

The Digital Divide



Ensuring equitable access to internet and telehealth services.

March 2024

Improving healthcare equity and outcomes through internet access

Taylor Ross, Andrea Vincent

**POLICY & ISSUE
BRIEF**

Ensuring internet access for all

Executive Summary

COVID-19 demonstrated how critical telehealth became to underserved and marginalized communities to continue access to healthcare. The lack of affordable and fixed broadband internet access continues to drive existing health disparities further. The Affordable Connectivity Program (ACP), established by the Federal Communications Commission (FCC) in November 2021, was created to reduce significant social and digital inequalities for low-income, tribal, and rural households. Establishing the ACP as a permanent federal subsidy fund is vital as part of the quintuple aim at continuing access to quality healthcare for low-income and rural communities and removing barriers that continue to marginalize these communities.

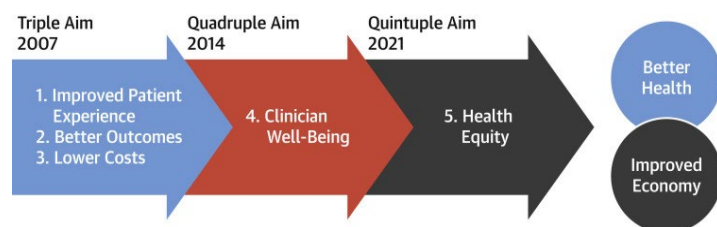
KEY MESSAGES

- Marginalized and underserved communities are historically disproportionately and negatively affected due to lack of healthcare access.
- With the rise of telehealth, these underserved communities are gaining access to healthcare.
- The American Connectivity Program offered eligible households a discount on internet services increasing access.
- The American Connectivity Program is scheduled to run out of funds April 2024, likely to result in decreases access for marginalized communities.

Background

Health disparities are gaps in health and healthcare quality across racial, ethnic, and socio-economic groups.¹ These disparities disproportionately affect those living in poverty, which disproportionately affects marginalized minority communities.² One of the most often recognized effects of poverty is decreased access to healthcare, which also results in negative downstream effects such as poor nutrition, unsafe working environments, increased risk of tobacco/alcohol use, obesity, etc. Current poverty is associated with a 42% excess risk of death, and cumulative poverty (<10 continuous years) is associated with a 71% increase.³ Decreased access is multifactorial and includes lack of transportation, health insurance, and less proximity to primary or specialty care.

The Institute of Healthcare Improvement introduced the Triple Aim in 2007 as a concept of improved patient experience, better outcomes, and lower costs as the key to healthcare transformation. Since then, the Triple Aim has evolved into the “Quintuple Aim”.^{4,5} The Quintuple Aim comprises five dimensions – patient experience, population health, cost reduction, care team well-being, and health equity, which comprise the elements needed to improve healthcare.



Improving health equity is not just a matter of ethics but also a critical factor in improving health outcomes for all and creating a sustainable healthcare system. Health equity can be achieved by ensuring all community members have equal opportunity and access to high-quality healthcare services.⁵

Telehealth is an important means of enabling health equity. Telehealth involves the use of telecommunication and electronic information to support remote health services. This can include live phone or video chat, secure messaging, remote monitoring, and more.⁶ Before the COVID-19 pandemic, Medicare beneficiaries (low-income Americans) were only able to utilize telehealth under limited circumstances. Whereas Medicaid beneficiaries (older Americans and those with disabilities) could use telehealth services in most states. During the pandemic, these restrictions were relaxed resulting in a much greater utilization of telehealth. Data from five states showed that telehealth services among beneficiaries increased 15x the pre-pandemic levels.⁷ Approximately 20% of all U.S. healthcare visits in 2020 were via telemedicine.⁸ Telemedicine has increased access to medical care by removing barriers such as transportation and location. While the benefits are apparent, there are still barriers such as broadband internet access or lack of digital literacy.

The average household pays 84.37 per month for internet services.⁹ In 2021, The Affordable Connectivity Program (ACP) was created by the Federal Communications Commission (FCC), offering eligible households a monthly discount of up to \$30 per month on their internet bill and a one-time discount of up to \$100 on the purchase of a laptop, desktop computer, or tablet.¹⁰ A household was eligible if one member of the household meets at least one of the criteria: an income that is at or below 200% of the federal poverty guideline; participation in SNAP, Medicaid, WIC, Lifeline, SSI, Federal Public Housing Assistance; participant in free or reduced lunch program, received a Federal Pell Grant, Participates in Tribal specific programs, or meets the eligibility criteria for the internet providers existing low-income program. 14.2 billion dollars was allotted to fund the program.⁷ Before the ACP, many rural community members had inconsistent or zero broadband connectivity. As of January 2024, Congress has not approved additional funding to continue the ACP beyond April 2024. The only other available program is the Lifeline program, which offers a monthly discount of up to \$9.25.¹¹

In January 2024, the Affordable Connectivity Program Extension Act was introduced, which would provide an additional \$7 billion to extend the operating timeline and ensure households do not lose connection.¹⁰ The Act has bipartisan support and is supported by the Biden-Harris administration. Congress has not passed the Act, and the future of the ACP remains in limbo.

As of February 2024, 23,269,550 households were enrolled in the program.¹² Once the program ends, many people who represent marginalized and underserved communities will be without broadband internet access, thus losing access to telehealth services. This will likely harm those who utilize telehealth to maintain their health and perpetuate existing health disparities.

“Without congressional intervention, the ACP’s \$14 billion budget will be exhausted by the end of April amid rising enrollment and strong demand for benefits. By that time, the loss of funding could disrupt internet access to an

estimated 25 million homes, the FCC has projected, or the equivalent of 64 million people, according to U.S. Census Bureau household estimates.”¹³

There is currently some opposition to the proposed extension act. This primarily comes from the members of the Republican political party who are staunchly opposed to working with Democrats. Some members of the Republican party are also looking to deeply cut the amount of government funding by cutting all discretionary spending and limiting eligibility criteria and subsidy costs for the ACP.¹⁴

Something must be done to ensure affordable broadband internet and telehealth services remain available to those who need them. Whether it be an extension of the existing Act or new legislation, ACP needs to continue coverage for the foreseeable future until long-term solutions can be determined. Establishing a permanent subsidy fund, **similar to** Medicaid and Medicare, would likely have the greatest impact on ensuring equitable access for all.

Conclusion

Broadband empowers people to share their voice, stay in touch with family, and equalize the gap in accessing healthcare. While the ACP has been fundamental in expanding access, its temporary nature presents challenges for the future of the internet and health equity. Millions are scheduled to lose access within the next two months, and immediate measures, even if temporary, are needed to prevent this from occurring. Permanently funding the ACP as a federal subsidy would allow people in marginalized communities to continue accessing broadband internet for healthcare, school, and work. Since the states partly govern telehealth, a federal statute for broadband internet would increase access to all available telehealth services. Telehealth allows these underserved communities to receive primary and specialized care without visiting physician offices and hospitals, thus narrowing the existing health disparity gap. As hospitals close and provider shortages continue to grow, telehealth is needed to continue serving marginalized and rural communities, advancing the quintuple aim. The solution of a permanent federal telehealth policy would better close the gaps in addressing health disparities.

Implications and Recommendations

The ACP has had a significant positive impact on healthcare access for those in marginalized or underserved communities. Twenty-five million households have utilized the monthly discount. They are now at risk of losing internet access, thus losing access to telehealth services and their benefits. Telehealth provides healthcare services and resources remotely, and its use has drastically increased access for Medicare and Medicaid recipients. Losing telehealth access will further drive health disparities by furthering the access gap. Currently 64 million Americans are at risk of losing high-speed broadband internet access, and not all families own smartphones.

Recommendations

Communicating the next steps for ACP participants

- ACP participants have been notified that the program is scheduled to end, and they will be responsible for the entire bill as the end date nears.
- Lawmakers should communicate with participants about alternative programs or resources that will allow them to have low-cost broadband internet coverage, such as the Lifeline or provider-based programs.

Pushing for policy extension

- Support internet equity advocates who support the ACP Extension Act, such as the American Civil Liberties Union (ACLU), National Digital Inclusion Alliance, Verizon, Comcast, and others.
- Citizens can write to their local lawmakers urging them to support the Act.
- Lawmakers can support and urge Congress to pass the ACP Extension Act before the funds are scheduled to run out in April 2024.
- Lawmakers can also look into a more long-term solution for closing the gap and maintaining equitable internet access for all, such as a rural fixed broadband wireless system, as the ACP remains a temporary measure.

Policy

- Create a permanent policy or program to ensure equitable access to broadband internet services.

REFERENCES AND SOURCES

1. Riley WJ. Health disparities: Gaps in access, quality and affordability of medical care. Transactions of the American Clinical and Climatological Association. 2012. Accessed February 29, 2024 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3540621/#:~:text=HEALTH%20DISPARITIS%20DEFINED,outcomes%2C%20or%20access%20to%20healthcare.>
2. Beech BM, Bruce MA, Norris KC. Poverty, racism, and the Public Health Crisis in America. Frontiers. August 6, 2021. Accessed February 29, 2024. <https://www.frontiersin.org/journals/publichealth/articles/10.3389/fpubh.2021.699049/full>.
3. Brady D, Kohler U, Hui Z. Novel estimates of mortality associated with poverty in the U.S. JAMA Internal Medicine. June 1, 2023. Accessed February 29, 2024. <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2804032>.
4. D; I. The evolution of the quintuple aim: Health equity, health outcomes, and the economy. Journal of the American College of Cardiology. 2022. Accessed March 3, 2024. <https://pubmed.ncbi.nlm.nih.gov/34823665/>.
5. Yates L. The quintuple aim: What is it and why does it matter? The Quintuple Aim: What Is It and Why Does it Matter? July 31, 2023. Accessed March 3, 2024. <https://www.chesshealthsolutions.com/2023/08/01/the-quintuple-aim-what-is-it-and-why-does-it-matter/#:~:text=The%20Quintuple%20Aim%20is%20an,system%20to%20establish%20health%20equity.>
6. What is telehealth? HRSA. 2022. Accessed February 29, 2024. <https://www.hrsa.gov/telehealth/what-is-telehealth>.
7. Medicaid: CMS should assess effect of increased telehealth use on beneficiaries' quality of care. Medicaid: CMS Should Assess Effect of Increased Telehealth Use on Beneficiaries' Quality of Care | U.S. GAO. September 29, 2022. Accessed February 29, 2024. <https://www.gao.gov/products/gao-22-104700>.
8. Shaver J. The state of telehealth before and after the COVID-19 pandemic. Primary care. December 2022. Accessed February 29, 2024. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9035352/>.
9. Leventoff J. More than 20 million people are about to lose internet access. the ACLU is fighting to keep us connected.: ACLU. American Civil Liberties Union. January 25, 2024. Accessed February 29, 2024. <https://www.aclu.org/news/privacy-technology/more-than-20-million-people-are-about-to-lose-internet-access-the-aclu-is-fighting-to-keep-us-connected>.
10. Affordable Connectivity Program Consumer FAQ. Federal Communications Commission. 2024. Accessed February 29, 2024. <https://www.fcc.gov/affordable-connectivity-programconsumer-faq>.
11. Lifeline support for affordable communications. Federal Communications Commission. 2023. Accessed February 29, 2024. <https://www.fcc.gov/lifeline-consumers>.
12. ACP enrollment and claims tracker. Universal Service Administrative Company. 2024. Accessed February 29, 2024. <https://www.usac.org/about/affordable-connectivity-program/acp-enrollment-and-claims-tracker/#:~:text=claims%20are%20revised.-,Total%20Households%20at%20Enrollment%20Freeze,Tribal%20and%20329%2C459%20were%20Tribal.>

-
13. Welch, Vance, Rosen, Cramer, Clarke and Fitzpatrick Introduce Bipartisan, Bicameral Extension of the Affordable Connectivity Program (ACP) to Continue Closing the Digital Divide. *welch.senate.gov*. Published online January 10, 2024. Accessed 2024. <https://www.welch.senate.gov/lawmakers-introduce-bipartisan-bicameral-extension-of-the-affordable-connectivity-program-to-continue-closing-the-digital-divide/>.
 14. staff T.H. Whip list: Tally of Republicans opposed to stopgap proposal to prevent shutdown grows. The Hill. September 19, 2023. Accessed February 29, 2024. <https://thehill.com/homenews/house/4209760-whip-list-house-gop-fights-to-win-over-members-on-stopgap-to-prevent-shutdown/>.
 15. Fraser HS, Marcelo A, Kalla M, Kalua K, Celi LA, Ziegler J. Digital determinants of health: Editorial. *PLoS Digital Health*. 2023;2(11):1-4. doi: 10.131371/journal.pdig.0000373.
 16. Dasari S, Mehreen R, Baker Spohn K, Ostrovsky A. Opportunities for CMS to improve healthcare access and equity through advancing technology-enabled startups and digital health innovations. *NPJ Digital Medicine*. 2024;7:1-4. doi: 10.1038/s41746-024-00997-x.
 17. Raj M. Characterizing telehealth use in the U.S.: Analysis of the 2022 health information national trends survey. *Am J Manag Care*. 2024;30(1).
 18. Senteio C, Murdock PJ. The efficacy of health information technology in supporting health equity for black and hispanic patients with chronic diseases: Systematic review. *Journal of Medical Internet Research*. 2022:e22124. Doi: 10.2196/22124.
 19. Ogundele O, MA, Mutrux R, Hoffman K, PhD, Becevic M, PhD. Improving access to care for vulnerable missourians: The hotspot project. *Mo Med*. 2023;120(4):318-323.
 20. Marzouk S, Velasquez DE, Joseph N, Martin A. Broadband for better health—ensuring internet access for all. *BMJ : British Medical Journal (Online)*. 2023;382. Doi: 10.1136/bmj.p1673.