

November 14, 2022
Submitted Online via Comment Portal
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Bureau of Primary Health Care
Human Resources & Services Administration

RE: HRSA's Scope of Project and Telehealth Policy Information Notice

Howard Brown Health is grateful for the opportunity to submit comment on HRSA's Draft Policy Information Notice regarding Scope of Project and Telehealth. We are a Federally Qualified Health Center and the Midwest's largest LGBTQ+ focused health center, serving over 40,000 patients across 11 clinic locations in Chicago, Illinois. During the COVID-19 pandemic, we implemented a successful telehealth program and have seen how telehealth can improve health outcomes and facilitate access to care, especially for marginalized and underserved populations. We are specifically providing comment to share our experience with telehealth and uplift concerns about the proposed service area restriction in Section IV, Part B.

I. Background

In Section I. Background, HRSA states that providing services via telehealth can increase patient access to care, and improve clinical outcomes, continuity of care, and quality of care. This has certainly been the case for health centers across the country with the telehealth flexibilities enacted in response to the COVID-19 pandemic. According to the National Association of Community Health Centers, 95% of health centers used audio and video telehealth for medical services and 90% used it for behavioral health services during the pandemic. Additionally, 96% of health centers noted that patients would have a more challenging time accessing care if telehealth flexibilities ended.¹

As a health center focused on LGBTQ+ inclusive and affirming care, we know that the shift to telehealth has especially benefited LGBTQ+ patients. Research consistently shows that LGBTQ+ people face many barriers to accessing care. A 2020 national survey conducted by Center for American Progress found that 15% of LGBTQ+ Americans, and nearly 30% of transgender people, reported postponing or avoiding medical treatment due to

¹National Association of Community Health Centers. (2021). Telehealth and Health Centers During COVID-19. Available online at: <https://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/health-centers-and-audio-only-telehealth-during-covid-19/>

discrimination.² We've seen how vital telehealth is for expanding access to care for LGBTQ+ patients who lack affirming in-person care options. From July 2020 to June 2021, we provided 34,655 telehealth visits over 989 unique zip codes, with 91% of behavioral health, 99.7% of substance use treatment services and 47.8% of primary care services conducted via telehealth. We have seen higher initiation and retention in hormone replacement therapy for transgender and nonbinary (TNB) patients receiving telehealth services. TNB patients were able to receive integrated telehealth options to accelerate clinical care consultations related to gender-affirming hormone therapy, primary care, and pre-surgical clinical consultations. Telehealth has also helped us to develop innovative new models of care. For example, we continued to provide sexual healthcare even in quarantine by mailing thousands of free safer sex kits to patients all across the state. Patients could then schedule a telehealth appointment with providers and health educators to discuss using the kits and review results and schedule follow-up as needed.

Given the importance of telehealth in expanding access to care and improving outcomes especially for marginalized patient populations, we commend HRSA's acknowledgment of telehealth as a critical tool for healthcare delivery. We agree that administration of telehealth should not require specific HRSA approval.

IV. Telehealth and Scope of Project, Part B: Criteria for Delivering Services via Telehealth within the HRSA-Approved Scope of Project

Howard Brown strongly urges HRSA to remove the requirement for telehealth patients to be physically located within the health center's service area. This will increase access to affirming and affordable health center services via telehealth and support patient's choice for health care. Telehealth has proven to be beneficial during and beyond the pandemic, and HRSA should continue to support this innovative approach to expand access to healthcare for underserved populations. If these service area criteria are put into place, it will create unnecessary barriers to care for new and established patients who are only able to access care because of telehealth. We strongly encourage the Bureau of Primary Health Care (BPHC) to adopt a broader policy, like the COVID-19 FAQs, which permit health centers to provide in-scope services via telehealth to patients outside of their service area. We also urge HRSA to broaden the scope of the proposed PIN to permit "established" and new patients to access services via telehealth when outside the health center's service area.

Because health centers provide sliding scale, comprehensive health care for marginalized and underserved communities, we regularly provide care for patients who come from

² Gruberg S, Halpin J, Mahowald L. (2020). The State of the LGBTQ Community in 2020: A National Public Opinion Study. Available online at: <https://www.americanprogress.org/article/state-lgbtq-community-2020/>

outside of our service areas. HRSA regulations require that a health center's service area must contain at least 75% of its patients, meaning that up to 25% of a health center's patients may reside outside of the service area. At Howard Brown, we regularly serve patients outside of our regular service area. We serve patients from 700+ zip codes all over Illinois, well beyond our regular service area in the greater Chicago area. These patients previously had to travel long distances to access our clinics in person. Telehealth has been particularly impactful for these patients because it offers increased convenience and reduces transportation barriers to care. Our patients have shared that they prefer the continuation of telehealth services even after the pandemic. We have concerns that continuity of care for our patients who live outside of our service area will be disrupted by HRSA's proposed service area restrictions on telehealth. We urge HRSA to amend the proposed PIN to reflect the existing health center program requirement to "address the acute care needs of all who present for service, regardless of residency."

Service area restrictions for telehealth will especially disrupt the care that LGBTQ+ and other underserved populations receive. According to the 2015 US Transgender Survey, only 45% of participants reported receiving gender-affirming/transition-related care within 10 miles of their home, and respondents were three times more likely to have to travel more than 50 miles for transgender-related care than for routine health care.³ COVID pandemic telehealth flexibilities helped to address some of these barriers by allowing patients to access affirming care without the unnecessary burden of arranging travel, requesting time off from work, arranging childcare, and other logistical barriers. Howard Brown saw significant demand for care from out-of-state LGBTQ+ patients hundreds of miles away from our clinics, demonstrating that there is a high need for LGBTQ+ affirming care across the country and a scarcity of providers able to provide this care. Telehealth especially supported our transgender and non-binary patients with higher retention in care, and higher initiation and continuation of hormone replacement therapy. As an LGBTQ+ health center, we are often the only choice for many people seeking affirming care. If the proposed PIN is finalized, it could create disruptions in care for patients that choose a certain health center based on the services available, not the location. This is especially critical for underserved populations who often experience stigma and discrimination in healthcare, including LGBTQ+ communities. With the success of telehealth at expanding access to gender-affirming care for those in need, it is unfortunate that many states have once again moved to restrict cross-jurisdictional telehealth. We urge HRSA to implement supportive policies to ensure those outside of health centers service areas can still access the care they rely on via telehealth. We urge BPHC to continue to allow health centers to

³ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality, page 99, available at <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>.

provide in-scope services via telehealth to patients outside of their service area to maintain access to equitable care, despite state and local challenges.

Efforts to increase access to affirming care, including through the use of telehealth, are especially important now that anti-LGBTQ+ and anti-transgender legislation is on the rise across the country. These laws foster hostility toward LGBTQ+ people and, in some cases, make it illegal to seek in-person gender affirming care. The Biden Administration has made it clear that the federal government is committed to advancing LGBTQ+ health equity and protecting transgender people from discriminatory laws. As such, we strongly urge HRSA to remove the proposed service area restriction and instead work with federal partners to promote innovative strategies using telehealth to reach underserved patients who lack access to care in their own communities.

Federal support for expanding telehealth access is vital to ensuring that marginalized populations have equitable access to the affirming care that they need and deserve. We thank HRSA for the opportunity to comment on this PIN. Given the success we've seen in expanding access to care and improving health outcomes for our patients using telehealth—especially those who have no options for affirming in-person care—we urge HRSA to reconsider implementing the service area restriction. Thank you for your consideration.

Sincerely,

David Ernesto Munar
President and CEO