



Partnership for a Connected Illinois
broadbandillinois.org



**HEALTHY SCHOOLS
CAMPAIGN**



Community Behavioral Healthcare Association



EXPANDED BROADBAND TO INCREASE ACCESS TO HEALTHCARE Recommendations to the Illinois Broadband Advisory Council

July 31, 2019

- Partnership for a Connected Illinois
- AMITA Health
- Association of Community Mental Health Authorities of Illinois
- Community Behavioral Healthcare Association of Illinois
- Healthy Schools Campaign
- Hospital Sisters Health System
- Illinois Association for Behavioral Health
- Illinois Association of Medicaid Health Plans
- Illinois Critical Access Hospital Network
- Illinois Health and Hospital Association
- Illinois Primary Healthcare Association
- Illinois Psychiatric Society
- Illinois Rural Health Association
- Illinois State Medical Society
- Illinois Telehealth Network

Recommendations on Broadband Expansion to Improve Access to Healthcare in Illinois

It is the goal of the Broadband Advisory Council to identify barriers to broadband access, identify ways to eliminate those barriers, and explore the potential for increased adoption of broadband. In consultation with a diverse coalition of partners and advisers around the state, Partnership for a Connected Illinois has developed three recommendations for consideration of the Council on broadband expansion that will have a dramatic impact on access to healthcare in Illinois. By prioritizing capital funding specifically intended for broadband and telehealth expansion on the following recommendations, we believe that Illinois will significantly increase statewide communication and healthcare access in rural and underserved communities.

As the Council and the Department of Commerce and Economic Opportunity guide procurement for grants and loans to implement programs that strengthen broadband, implementation must focus on building infrastructure in rural and underserved communities whose healthcare and business access barriers stem from the lack of broadband. Similarly, telehealth expansion should prioritize individuals in rural and underserved communities with existing access barriers to healthcare, with additional consideration given to behavioral healthcare and school-based healthcare access for youth across the state. Telehealth-focused infrastructure development and strategic planning to support state payment implementation will both be key to support telehealth adoption and long-term sustainability of use. Existing, recently enacted telehealth laws that have not yet been implemented can be used as building blocks for this expansion. In the end, investment in broadband and strategic planning for telehealth expansion will strengthen access to provider networks and contribute to timely care in the most appropriate setting for patients across Illinois.

Healthcare Access in Rural & Underserved Communities

In 2018, the General Assembly passed five laws which expanded Medicaid and commercial reimbursement for telehealth. These laws better align with how in-person healthcare is reimbursed and increase access to existing services for patients in rural or underserved regions. Originating sites under Medicaid coverage – where the patient is located – now include any Medicaid-eligible site. Mirroring in-patient Medicaid coverage, the providers that may deliver services via telehealth now include a vast array of advanced practice professionals and mental health professionals. Frequently, individuals in rural communities have to travel great distances to consult with medical or behavioral health providers. These laws could drastically improve access to care. However, these laws have not been implemented yet and may face further barriers to implementation in rural communities because of a lack of access to reliable broadband and sustainable reimbursement. A list of the telehealth-focused state laws from 2018, all effective but several waiting on state agency implementation, are listed in Appendix A. Although direct service reimbursement may not be the focus of capital funds, they can be integral in assisting state agencies with implementation barriers. Removing these barriers may require investment in expertise for policy development or modeling economic impact, in order to determine scalability and sustainability of telehealth advancements.

Opioid Use Disorder/Substance Use Disorder (OUD/SUD) Recovery

We have an opioid crisis in Illinois, which has severely impacted rural areas. The most scientifically supported opioid treatments combine medications with behavior therapy. Medication-Assisted Treatment (MAT) is the use of medications approved by the U.S. Food and Drug Administration, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. These evidence-based treatment programs help promote and sustain the long-term recovery of people suffering from OUD/SUD. People living in rural and underserved areas across Illinois have a limited number of clinics and providers that treat these disorders. People in rural areas also frequently need to travel very long distances to their OUD/SUD Provider, even just for a follow-up or counseling appointment. Distance should never be a barrier to care, and telehealth can be used to support and provide on-going OUD/SUD treatment, enabling patients to engage with clinicians and mental health professionals when assistance is required. A Project ECHO (Extension of Community Health Outcomes) hub can virtually link clinicians across the state to experienced MAT experts who provide coaching and expertise in the management of OUD patients. Investing in existing Project ECHO in Illinois through grants would improve quality of MAT care delivery and further reinforce best practices. Easy access to strong broadband and development of reimbursement policies that support this healthcare access will enable the success of these telehealth efforts.

Tele-behavioral Health for Students in their Schools

Behavioral health refers to conditions that impact a person's thinking, feeling, or mood and may affect his or her ability to relate to others and function on a daily basis. Just over 20 percent (or 1 in 5) of children, either currently or at some point during their life, have had a seriously debilitating behavioral health disorder. Many of these diseases have a disproportionate impact on low-income African-American and Latinx students, who are also less likely to receive appropriate care or treatment. Despite this, more than half of public schools do not have a full-time school nurse or mental health counselor and less than five percent of the nation's students have access to services through a school-based health center.

Research shows that healthy students are better learners and that school-based health services, both physical and mental, are critical to supporting student health and wellness and closing the academic achievement gap. Regular access to school health services improves student wellness and academic outcomes, ameliorates chronic health issues and reduces chronic absenteeism, and is an important mechanism for reaching vulnerable and underserved children.

Furthermore, behavioral health issues represent a significant proportion of healthcare service utilization among children in the nation, with research supporting early identification and treatment of mental illness and substance use. Children with significant behavioral health needs typically require an array of services to support their physical, intellectual, and emotional well-being. However, these children often lack access to

efficient and proper care, given current fragmented systems, leading to inefficient care delivery, costly utilization, and poor health outcomes. Despite high rates of behavioral health illness in children, 4 out of 5 children ages 6 to 17 who have behavioral health service needs do not receive needed care.

Schools, because of their relationship with children and families, are in a unique position to address children's behavioral health needs, whether offering nonclinical interventions or connections to treatment providers. School-based health centers, for example, can provide children, particularly those with low-income backgrounds, access to care that they may not receive elsewhere. And many adolescents feel more comfortable receiving behavioral health and other services at school. One study showed that adolescents were 21 times more likely to access behavioral health services at a school-based health center than at another site in the community, even though services were equally available at all sites.

Successful school-based telehealth programs have addressed the behavioral needs of children by connecting students and school staff to behavioral health providers. Through video conferencing, children can have appointments with remote providers without leaving school. Additionally, specialists can consult with and train school-based staff. Such consultations help school nurses, social workers, and other school staff better understand how to more effectively treat children with behavioral health issues. Easy access to strong broadband service at Illinois schools will enable the success of these telehealth efforts.

Conclusion

We are excited about this new opportunity for Illinois and look forward to the opportunity to assist the State in helping Illinois realize the healthcare benefits of broadband.

For more information: Contact Nancy Kaszak, Director of the Illinois Telehealth Initiative, at Nancy.Kaszak@broadbandillinois.org and 773-614-1930.

Appendix A.

Effective Telehealth-Focused State Laws from 2018 with Several Anticipating State Agency Implementation

SB3049/PA100-1019 (Sen. Andy Manar/Rep. Sue Scherer) – Medicaid Telehealth Services Signed into Law

Effective Date January 1, 2019

This legislation expands reimbursement for the originating site at the time of service—where the patient is located—to all Medicaid-eligible facilities. The bill also allows mental health professionals authorized to provide services in Illinois to be reimbursed for delivering services via telehealth, including licensed clinical psychologists, licensed clinical social workers and advanced practice registered nurses certified in psychiatric and mental health nursing. Language is broadened in the existing Medicaid statute referring to access needed for "telepsychiatry" and "psychiatric mental health services" specifically to "telehealth" and "behavioral and medical services," creating more inclusive language for continued expansion through future legislation or the regulatory process.

HB5070/PA100-0644 (Rep. Patricia Bellock/Sen. Pamela Althoff) – Telehealth-Definition Signed into Law

Effective Date January 1, 2019

This legislation amends the Telehealth Act to include dentists, occupational therapists, pharmacists, physical therapists, clinical social workers, speech-language pathologists, audiologists, and hearing instrument dispensers, within the definition of healthcare professional, clarifying practice authority for services delivered via telehealth. The bill also changes the reference to "advanced practice nurses" within the definition of healthcare professional to "advanced practice registered nurses". No reimbursement changes would be made.

HB 5351/PA100-1009 (Rep. Patti Bellock /Sen. Omar Aquino) – Telehealth Diabetes Signed into Law

Effective Date January 1, 2019

This legislation creates conditional reimbursement parity if an individual or group policy of accident or health insurance provides coverage for telehealth services, then it must also provide coverage for licensed dietitian nutritionists and certified diabetes educators who counsel senior diabetes patients in the patients' homes to remove the hurdle of transportation for patients to receive treatment. The legislation would also amend the Public Aid Code so these aforementioned healthcare professionals will be authorized to counsel senior diabetes patients in their home for Medicaid services.

SB2446/PA100-0790 (Sen. Julie Morrison/Rep. Natalie Manley) – Medicaid APRN

Signed into Law

Effective Date August 10, 2018

This legislation adds advanced practice registered nurses certified in psychiatric and mental health nursing as providers who must be reimbursed by HFS for the provision of telepsychiatry services, language that is also covered in the broader SB3049.

SB2587/PA100-0930 (Sen. Dave Syverson/Rep. David Olsen) – Telehealth-Definition

Signed into Law

Effective Date January 1, 2019

This legislation amends the Telehealth Act, providing that “health care professionals” includes dentists and clarifying their ability to practice telehealth in Illinois, language that is also covered in HB5070.

Appendix B.
Background on Coalition of Organizations Making Recommendations

Partnership for a Connected Illinois: Pursuant to an Act of the Illinois General Assembly (20 ILCS 661/1), the Partnership for a Connected Illinois (PCI) was created in 2009 as an Illinois 501(c)3 nonprofit corporation to oversee the expenditure of over \$305 million for the expansion of broadband over 3,593 miles of Illinois. Once areas of need were identified, PCI worked with government stakeholders and broadband providers to expand access to broadband in these areas. PCI also provided education to the community related to broadband.

In 2015, PCI launched the Illinois Telehealth Initiative (ITI) based on the recommendations of the Governor's Subcommittee on Telehealth to create a neutral forum that convenes telehealth stakeholders with the goal of supporting the advancement of telehealth services in Illinois. Over the last four years, the ITI organized forums examining the telehealth landscape in Illinois and the broader Midwest. Forums were held and provided education and networking opportunities for organizations interested in telehealth. The ITI has held awards luncheons recognizing organizations and individuals who have demonstrated leadership in, improving care for underserved populations, improving policy changes to advance telehealth and advancing telehealth by innovation. The ITI organized a successful demonstration project of telebehavioral health in five Chicago Public Schools, providing to more than 50 students behavioral healthcare by a distant provider.

AMITA Health: AMITA Health is an award-winning health system committed to delivering compassionate care to nearly 6.6 million residents in Chicago and its surrounding suburbs. AMITA Health has 15 acute care hospitals and four specialty hospitals devoted to behavioral health, long-term care, physical rehabilitation and women and children's needs in addition to more than 250 outpatient and immediate care facilities. AMITA Health leads in behavioral health and telehealth. As a faith-based system, AMITA Health is committed to treating the whole person and continually works to identify and address community health needs, with a special focus on serving the needs of the poor, vulnerable and marginalized. Last year, AMITA Health served ten percent of Illinois' Medicaid population.

Association of Community Mental Health Authorities of Illinois: ACMHAI is a partnership of community-based Mental Health (708), Developmental Disability (377) and Public Health (553) Boards whose role in their communities is to increase capacity for the care and treatment of persons with mental illness, substance use disorders and intellectual or developmental disabilities.

Community Behavioral Healthcare Association of Illinois. The Community Behavioral Healthcare Association of Illinois (CBHA) is a statewide not-for-profit membership organization representing the interests of community behavioral healthcare agencies in the state of Illinois. Its members consist of community-based mental health and substance use adult and adolescent providers who provide quality prevention, treatment and recovery support services. CBHA and its members are active participants in shaping the direction of Illinois' behavioral healthcare system. Our mission is to represent the interests of our members in

order to ensure access and availability of a comprehensive system of accountable, quality behavioral healthcare services for the people of Illinois.

Healthy Schools Campaign: Healthy Schools Campaign (HSC), an independent not-for-profit organization, is a leading authority on healthy school environments and an expert voice for people who care about the health and education of children. Since beginning as a local initiative in Chicago in 2002, HSC has grown into a vibrant national organization with diverse strategic partnerships and effective outreach strategies, working in step with schools, communities and policymakers. HSC advocates for policies and practices that allow all students, staff and faculty to learn and work in a healthy school environment, including those related to school health services, healthy school food, physical activity, behavioral and mental health services, trauma, environmental health and staff training and wellness. HSC engages, organizes and mobilizes constituencies to provide them with the necessary knowledge and skill to have a voice in health and wellness policy at the local, state, and national levels and works to ensure that schools have the capacity not only to support, but also to sustain, a healthy school environment.

Hospital Sisters Health System: Hospital Sisters Health System's (HSBS) mission is to reveal and embody Christ's healing love for all people through our high-quality Franciscan healthcare ministry. HSBS provides state-of-the-art healthcare to our patients and is dedicated to serving all people, especially the most vulnerable, at each of our 15 local systems and physician practices in Illinois (Breese, Decatur, Effingham, Greenville, Highland, Litchfield, O'Fallon, Shelbyville and Springfield) and Wisconsin (Chippewa Falls, Eau Claire, Oconto Falls, Sheboygan and two in Green Bay). HSBS is sponsored by Hospital Sisters Ministries, and Hospital Sisters of St. Francis is the founding institute. For more information about HSBS, visit www.hsbs.org. For more information about Hospital Sisters of St. Francis, visit www.hospitalsisters.org.

Illinois Association for Behavioral Health: Established in 1967, the Illinois Association for Behavioral Health (IABH) is a statewide organization representing over 70 addiction and mental illness prevention, treatment and recovery services agencies, staff, consumers, affiliated organizations, corporations and more than 8000 behavioral healthcare professionals. IABH's mission is to advocate for sound public policies in the behavioral health field, on behalf of the clinicians, consumers, family members, individuals in recovery and youth in need of services. IABH envisions a healthy society where everyone benefits because people battling addiction or mental illness have access to effective treatment; there are more people in recovery; everyone participates in prevention and health promotion; our laws, public policies and culture enhance everyone's well-being; and there is a reduced occurrence of substance use and mental health disorders.

Illinois Association of Medicaid Health Plans: Illinois Association of Medicaid Health Plans (IAMHP) is a membership organization of health plans that participate in Medicaid managed care in Illinois. Its members are committed to improving the health of Illinoisans through high-quality healthcare that effectively and efficiently meets the needs of patients. It believes that by investing in high-quality, outcomes-based healthcare and care coordination, it can improve the health conditions for individual patients as well as our communities.

Illinois Critical Access Hospital Network: The Illinois Critical Access Hospital Network (ICAHN) is a not-for-profit 501(c)3 corporation established in 2003 for the purposes of sharing resources, education, promoting efficiency and best practice and improving healthcare services for member critical access hospitals and their rural communities. ICAHN, with 57 member hospitals, is an independent network governed by a nine-member board of directors.

Illinois Health and Hospital Association: The Illinois Health and Hospital Association (IHA) is dedicated to advocating for Illinois' more than 200 hospitals and nearly 50 health systems as they serve patients and communities throughout the state. Our members provide a broad range of services—not just within their walls, but across the continuum and throughout their communities. Reflecting the diversity of Illinois, our members are non-profit, investor-owned and public hospitals that include community hospitals, safety net hospitals, teaching hospitals and academic medical centers, rural and critical access hospitals, and specialty hospitals.

Illinois Primary Healthcare Association: The Illinois Primary Healthcare Association's (IPHCA) mission is to position its members to be the providers of choice within the communities they serve through advocacy, education, and technical assistance emphasizing the high quality, accessible and integrated health center model of care. IPHCA represents 48 community health centers in Illinois that operate over 380 sites, two health centers in Iowa and one in Missouri. Illinois community health centers serve more than 1.4 million patients annually, providing comprehensive primary and preventive health care in urban and rural medically underserved areas.

Illinois Psychiatric Society: The Illinois Psychiatric Society (IPS), founded in 1938, is a state branch of the American Psychiatric Association. Representing over 1100 Illinois psychiatrists, our mission is to advocate for the highest quality care for patients with psychiatric and substance use disorders. As medical doctors, psychiatrists attend four years of medical school followed by four years of residency training to obtain the highest level of clinical expertise available to diagnose and treat mental disorders. IPS members provide patient care in a variety of settings including community clinics, hospitals, academic centers, addiction and rehabilitation programs, private practice, correctional facilities, inpatient units, emergency rooms, intensive outpatient therapy, partial hospitalization programs, schools and nursing homes. IPS has been a leader in advocating for greater access to care in urban and rural populations and for those with severe mental illness including children and adolescents.

Illinois Rural Health Association: First organized in 1989, the Illinois Rural Health Association (IRHA) is a collaborative association comprised of over 800 members including hospitals, Rural Health Clinics, public health departments, practitioners, consumers and public officials, whose mission is to strengthen health systems for rural residents and communities through advocacy, education, networking and leadership.

Illinois State Medical Society: The Illinois State Medical Society (ISMS), is a non-profit I.R.C. §501(c)(6) professional society comprised of practicing physicians, medical residents, and

medical students in the State of Illinois. Founded in 1840, ISMS is the only statewide professional organization that represents physicians practicing in the State of Illinois in all specialties and practice types. ISMS represents and unifies its physician members as they practice the science and art of medicine in the State of Illinois. ISMS represents the interests of its member physicians, advocates for patients, and promotes the doctor/patient relationship, the ethical practice of medicine, and the betterment of public health.

Illinois Telehealth Network: The Illinois Telehealth Network's (ITN) mission is to help members improve patient access to healthcare in rural, underserved and disadvantaged communities through the application of telemedicine solutions. Launched in 2013 by Hospital Sisters Health System with a federal grant, today ITN is a nonprofit corporation with 27 members, a board, advisors, and has been supported by more than \$3.9 million in grants.