critical preventive and chronic disease care to low-income and uninsured individuals.

Another challenge is the continued *uncertainty about costs and affordability* of telehealth care. Insurance coverage for telehealth remains inconsistent across the country. Laws and policies in both public and private insurance plans vary with respect to which kinds of providers can be reimbursed (for example, psychiatrists but not gynecologists, or physicians but not nurse practitioners), what kinds of patient conditions are covered, and the types of modalities (video as compared to phone, for example) that are eligible for reimbursement or at what rate.⁹ As a result, patients and families struggle to understand or anticipate whether care is covered, what expected cost sharing or co-payments will be, or whether they will also have additional costs for things like at-home monitoring devices that may be required with telehealth. For people who already face access and affordability barriers, these disparities in what kinds of telehealth care are covered by insurance and how that care is paid for risk pushing certain services even further out of reach. Coverage for the full range of services that people need, as well as consistent and clearly communicated policies related to

⁸ Health Affairs. “How The Rapid Shift To Telehealth Leaves Many Community Health Centers Behind During The COVID-19 Pandemic,” June 2020. <https://www.healthaffairs.org/doi/10.1377/hblog20200529.449762/full/>

⁹ Center for Connected Health Policy. “State Telehealth Laws and Reimbursement Policies,” Fall 2019, <https://www.cchpca.org/sites/default/files/2019-10/50%20State%20Telehealth%20Laws%20and%20Reimbursement%20Policies%20Report%20Fall%202019%20FINAL.pdf>

insurance costs, will improve health outcomes, reduce the likelihood of surprise bills, help foster patient-provider trust, and better ensure that families are able to maintain financial stability when getting the care they need.

Underlying Structural Drivers of Health Inequities

Telehealth alone cannot solve the underlying structural drivers of health inequities, even as it holds promise to mitigate many of these barriers. Telehealth cannot independently address systemic racism in health care or provider bias. It will not solve the impact of unmet social needs on health outcomes, like discriminatory housing practices and housing instability, environmental racism and poor air and water quality, or persistent economic inequality. And telehealth alone is not a solution for some of the other policy shortfalls that have obstructed practical access to health care, such as lack of paid sick days or paid medical leave, flexible scheduling for workers, or affordable childcare and transportation.

The Promises: How Telehealth Can Advance Health Care Access and Equity for Women

If we can address these key challenges and design systems and policies with equity at the center, telehealth holds tremendous promise.

Expand Access to Care, Including Culturally Congruent Care

One of the most significant benefits of telehealth is that it can *expand access to care*, particularly for those who encounter specific barriers related to systemic racism or economic inequality. For example, being able to speak to providers from home and at more convenient times can help mitigate barriers like lack of reliable transportation, affordable childcare, or workplace support like paid sick days – barriers that disproportionately impact BIPOC and low-income women.¹⁰ Deployed appropriately in the right circumstances, audio-only telehealth options also allow more people – especially those with limited tech access or literacy – to get the health care they need, particularly in the area of mental health services. Telehealth can also increase access to specialists or to particular forms of care that are not readily available in rural and other underserved communities. Telehealth can help people manage chronic conditions from home, enabling information capture and communication with their care team.

Expanded availability of telehealth could also mean that more people would have access to trusted, culturally competent, and linguistically accessible providers. There is a shortage of providers of color, particularly in areas such as maternal

¹⁰ Leila Schochet. “The Child Care Crisis Is Keeping Women Out of the Workforce,” Center for American Progress, March 28, 2019, <https://www.americanprogress.org/issues/early-childhood/reports/2019/03/28/467488/child-care-crisis-keeping-women-workforce>

health and mental health. Consequently, BIPOC communities often lack providers who can mitigate some of the harms of racism within the health care system, and understand and empathize with their patients' experiences in ways that support better health outcomes.¹¹ Importantly, telehealth expansion alone cannot remedy this provider shortage; it must be coupled with efforts to expand the pool of providers from BIPOC communities, as well as that of bi- or multi-lingual providers.

In addition, telehealth can allow for *more timely access to care* that can be provided remotely, as well as free up resources for care that must be provided in person, which is especially important in under-resourced health care systems or during public health crises. Again, this is especially helpful for people who may have to travel long distances to a provider, or who are unable to take paid time off from work, or who are juggling family responsibilities. In addition, some health care systems are unable to respond to urgent, time-sensitive needs because they lack the necessary capacity – but if those needs can be adequately addressed via telehealth, then both patients and health systems benefit.

Improve Patient Experience

Telehealth has the potential to improve patient experience, and increase patient engagement and satisfaction with the care they receive. Patient experience is a critical dimension of assessing the quality of care that people receive. Early evidence suggests that telehealth can improve facets of patient experience. For example, some studies show that women who have virtual visits are more engaged in their care and report higher satisfaction.¹² Some reasons for this could include telehealth's potential to reduce the stress, cost, and logistics of going to in-person visits; improve communication and information sharing between patients and providers; and the opportunity for real-time support, assistance, and feedback. More research is necessary to understand the full extent of whether telehealth improves patient experience, for whom, and under what conditions.

Case Examples: Maternal Health, Mental Health, and Caregiving

The National Partnership is especially excited about the potential for telehealth to meet some of the specific and unique needs that women have when interacting with the health care system, both as patients and as caregivers for their family members and loved ones.

Maternal Health

¹¹ Hannah Calkins. "Increasing the Visibility of Providers of Color," American Psychological Association, September 1, 2020, <https://www.apa.org/monitor/2020/09/increasing-providers-color>

¹² American College of Obstetricians and Gynecologists. "Implementing Telehealth in Practice," February 2020, <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/02/implementing-telehealth-in-practice>

Pregnancy and childbirth is often a woman's first and most extensive interaction with the health care system,¹³ and the quality of care received during this period can have deep and long-lasting effects on maternal and child health outcomes.¹⁴ Thoughtfully implemented telehealth models are a valuable opportunity to enhance the current standard of care, increase accessibility and utilization of care, and help address health inequities for pregnant people/maternity care. For example, people who live in rural areas or places with few providers can benefit from virtual pre- and postnatal visits with their provider, have video or phone consultations with specialists, monitor vital signs at home and share results for round-the-clock feedback, and receive postpartum lactation virtually.¹⁵

Mental Health

Each year, one in five women in the United States has a mental health condition, and for BIPOC women, the prevalence of mental health disorders can be even higher, in large part because racism and discrimination have measurable effects on mental well-being.¹⁶ Telehealth is increasingly being used to make services like meeting with a mental health counselor or psychiatrist more widely available and accessible.¹⁷ Emerging evidence indicates that remote therapy is as effective as care delivered in person, and is providing critical mental health support to more people in need.¹⁸

Women as Caregivers

In addition to seeking care for themselves, women have significant contact with the health care system through their role as family caregivers. Nearly half of

¹³ Megan Shroder, Shilo H Anders, Marian Dorst, and Gretchen P. Jackson. "Communication Technology Use and Preferences for Pregnant Women and Their Caregivers," AMIA Annual Symposium Proceedings Archive, December 5, 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6371273>

¹⁴ National Partnership for Women & Families. "Maternity Care in the United States: We Can – and Must – Do Better," February 2020, <https://www.nationalpartnership.org/our-work/resources/health-care/maternity-care-in-the-united.pdf>

¹⁵ Ibid.; Kat Jercich. "How Telemedicine Can Help Close the Maternal Health Gap," Healthcare IT News, June 24, 2020, <https://www.healthcareitnews.com/news/how-telemedicine-can-help-close-maternal-health-gap>; American Hospital Association. "Maternal and Child Health During COVID-19," July 2020, https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines_rev6.pdf

¹⁶ Substance Abuse and Mental Health Services Administration. "Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders," 2002, <https://roar.nevadaprc.org/system/documents/3099/original/NPRC.151.PreventionAndTreatment.pdf>

¹⁷ Heather Landi. "Demand for Virtual Mental Health Care Is Soaring. Here Are Key Trends on Who Is Using It and Why," Fierce Healthcare, October 23, 2020, <https://www.fiercehealthcare.com/tech/demand-for-virtual-mental-health-soaring-here-are-notable-trends-who-using-it-and-why>

¹⁸ Shannon Mace, Adriano Boccanelli, and Megan Dormond. "The Use of Telehealth Within Behavioral Health Settings: Utilization, Opportunities, and Challenges," Behavioral Health Workforce Research Center, March 2018, https://www.behavioralhealthworkforce.org/wp-content/uploads/2018/05/Telehealth-Full-Paper_5.17.18-clean.pdf; Jeff Wilser. "Teletherapy, Popular in the Pandemic, May Outlast It," The New York Times, July 9, 2020, <https://www.nytimes.com/2020/07/09/well/mind/teletherapy-mental-health-coronavirus.html>

adults in their 40s and 50s are members of the “sandwich generation,” caring for both their children and parents simultaneously.¹⁹ BIPOC women in particular face unique demands related to caregiving, as they are more likely to work in jobs with inflexible schedules, low and/or hourly wages, and no paid family and medical leave benefits.²⁰ The expansion of telehealth presents exciting opportunities to engage caregivers remotely, such as teaching caregiving skills remotely, and providing support to older adults and their caregivers in a way that better enables them to age in place.²¹

Recommendations

This is a critical moment – and you, as Members of Congress have an essential role to play – in ensuring that we get this right, especially for the Medicare program – which often leads the way in health system transformation. As we begin to think about making permanent many of the telehealth innovations and policies from the last year, we are at an inflection point. There is a real risk of further entrenching structural inequities and exacerbating disparities in health outcomes – unless we pause to ensure that telehealth systems are designed and implemented in ways that center and meet the needs of those people and communities most disadvantaged and harmed by current approaches to health care. You have the opportunity to leverage the power of federal resources, to invest Medicare money where it can do the most good and where people need it the most, building a responsive, innovative, and stable Medicare program that incorporates telehealth care with equity *by design*. In other words, you can help ensure that Medicare and telehealth is designed at the outset to meet the needs of people and communities most disadvantaged by structural inequities, and therefore works for all.

The promise of telehealth can be achieved by pursuing equity by design – building equity, accessibility, and flexibility into the Medicare telehealth systems so that patients get the care they need, when they need it by:

- **Invest in Infrastructure:** Congress should take up and pass President Biden’s American Jobs Plan, which would modernize our nation’s digital infrastructure and bring affordable, high-speed broadband to every home. For

¹⁹ Kim Parker and Eileen Patten. “The Sandwich Generation,” Pew Research Center, January 30, 2013, <https://www.pewsocialtrends.org/2013/01/30/the-sandwich-generation>

²⁰ National Partnership for Women & Families. “Paid Family and Medical Leave: A Racial Justice Issue – and Opportunity,” August 2018, <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/paid-family-and-medical-leave-racial-justice-issue-and-opportunity.pdf>

²¹ 6 Winifred V. Quinn, Ellen O’Brien, and Gregg Springan. “Using Telehealth to Improve Home-Based Care for Older Adults and Family Caregivers,” AARP Public Policy Institute, May 2018, <https://www.aarp.org/content/dam/aarp/ppi/2018/05/using-telehealth-to-improve-home-based-care-for-olderadults-and-family-caregivers.pdf>

this Subcommittee, telehealth expansion should go hand-in-hand with significant investment for providers to sufficiently upgrade their systems and technology. Any modernization and infrastructure investment program must also ensure that funds will flow to the frontline programs and providers within BIPOC, rural, immigrant, and other underserved communities.

- **Standardize Training and Improve Workforce Competencies:** We recommend a nationally-recognized telehealth curriculum for health care providers. The curriculum should include both relevant clinical capabilities, like conducting video consultation and observation, as well as strategies for virtually communicating with and engaging patients and families.
- **Build in Quality Measurement:** The proliferation of telehealth must be paired with robust and consistent collection of patient outcomes and experience data. We support measures of highest value to consumers and patients: measures of outcomes – especially patient-reported outcomes – appropriate use, patient safety, efficiency, patient experience, and care coordination. These high-impact quality measures are meaningful to both consumers and providers, and should help drive quality improvement and value in telehealth use/care. Measures must be stratified by demographic variables – including race, ethnicity, and preferred language – to understand the full impact of virtual care on all people/patients.
- **Monitor Access and Equity:** Data on use and uptake of telehealth should be stratified by race, ethnicity, subgroup, gender, language, pregnancy status, and other key factors and made consistent across entities so use and access can be assessed for equity.

Delivering on the promise of telehealth means intentionally incorporating equity analyses into every step of your work, and we appreciate the chance to share some of these considerations with you in this hearing. Thank you, Chairman Doggett, Ranking Member Nunes, and members of the Committee. We look forward to continuing to work together to ensure that telehealth works for all of us and advances health equity.

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at NationalPartnership.org.

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