The Council of State Governments

Healthy States

NATIONAL TASK FORCE

Report Summary and Suggested Strategies

Report Summary: Suggested Strategies and Opportunities Checklist

About the Report

The CSG Healthy States National Task Force began its work in January 2019 with the goal of establishing a national structure for state officials to build the best possible framework for health care in their states. Coming together in an inclusive, nonpartisan space, the state officials on this task force were selected for their knowledge and work in health care and workforce related issues.

America spends more money on health care than any other industrialized nation. But when it comes to outcomes, the U.S. isn't at the top of the heap. This task force knew there was work to be done, and it set out to help states reduce costs and improve outcomes to help communities across the country exist in a more healthy state.

When the task force began its work, it could not have predicted the arrival of the COVID-19 virus. However, the task force did anticipate that states should begin to prepare themselves in the areas of health innovation, technology, affordability, capacity, preparedness and access to ensure that state health systems were prepared to meet any challenge. With the arrival of 2020, these topics already being explored by the task force members became not only policy areas that required future planning, but became vital, critical and immediate. The ultimate impacts of the COVID-19 virus on state health systems likely will not be fully known for some time. We do know one thing for sure: state leaders will be able to use lessons learned through innovation and from one another to guide the recovery process and maximize preparedness for future events.

The recommendations of the national task force are detailed in its full report and reflect two years of the thoughtful work of its members studying best state practices in areas of health while also navigating a global pandemic. The task force concentrated efforts into four specific areas of health:

1. **WHAT'S NEXT? LEVERAGING INNOVATION**
2. **STATE HEALTH SYSTEMS RETURN ON INVESTMENT**
3. **CAPACITY, PREPAREDNESS AND RESILIENCY**
4. **INTERVENTIONS TO SAVE LIVES**

Each of these identified subcommittee areas had a bipartisan and diverse composition of state leaders within both the legislative and executive branches who provided both personal and professional insights.

In this abbreviated version of the CSG Healthy States National Task Force Report, you will find recommendations for states to consider when addressing challenges in its four targeted health areas. In addition, suggested strategies and opportunities for implementation are provided for each recommendation.

The work of this task force started before the onset of a global pandemic, and while its findings and recommendations are applicable now more than ever, it also provides a comprehensive look at the state of health care across the U.S. and the potential for problem solving and improvement. In considering innovative technology-enabling strategies, investment-worthy protocols, resiliency-building practices and life-saving interventions, the members of the CSG Healthy States National Task Force hope its full report and this summary and checklist of recommended strategies will serve to inform state policymakers on the universe of possibilities as they seek to build a healthy future for all of their residents.

Using the Checklist

In the pages that follow, a checklist will be provided for each of the four target areas of health analyzed by the task force:

1. **WHAT'S NEXT? LEVERAGING INNOVATION**
2. **STATE HEALTH SYSTEMS RETURN ON INVESTMENT**
3. **CAPACITY, PREPAREDNESS AND RESILIENCY**
4. **INTERVENTIONS TO SAVE LIVES**

Additionally, a set of recommendations and opportunities for implementation in a special section, telehealth, is also included. Telehealth stood out as a timely issue across all four areas of health and was included in many discussions and conclusions by the task force.

All of the suggested strategies fall in one of four categories:

- **(I) – INVESTMENTS**
- **(P) – PARTNERSHIPS**
- **(D) – DIRECTIVES**
- **(L) – LEGISLATIVE OPPORTUNITIES**

In the checklists, each opportunity for implementation will include the coordinating letter (I, D, P or L) with the categories above to signal which type(s) of action is recommended. If you have questions about these items or about any other content of this or the full report, please contact **healthystates@csg.org.**

Access the full report: web.csg.org/healthystates

Recommendations and Suggested Strategies

What's Next? Leveraging Innovation

Key technological innovations such as artificial intelligence, electronic health records, telehealth and 5G are revolutionizing health care. But as events during the coronavirus pandemic demonstrated, public policy decisions can go a long way toward speeding up the innovation. The What's Next? Leveraging Innovation subcommittee recommends that states consider undertaking policy activities to remove barriers to access to care and resolve issues around health care data in order to advance the deployment of key health care innovations and opportunities.

Recommendation	Suggested Strategies
Enact policies that remove barriers to access to care, which encourage and support he adoption and implementation of emerging health care innovations.	• Enact policies, such as those that address challenges faced by rural health facilities, which the pandemic has made more acute. (L) • Educate consumers on accessing the health care system. (D)
Work to resolve issues around health care data in order to enable the advancement of innovations such as artificial intelligence, electronic health records and value-based care.	• Build out the infrastructure for 5G that enables the advancement of innovations (P, I, L) • Implement solutions that address health care data quality, interoperability, privacy and data sharing. (L, P)
Enact policies that seek to expand affordable broadband access to more people in rural and urban areas.	• Work with broadband providers to identify and address shortcomings and inequities in broadband coverage and reliability brought to light by the coronavirus pandemic. (P)
Enact small cell legislation that seeks to speed the installation of equipment to make possible fifth-generation wireless systems (5G) offering faster speeds, greater capacity and better reliability.	• Ensure streamlined application systems and timelines for access to public rights of way, cap costs and fees. (P, I, L)
Enact policies that address medical workforce needs, licensure requirements and medical education.	• Study the loosening of medical licensure restrictions and other actions taken during the pandemic. (L) • Enact policies to allow physician's assistants and nurse practitioners to practice to the highest level of their licensure to help improve access to quality health care. (L) • Consider extending full practice authority to non-physician providers, as 28 states now do. The American Medical Association has traditionally opposed this, arguing instead for physician-led care teams. (L) • Encourage the alignment of higher education institutions and occupational licensure to ensure development of common goals including reduced costs and ease of employment for graduates. (P) • Enact loan repayment programs that can help convince medical school graduates to practice in rural areas. (L)

Recommendation	Suggested Strategies
	• Review payment policies and methodologies which discourage health care providers from choosing to practice in rural and economically deprived areas. (L) • Encourage the development of new curricula and training for current physicians and those in medical schools now to become more comfortable with remote provider-patient interactions. (P) • Consider working toward evidence-based or competency-based credentialing that standardizes or reconsiders post-graduate practice hours as the primary criteria for credentialing. (P)
Enact policies that address the challenges faced by rural health care facilities and providers.	• Seek to ensure the future of the community hospital as the health care safety net, particularly for those in rural areas. (I, P) • Adopt telehealth policies that help ensure access to providers and specialists that patients in rural areas wouldn't have otherwise. (L) • Ensure that rural hospitals have additional graduate medical education slots and access to residents to help increase the number of physicians in rural areas. (L) • Encourage programs at rural hospitals that position advanced-practice registered nurses or other non-physician providers in designated roles with chronic care patients in emergency rooms, substance use disorder patients or other special patient populations. (P) • Support education and other essential infrastructure in rural areas that can encourage more providers to locate in those areas. (I, P)
Enact policies that seek to fill the void on consumer education on health care.	• Support efforts to provide consumer information on the value of telehealth in providing access to services particularly among seniors and other vulnerable populations that stand to benefit most. (I, L, P) • Study whether increased public awareness and usage of telehealth during the pandemic are sustainable trends. (L) • Support efforts to reduce the use of hospital emergency rooms for primary care and encourage more patients to find a medical home. (P) • Encourage the development of community partnerships that assure access to care by identifying and addressing barriers to access for every citizen. (P) • Recognize the important roles of social workers, pharmacists, patient advocates, public health nurses, school nurses and others as part of an interdisciplinary team that can bridge the gap between those in the community and health care providers. (D) • Support programs that encourage kids from specific communities to attend medical school and consider other career possibilities in health care and return to those communities to practice. (I, L, P)
Work to identify and understand inequities, social determinants and disparities in the health care system that may limit access.	• Utilize data to inform solutions by applying a health equity lens to policy. (L, D) • Create a task force to evaluate and make recommendations on such things as how to advance health equity and increase access to health care, reduce discrimination and increase diversity in the health workforce and develop health literacy and trust. (D, L, P)

Recommendation	Suggested Strategies
Encourage the development of artificial intelligence and algorithm-driven products to guide clinical decision making and other functions that are thoughtfully designed, clinically validated, and that enhance the patient care experience and patient outcomes, improve population health, reduce the overall cost of care, support the professional satisfaction of health care professionals and don't exacerbate inequities in health care.	• Examine the role that AI has played during this crisis in both the clinical and research settings, the challenges it presented for AI-driven systems and what it may mean for regulation and oversight of AI going forward. (L, P) • Create artificial intelligence task forces and commissions that consider such issues as regulation, oversight, ethical considerations, economic efforts, educational needs and workforce impacts. (L) • Seek to ensure that both providers and innovators are at the table when AI's use in medicine is considered. (D) • Support research into the quality of data used in AI and the impact of algorithmic bias on exacerbating inequities in health care. (D, P)
Encourage the adoption of electronic health records that are standardized, interoperable, usable and provider-friendly and that do not inhibit the practice of clinical care.	• Work with partners to study the utility of EHRs during this pandemic and whether it could be improved in the future by incorporating additional patient data that has proven relevant during this crisis including a patient's recent travel. (P) • Encourage the adoption of EHRs that incorporate billing to help eliminate bureaucracy. (P) • Encourage the establishment of unique patient identifiers to avoid redundancies in the health care system and assist with the continuity and quality of care. (D)
Encourage discussions around the adequacy and relevancy of privacy provisions under the Health Insurance Portability and Accountability Act (HIPAA) and enact data privacy laws that provide enhanced protections.	• Enact consumer data privacy laws that consider such topics as the consumer's right to know about the personal information collected about them, how it's used and shared, a consumer's right to delete personal information collected (including location data) and a right to opt-out of the sale of their personal information. (L)
Encourage the transition of data-rich health care systems to a value-based care model that can provide greater accountability and lower health care costs.	• Enact policies that increase transparency and improve health outcomes for patients by incentivizing providers for the quality health outcomes of their patients, rather than the number of services delivered. (L, P)

The State Health Systems Return on Investment

The State Health Systems Return on Investment Subcommittee worked to identify innovative solutions that examine how states are effectively managing the demands of their health systems and navigating federal mandates, while simultaneously driving savings and quality of care in state programs. The subcommittee defined return on investment as the money spent with expected results in measurement of dollars, changed behaviors and/or outcomes. This subcommittee recommends that states consider undertaking policy activities in two focus areas: population health and care delivery.

Recommendation	Suggested Strategies
States may address social determinants of health through enhanced clinical-community linkages that improve health outcomes and reduce costs.	• Identify and engage stakeholders, including patients, partnerships and private sector members in the conversation about health. (I) • Increase access to social workers at health care facilities. (D) • Identify unmet social needs in the community, as well as specifically to the patient. (I) • Solicit feedback from stakeholders on progress. (I)
States can identify opportunities for public-private partnerships to address unmet needs, including social determinants of health.	• Explore opportunities for shared use agreements with public and private sector members. (P)
States can apply evidence-based initiatives to prevent chronic disease such as obesity and diabetes.	• Create a working group to identify and address health equity issues. (L) • Identify root causes of unmet social needs. (I) • Collect data and use it to inform decision making. (L)
States can address health equity by removing barriers to treatment for underserved populations.	• Create a working group to identify and address health equity issues. (L) • Identify root causes of unmet social needs. (I) • Collect data and use it to inform decision making. (L)
State can manage Medicaid, including any expansion of Medicaid, to improve individual outcomes and population health.	• Streamline application processes. (I) • Engage in outreach and education to promote health literacy. (I) • Target outreach and enrollment efforts to vulnerable populations. (I) • Engage providers in screening for eligibility. (I)
States can leverage §1115 demonstration waivers to improve health outcomes while increasing value to patient and the state.	• Recognize that all health system improvements start with health literacy and a relationship with a primary care provider. (I) • Support and encourage treatment of the individual as a whole. (L)
States can engage health care providers and other stakeholders to identify opportunities for patient-centered innovations that are cost effective and show a return on investment.	• Recognize that all health system improvements start with health literacy and a relationship with a primary care provider. (I) • Support and encourage treatment of the individual as a whole. (L)
States can promote payment models that provide incentives to patients and providers based on health outcomes.	• Engage key stakeholders including providers, patients and private sector members in discussions. (I) • Assist providers in building infrastructure to move to value-based care. (I) • Incentivize personal care for people with disabilities so that they can continue to engage in the workforce. (I)
States can integrate community health care workers into primary care.	• Implement Community Health Care Worker certification programs. (D) • Define key roles and responsibilities of Community Health Care Workers. (D)
States can invest in adequate and ongoing emergency preparedness.	• Invest in response training. (I) • Create an agile environment for private sector to respond to material needs such as PPE, ventilators and hand sanitizer. (D) • Invest in training for staff who work with the most vulnerable populations such as in nursing homes, long-term care facilities and schools. (I) • Engage frontline health care workers in decision making on preparedness. (I)

Recommendations and Suggested Strategies

Capacity, Preparedness and Resiliency

When health crises such as new infectious diseases arise, there is often insufficient funding and capabilities in place to effectively respond. This subcommittee worked to identify problems and find solutions in relation to a state's capacity to handle a disaster or crisis, how prepared it is across multiple areas of consideration and how it can build resiliency to recover from these occurrences. The subcommittee primarily analyzed the value of investing in prevention and preparedness ahead of a disaster or crisis and the best practices for building resiliency.

Recommendation	Suggested Strategies
Invest in a more robust public health infrastructure.	• Create and fund public health emergency funds. (I) • Create and fund disaster relief funds. (I) • Invest in school-based health centers. (P)
Appoint permanent and/or temporary positions/offices to support disaster planning, coordination of information and resource sharing.	• Appoint a Chief Resiliency Officer. (I) • Establish an Emergency Preparedness Task Force. (D, P, L)
Implement robust response teams for deploying financial assistance during an emergency.	• Establish a disaster cash assistance program. (L, I)
Make plans to combat misinformation/disinformation.	• Develop and implement a state cyber disruption response plan. (D) • Engage in trans partisan and bipartisan collaborations with other state and federal officials. (D)
Build trust in and strengthen state systems.	• Create a dedicated cyber emergency response function (ESF) at the state Emergency Operations Center. (D, L) • Consider data privacy legislation. (P)
Prioritize transitions to next generation technologies and access to broadband.	• Define underserved/unserved in terms of minimum acceptable connection speeds. (L) • Address affordability and access. (P) • Engage broadband task forces. (D, P, L) • Pass small cell legislation. (L, P) • Transition to next-generation 911. (L)
Ease access to telehealth and telepsychiatry.	• Establish a mental health hotline. (D, I) • Create a department to oversee telehealth-related programs. (L, I)
Support robust vaccine, therapeutics and diagnostics public health efforts.	• Engage in information campaigns on public health topics such as vaccine safety, effectiveness, herd and community immunity. (P) • Support vaccine initiatives legislatively. (L)
Increase diversity in emergency management at all levels.	• Embed equity in all decision making and communications for greater community outcomes. (D, P)
	• Place children at the heart of disaster and recovery planning efforts. (P, L)
Strengthen policies on health care, sick leave access and unemployment insurance access.	• Consider portable benefits structures. (L) • Consider expanding benefits to nontraditional workers. (L) • Broaden paid sick leave access. (L, P, D)
Support private sector resiliency and simplify or relax regulations.	• Close the business disaster insurance gap/ensure contingency plans exist. (D, P) • Expand good Samaritan laws. (L) • Relax licensing requirements. (L)
Invest in tracking and monitoring strategies for disasters and public health emergencies.	• Invest in new technologies. (P, I, L) • Leverage private sector and other partnerships. (P, D)
Strengthen emergency alert and communications systems.	• Clarify chain of command, policies/procedures and communication steps in writing. (L, D) • Standardize rating systems. (D, L)

Interventions to Save Lives

Almost 90% of the nation's $3.5 trillion annual spending on health care is for people suffering from chronic and behavioral health conditions. The Interventions to Save lives Subcommittee sought to find innovative and proactive solutions so states may serve as a model stakeholder in the comprehensive health of its citizens saving money, resources and improving quality of life. To reflect this in its work, the subcommittee focused on redefining disease and management systems and behavior health access for all.

Recommendation	Suggested Strategies
Collaborate with health care or health plan providers and funders.	• Legislate coverage of drugs used to treat opioid dependence. (L) • Require health care providers to educate patients on risks of overdose. (L) • Require annual parity reports. (L)
Improve accessibility to testing and treatment options for substance use disorders.	• Require naloxone be prescribed to those at risk of overdose when released from a corrections facility. (L) • Needle exchange programs. (I, P)
Recode substance use disorders (SUDs) as a behavioral health issue.	• Utilize pretrial interventions. (I) • Offer SUD treatment to incarcerated populations. (I)
Tailor emergency services and other government responses to a period of crisis.	• Mobile crisis outreach teams. (I, P)
Ensure workers in stressful professions have access to behavioral health treatment.	• Recognize PTSD as a condition that affects first responders. (L) • Expand tele-mental health. (L)
Improve the quality and access of behavioral health in schools.	• Allow "mental health days" in schools as an excused absence. (L) • Require behavioral health education in school curriculum. (D) • Redefine school discipline. (I, D)

Recommendation	Suggested Strategies
Prevent adverse childhood experiences. (ACEs)	• Train school personnel on the impact of ACEs on students. (I) • Offer longer paid family and medical leave. (L) • Offer childcare assistance to parents enrolled in SUD treatment programs. (L)
Advocate for patient-focused diabetes identification and management.	• Create innovative diabetes testing options. (I, P, L) • Cap insulin prices. (L) • Require low-cost options for insulin coverage in health plans. (L)

Special Section: Telehealth Policies

The COVID-19 pandemic caused a disruption to traditional health care delivery, which had a huge impact on demand for telehealth and telemedicine services. As the COVID-19 global pandemic impacted almost every sector of public policy in early 2020, the four subcommittees working within the CSG Healthy States National Task Force emphasize the role telehealth was playing throughout the health crisis and its importance moving forward. These recommended state strategies for suggested implementation emphasize the importance of telehealth beyond the COVID-19 public health crisis.

The following recommendations and strategies were put forth by all four subcommittees.

Recommendation	Suggested Strategies
Enact policies that seek to extend and maintain access to telehealth services. *(Leveraging Innovation Subcommittee)*	• Allow originating sites for telehealth visits to include a patient's home, school or workplace. (L) • Reduce restrictions around types of providers allowed to treat patients through telehealth. (L) • Enact telehealth policies that are technology neutral and allow for asynchronous technologies, remote patient monitoring and store and forward services. (L) • Enact telehealth legislation that considers the applicability of the written word (e-mail and text) particularly in behavioral health interactions. (L) • Support telehealth programs that offer services to seniors, which can allow them to age in place and reduce health care costs. (D, P) • Support telehealth applications to train and provide professional development opportunities to health care providers. (I, P) • Enact polices that provide parity in reimbursement for telehealth providers under both private insurance and Medicaid. (L)
Advance telehealth and telemedicine to meet the needs of rural communities that are often isolated from specialists. *(State Health Systems Return on Investment Subcommittee)*	• Allow out-of-state providers to use telehealth for treating state residents. (P) • Include phone-based services as a telehealth modality. (P)
Help to ease access to telehealth, including tele-mental health of frontline workers and others who need it during a crisis. *(Capacity, Preparedness and Resiliency Subcommittee)*	• Find ways to expand tele-mental health services before the next pandemic or other disaster. Several states have taken a variety of different steps to ease access, including through establishing mental health hotlines for specific groups like frontline workers, mental health professionals and essential workers. (L, P)

Recommendation	Suggested Strategies
Utilize tele-mental health as both a cost-saving and life-saving measure. *(Interventions to Save Lives Subcommittee)*	• Utilize tele-mental health or telepsychiatry for hard-to-reach populations. (P) • Utilize tele-mental health or telepsychiatry via state-sponsored video or smartphone app (L, P) • Create options for tele-mental health that police can utilize when called to address a medically stable individual. (L, P)

Lead Partners

Partners

View the full report and more information about the CSG Healthy States National Task Force: web.csg.org/healthystates

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