



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

Testimony Re: S004-Telemedicine
Senate Health & Human Services 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 Bill S004 which amends the provisions of the telemedicine coverage act and provides telemedicine under Rhode Island Medicaid.

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 Bill S004, which would amend provisions of the telemedicine coverage act and provides telemedicine under Rhode Island Medicaid. The transmission and spread of COVID-19 is expected to continue to be a significant public health concern in Rhode Island until the vaccine against the virus is made widely available. Federal and state officials largely agree that it is highly unlikely the 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.

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 language in the bill that 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 voluntarily waived it during most of 2020. We recommend that that cost-sharing be waived through the fiscal year (June 31, 2021).

Closing

Rhode Island KIDS COUNT respectfully urges you to support Bill S004 which would 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

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- ² 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
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- ⁴ *Asthma*. (2016). Washington, DC: Child Trends.
- ⁵ Centers for Disease Control and Prevention. (2019). *Asthma: Healthcare use*. Retrieved February 24, 2020, from www.cdc.gov
- ⁶ 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
- ⁷ Rhode Island Department of Health, Center for Health Data and Analysis, Hospital Discharge Database, 2014-2018.
- ⁸ U.S. Census Bureau, American Community Survey, 2014-2018. Table B09018.
- ⁹ Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), December 31, 2019.
- ¹⁰ 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/>
- ¹¹ U.S. Census Bureau, American Community Survey, 2014-2018. Table B17006.
- ¹² Turney, K. & Wildeman, C. (2016). Mental and physical health of children in foster care. *American Academy of Pediatrics*, 138(5), 1-11.
- ¹³ Rhode Island Department of Children, Youth and Families, Rhode Island Children's Information System (RICHIST), December 31, 2019.
- 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), 2008-2020.
- ¹⁶ 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