

Neuroanatomisches Grundwissen

not appropriate for every health care encounter, nor should telehealth supplant in-person care when it is needed. However, our experience has led to a strong belief that the expansion of access to high-quality pediatric health care via telehealth and other virtual care services is not only the future of health care, but it is also the right thing for patients and families.

Patients and families across the country, especially those in rural and underserved communities, face access barriers to routine and emergent health care services. Some of these barriers include provider availability, time away from work, school, and other responsibilities, poor care experiences including long wait times, and transportation challenges. According to a 2019 RAND Corporation study, telehealth is viewed as an effective strategy to reduce access and



Administrative, transactional, and financial burden and confusion for providers when obtaining and maintaining licensure to practice across multiple states;
Similar burdens relating to provider enrollment in Medicaid across multiple states



Areas Ripe for Guidance from the Federal Government

Several agencies share jurisdiction over health care in general, and telehealth more specifically. We focus on the areas where

Neuroanatomie des menschlichen Gehirns

- b. **Bring together state stakeholders to better understand their experience with developing, implementing, navigating and complying with state laws, rules, regulations and managed care contracts, and working across multiple states.**
Engaging a variety of stakeholders in an -the-
regulating and delivering telehealth could provide more clarity around existing barriers and uncover previously unknown barriers. Similarly, such discussions could result in potential solutions that the federal government could test for efficacy and scalability. Both providers and Medicaid agencies have indicated an interest



Nemours was proud to work with Congress on these provisions, and grateful for their inclusion.

care generally, and telehealth specifically, in ECE settings. Challenges not experienced in other care settings include but are not limited to: telepresenter licensure for ECE staff, medication administration by ECE staff, and policies governing mandatory release of sick children.^{xxi} Further exploration of existing barriers and potential solutions is needed.

- b. **Encourage a pilot to test the impact of telehealth expansion into Head Start programs.** Given that Head Start is a federally funded and regulated ECE program serving children nationwide, there is an opportunity to leverage existing infrastructure to utilize telehealth as a tool to meet existing, program-

ⁱⁱ CMS. Medicaid & CHIP Enrollment Data Highlights website. <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>.

ⁱⁱⁱ CMS. Maternal & Infant Health Care Quality website. <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-and-infant-health/index.html>.

^{iv} *UNFINISHED BUSINESS: More than 20 Million Children in U.S. Still Lack Sufficient Access to Essential Health Care* [White paper]. Retrieved from https://www.childrenshealthfund.org/wp-content/uploads/2016/11/Unfinished-Business-Final_.pdf

^v Kopycka-Kedzierawski, D. T., Billings, R. J., & McConnochie, K. M. (2007). Dental screening of preschool children using teledentistry: a feasibility study. *Pediatric Dentistry*, 29(3), 209-213.

^{vi} Lancaster, P., Krumm, M., Ribera, J., & Klich, R. (2008). Remote Hearing Screenings via Telehealth in a Rural Elementary School. *American Journal of Audiology*, 17(2), 114. doi:10.1044/1059-0889(2008/07-0008)

^{vii} Grady, B. J., Lever, N., Cunningham, D., & Stephan, S. (2011). Telepsychiatry and school mental health. *Child and Adolescent Psychiatric Clinics*, 20(1), 81-94. Retrieved from <https://www.childpsych.theclinics.com/article/S1056-4996-nBT/7-rg-Tf1-0-0-1-283.97-532.15-Tm63e>