

POLICY RECOMMENDATIONS

Policy Areas	Policy Levers	Federal Action	State & Local Action	Health Care Experts (i.e., physicians, health clinics, payers)	Community leaders (i.e., philanthropy, economic development)	
AFFORDABILITY + COMPLEXITY	<ol style="list-style-type: none"> Increase transparency on pricing and coverage by enforcing Center for Medicare & Medicaid Services (CMS) rules requiring hospitals to post "standard charges" for hospital items and services. Insurers should provide patients with out-of-pocket costs and negotiated pricing information that is understandable to consumers 	>	●	●	●	
	<ol style="list-style-type: none"> Expand access to Community Healthcare Workers, who serve as a resource to patients, through expanded coverage and reimbursement under public and private payers 	>	●	●	●	●
TELEHEALTH	<ol style="list-style-type: none"> Implement the Uniform Law Commission model telehealth bill for standardization across states 	>		●	●	
	<ol style="list-style-type: none"> Require that Medicaid and private payers provide reimbursement for telehealth services, allowing audio-only and asynchronous technology as telehealth services and eliminate that an in-person visit prior to telehealth coverage is required 	>		●	●	
	<ol style="list-style-type: none"> Expand services eligible for Medicare coverage furnished in federally qualified health centers (FQHCs) and rural health clinics (RHCs) 	>	●	●	●	
	<ol style="list-style-type: none"> Lower barriers for new telehealth providers to enter the market and educate health care professionals on best practices. For example, providing state-developed training resources and state incentives for telehealth-related investments in equipment, staff and training 	>	●	●	●	●
	<ol style="list-style-type: none"> Lower barriers for patients to participate in telehealth by increasing access to high-speed internet. (For example: making use of funding and programs like broadband infrastructure dollars (BEAD) and Digital Equity Broadband funds) 	>	●	●	●	●
	<ol style="list-style-type: none"> Expand/require Medicaid and private payer coverage of smart phones, tablets and broadband for patients and providers in medically underserved communities 	>	●	●	●	●
	<ol style="list-style-type: none"> Promote and educate health care professionals on best practices related to telehealth usage 	>	●	●	●	●
	<ol style="list-style-type: none"> Expand services eligible for Medicare coverage in federally qualified health centers and rural health clinics 	>	●		●	
	<ol style="list-style-type: none"> Establish DEA registration process for the prescription of controlled substances 	>	●			
WORKFORCE: OCCUPATIONAL LICENSURE	<ol style="list-style-type: none"> Promote cross-state initiatives that align licensing and scope of practice, increase coordination across regulatory boards within each state and conduct statewide reviews of occupational licensing regulations for healthcare professionals to better align with HCPs' training and education and promote greater care coordination 	>		●	●	●
	<ol style="list-style-type: none"> Increase license portability and streamline licensing processes across states 	>		●		
	<ol style="list-style-type: none"> Develop a streamlined process for providers to request a licensure waiver in order to become an interstate provider 	>		●	●	

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WORKFORCE: LABOR SUPPLY	1 Create pipelines into the medical profession through internship and apprenticeship programs to expose young adults to the field and provide training while helping perform some lower-level tasks	>	●	●	●	●
	2 Open opportunities into more fields within the medical profession through increasing funding to National Health Service Corps (NHSC) Loan Forgiveness program and expanding to additional professions beyond medical, dental and mental/behavioral health. Increase funding for Substance Abuse and Mental Health Services (SAMHSA) programs to strengthen the behavioral health workforce	>	●	●	●	●
	3 Recruit professionals in rural communities to the medical profession by expanding Center for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA) grants to support health care job development, training and placement in rural and tribal communities for maternal and child public health workers, community health workers and other paraprofessionals	>	●	●	●	●
	4 Increase funding for programs to cover up-front costs of adopting labor-saving technologies (For example: make available capital infrastructure grants or loans that providers can use to modify service lines or improve structural or patient safety)	>	●	●	●	
	5 Increase access to dental, hearing and vision services and related items for children and adults in rural communities by expanding Medicare, Medicaid and commercial payer coverage	>	●	●	●	●
	6 Modernize regulations to ensure health care professionals can practice at the top of their license according to their training and education	>	●	●		
WORKFORCE: SCOPE OF PRACTICE (SOP)	1 Allow non-physicians to practice at the top of their license (i.e. pharmacists, technicians, PAs, dietitians)	>		●	●	
	2 Join cross-state initiatives and compacts to align licensing and scope of practice for providers to offer health care services in states that are part of the multi-state compact	>		●	●	
	3 Increase coordination across regulatory boards within each state to align scope of practice and licensing requirements	>		●	●	
	4 Conduct statewide reviews through Executive Orders and Task Forces to make permanent the temporarily granted scope of practice expansions	>		●		
	5 Coordinate and educate patients on scope of practice opportunities to enhance health care access for underserved areas	>		●	●	●