



RHODE ISLAND KIDS COUNT
 ONE UNION STATION
 PROVIDENCE, RHODE ISLAND 02903
 401/351-9400 • 401/351-1758 (FAX)

**Testimony Re: Budget Article 20 Sections 8-12 ACA Protections and Telemedicine
 Senate Finance Committee**

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Katie Orona, Policy Analyst

Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT offers its strong support for Budget Article 20 sections 8-12, which would codify ACA protection in state law in the event of health policy changes at the federal level, and the new proposed budget article to extend telemedicine through June 30, 2021.

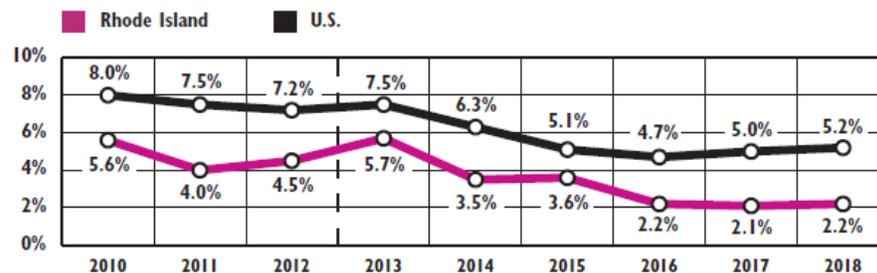
ACA Protections:

Rhode Island’s Strong Commitment to Children’s Coverage

Rhode Island KIDS COUNT would like to thank this committee and members of the General Assembly for their continued leadership on ensuring that Rhode Island children have access to high-quality, affordable health and dental coverage. Rhode Island policy makers have long recognized that children with coverage are healthier, are more likely to receive preventive care, be screened for the achievement of developmental milestones, miss fewer days of school, and receive treatment for illnesses and chronic conditions. You have also understood that providing preventive primary care rather than costly emergency care has been cost-effective. As a result of a sustained and strong commitment to children’s coverage, 97.8% of Rhode Island children under age 19 were insured in 2018. Rhode Island ranks 3rd best in the U.S. on this measure.¹



Children Without Health Insurance, Rhode Island, 2010-2018



Source: U.S. Census Bureau, American Community Survey; 2012 & 2018. Table CP03. Data from 2010 to 2012 are for children under 18 years of age and data from 2013 to 2018 are for children under 19 years of age due to a change in the 2017 American Community Survey. Prior Factbooks are not comparable.

Rhode Island Children and the Affordable Care Act

For many years, our state and federal leaders invested in keeping kids healthy by increasing their access to health and dental coverage. Building on the success of Rite Care (Rhode Island’s Medicaid and CHIP Program), the *Affordable Care Act* (ACA) further helped children gain access to high-quality, affordable, comprehensive health and dental coverage.

As of October 2019, 1,838 children were enrolled in commercial coverage in the individual market of HealthSource RI. In total, 84,066 Rhode Islanders of all ages obtained coverage (commercial, Medicaid, or RIte Care) through HealthSource RI during the 2017 Open Enrollment period, a 13% increase from 2014 (74,369)².

High-Quality, Affordable Health and Dental Coverage is Critical for Rhode Islanders

Given the uncertainty of health policy changes at the federal level, Rhode Island KIDS COUNT supports efforts to codify numerous provisions and consumer protections of the ACA into state law so that coverage gains and access can be maintained as well as market stability. Rhode Island KIDS COUNT supports the continuation of the following provisions:

- **Guaranteed issue and renewal and preexisting condition exclusion:** Prior to the ACA in many states, children with preexisting conditions experienced gaps in coverage or did not have access to health insurance. Codifying guaranteed issue and renewal as well as a preexisting condition exclusion provision will ensure that all Rhode Island children and families have access to coverage, regardless of their health status.
- **Essential Health Benefits, including maternity and pediatric dental and vision services:** Currently, commercial plans in the individual and small employer markets must offer a set of benefits across 10 categories in both federal and state-run health insurance marketplaces, including HealthSource RI. Codifying these benefit categories in Rhode Island statute will help ensure that children and families continue to access high-quality meaningful coverage that connects them to preventive services and needed care, including maternal and newborn care, mental health and substance use disorder services, rehabilitative and habilitative services, prescriptions, pediatric dental and vision services, as well as ambulatory, hospitalization, laboratory, and emergency services. Without a minimum standard, not everyone will have health coverage that offers financial protection against a high-cost or catastrophic medical event.
- **Preventive services without patient cost-sharing requirements:** Rhode Island KIDS COUNT supports the Essential Health Benefit provision that stipulates preventive services continue to be provided without patient cost-sharing requirements. This will help continue to incentivize access to needed preventive services, such as well-child visits, immunizations, and developmental screenings, in less costly settings such as primary care provider/pediatrician offices rather than the emergency department, and will help promote positive health outcomes.

Telemedicine

Rhode Island KIDS COUNT acknowledges the importance of in-person well child visits, including immunizations, for children. However, given the COVID-19 pandemic, telemedicine has emerged as a key tool to increase access to health care services, including behavioral health services, among children. As such, Rhode Island KIDS COUNT strongly supports the proposed new budget article to extend

telemedicine. The transmission and spread of COVID-19 is expected to continue to be a significant public health concern in Rhode Island until an effective vaccine against the virus is discovered and made widely available. Federal and state officials largely agree that it is highly unlikely an effective vaccine will be widely available in coming months. It is imperative that health insurers in RI continue to take and maintain timely measures to ensure access and continuity of health care services, including the expansion of telemedicine services. Low-cost telephone and other internet-based audio-only and live video technologies are widely available and accessible to health care providers and patients and can enable the provision of health services, including behavioral health care services, in a manner that will limit the transmission of COVID-19 while providing medically-appropriate health care services.

The availability of telemedicine during the COVID-19 pandemic has allowed Rhode Islanders to safely access the care they need. While RI continues to make progress in reducing the prevalence of COVID-19 in our community, the potential for future waves of infection, which can occur suddenly and without notice, remains real. This reality requires caution, especially for individuals with disabilities, respiratory conditions, or other risk factors that make them susceptible. The proposed Telemedicine budget article extends telemedicine through June 30, 2021 and establishes a Telemedicine Stakeholder Advisory Group to inform future state telemedicine policies.

Telemedicine and Health Equity Among RI Children

Increasing access to telemedicine during the pandemic and beyond can serve as a vehicle to increase access to vital health services for all children and families, but especially for children and caregivers in vulnerable populations where the option of telemedicine is important.

- **Children with special health care needs:** can have impairments of varying degrees in physical, developmental, emotional, and/or behavioral functioning and are at increased risk for severe illness if exposed to the COVID-19 virus³. From 2016-2017, 20% of RI children had special health care needs.⁴ Of those children with special health care needs, 61% have two or more health conditions.⁵
- **Children with Asthma:** Asthma is a chronic respiratory disease that causes treatable episodes of coughing, wheezing, shortness of breath, and chest tightness, which can be life-threatening.⁶ Compared with adults, children have much higher rates for emergency department visits for asthma⁷. In 2017, RI parents reported higher rates of current asthma prevalence among their children (10.3%) than the national average (7.9%).⁸ RI has the fourth highest self-reported child asthma prevalence among ranked states. In RI between 2014 and 2018, Black children and Hispanic children under age five were more likely to be hospitalized for asthma.⁹
- **Children Living with Grandparents:** Between 2014 and 2018, there were a total of 14,276 children in RI living in households headed by grandparents¹⁰. On December 31, 2019, there were 809 children under age 19 in DCYF care who were in out-of-home placements with a grandparent or other relative¹¹.
 - Prior to the COVID-19 pandemic, grandfamilies faced barriers to housing, health care, food, and financial assistance. The current crisis has increased the fragility of these households. Grandparent caregivers, because of their age and/or underlying health

conditions, are at high risk if exposed to the virus, and are unable to visit stores or other community resources without risk of exposure to COVID-19¹².

- **Children in Single-Parent Households:** Between 2014 and 2018, 38% of RI children under age 18 lived in single-parent households and 75% of RI children living in poverty were living in single-parent households. Additionally, Hispanic/Latino single-parent families are 1.5 times as likely as White single-parent families to live in poverty. The financial hardship and time constraints experienced by many single parents are exacerbated as a result of the pandemic¹³.
- **Children in Out-of-Home Placement:**
 - Children and youth who are in the child welfare system are more likely to have special needs, including behavioral and emotional problems, developmental delays, and serious health problems than other children. They often enter the child welfare system in poor health and face difficulties accessing services while in care.¹⁴
 - As of December 31, 2019, there were 2,189 children under age 21 in the care of DCYF who were in out-of-home placement, including 309 children living in a residential facility or group home.¹⁵ Children in out-of-home care suffer more frequent and more serious medical, developmental, and mental health problems than their peers.¹⁶
 - The Rhode Island Department of Children, Youth, and Families, operates the RI Training School, the state's secure facility for adjudicated youth and youth in detention awaiting trial. A total of 261 youth were in the care or custody of the training school at some point in 2019.¹⁷ The Rhode Island Department of Health issued guidance that acknowledges that people in congregate settings are at the highest risk of spreading COVID-19.¹⁸ For children at group homes and the Rhode Island Training School, continuing to offer physical and behavioral health via telehealth can reduce the risk of transmission to the entire congregate population and their staff.

Recommendation Regarding Co-Pays

Rhode Island KIDS COUNT has a recommendation regarding Section 3 which would allow for Telemedicine cost-sharing consistent with the level of cost-sharing for similar in-person care under commercial plans. During the COVID-19 pandemic, the current Executive Order is silent on cost-sharing and most insurers have been voluntarily waiving it during this period. We recommend that that cost-sharing be waived through June 30, 2021 and this issue be further studied by the Telemedicine Stakeholder Advisory Group that will be convened by the Office of the Health Insurance Commissioner.

Closing

Rhode Island KIDS COUNT respectfully urges you to support the aforementioned budget articles that would codify key provisions of the ACA and expand access to telemedicine. We thank the Committee for the opportunity to provide testimony and for your continued leadership on children's health coverage.

References

- ¹ U.S. Census Bureau, American Community Survey, 2018. Table R2702.
- ² HealthSource RI, Enrollment Report, Calendar Year 2019.
- ³ Maternal and Child Health Bureau. (2019). *Children with special health care needs*. Retrieved February 20, 2020, from <https://mchb.hrsa.gov>
- ⁴ Data Resource Center for Child and Adolescent Health. (n.d.). *2016-2017 National Survey of Children's Health: Children with special health care needs*. Retrieved February 20, 2020, from www.childhealthdata.org
- ⁵ Data Resource Center for Child and Adolescent Health. (n.d.). *2017-2018 National Survey of Children's Health: One or more health conditions*. Retrieved February 24, 2020, from www.childhealthdata.org
- ⁶ *Asthma*. (2016). Washington, DC: Child Trends.
- ⁷ Centers for Disease Control and Prevention. (2019). *Asthma: Healthcare use*. Retrieved February 24, 2020, from www.cdc.gov
- ⁸ Centers for Disease Control and Prevention. (n.d.). *Table C1: Child current asthma prevalence and weighted number by state or territory: BRFSS 2017*. Retrieved February 25, 2020, from www.cdc.gov
- ⁹ Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2014-2018.
- ¹⁰ U.S. Census Bureau, American Community Survey, 2014-2018. Table B09018.
- ¹¹ Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), December 31, 2019.
- ¹² Generations United COVID-19 Response Recommendations - Generations United. (2020). Retrieved 15 July 2020, from <https://www.wgu.org/covid-19/covid-19-and-grandfamilies/generations-united-covid-response-recommendations/>
- ¹³ U.S. Census Bureau, American Community Survey, 2014-2018. Table B17006.
- ¹⁴ Turney, K. & Wildeman, C. (2016). Mental and physical health of children in foster care. *American Academy of Pediatrics, 138(5)*, 1-11.
- ¹⁵ Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), December 31, 2019.
- ¹⁶ Turney, K. & Wildeman, C. (2016). Mental and physical health of children in foster care. *American Academy of Pediatrics, 138(5)*, 1-11.
- ¹⁷ Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), 2008-2020.
- ¹⁸ Rhode Island Department of Health, COVID-19 Guidance for Congregate Settings, 2019. Retrieved 15 July 2020, from https://health.ri.gov/publications/guidance/COVID-Congregate-Settings-Guidance.pdf?mc_cid=8cb6a41b38&mc_eid=39d213ba26