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Advancing Health Equity through Telehealth Interventions during COVID-19 and Beyond: Policy Recommendations and Promising State Models

Introduction

In this report, we discuss telehealth's role in responding to the COVID-19 pandemic and provide state-level telehealth policy recommendations to improve health outcomes and ensure health equity during the crisis and beyond.

The COVID-19 pandemic has changed patients' treatment needs and the ways they interact with the health care system. Many Americans report feeling uncomfortable with receiving medical services in person, and nearly half have delayed or intend to delay receipt of health care services due to COVID-19.[1,2] States are making major policy and regulatory changes to expand health systems' telehealth capabilities to meet the needs of patients and providers.[3,4]

This shift has tremendous potential to help people who have historically lacked access to medical care, including people in rural communities and people in low-income, medically underserved areas. However, health advocates should not assume that provider use of telehealth during the pandemic — when there is little choice — will shift health care delivery permanently. States must take the necessary steps to make telehealth accessible to low-income people and to help providers make the transition to telehealth permanent.

Evidence from the Patient-Centered Outcomes Research Institute (PCORI) supports the effectiveness of telehealth in meeting patients' treatment needs and addressing health inequities. The use of telehealth removes barriers to care by increasing access to services and reducing travel time and associated costs.[5] However, these interventions have yet to be implemented at scale.[6] Furthermore, in this rapidly changing health care delivery landscape, many rural communities and communities of color are left behind due to a lack of advanced technology (e.g., computers and smartphones), low digital literacy, or a lack of reliable internet coverage.[7]

Given the rapid increase of telehealth services, there is an urgent and important opportunity for policymakers, researchers, and health systems to determine the appropriate scope and duration for telehealth as well as the appropriate financing mechanism to build a high-quality, affordable, and equitable telehealth delivery system that meets the needs of patients and prevents billing abuses in telehealth services. And now more than ever, there is a need for evidence-based interventions that address new and long-standing health inequities.[8] The continued provision of clinically appropriate telehealth services past the emergency period is especially important for residents of rural and frontier areas, people in communities disadvantaged by social and economic injustice, individuals with disabilities and severe chronic conditions, and those without reliable access to transportation.

Defining Telehealth

Telehealth definitions vary by state. For the purposes of this report, we define telehealth as "the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration."[9] Telehealth technologies include video conferencing, remote patient monitoring, mobile health apps, and store-and-forward electronic transmission.[10]

Policy Recommendations:

As state policymakers consider telehealth policy changes, it is critical to consider the continued challenges that both providers and patients face in both accessing and utilizing telehealth interventions. Considering both the public health crisis and future patient needs, Families USA has assembled state policy recommendations around three themes:

» Improving financing and implementation

» Removing provider barriers

» Improving patient access to telehealth services

1. Improve Telehealth Financing and Implementation Models to Increase Reach

COVID-19 has changed the payment and delivery landscape. The increased demand among patients for telehealth services has increased states' need for flexibility to financially support and incentivize these services. Financing telehealth services is a key component in improving access to care for low-income and vulnerable populations, such as people of color, immigrants, wage workers, children, people with chronic conditions, and people with disabilities. States can address patients' common access barriers by financing telehealth services that are available in

the most convenient format for patients (e.g., audio only), in patients' primary language, and tailored to patients' most pressing health and social needs.

Policy Recommendations:

» **For the duration of the crisis, states should not only ensure payment parity between in-person services and telehealth services but also enact regulations to ensure service and payment parity between audio-video telehealth interactions and audio-only telehealth interactions in Medicaid and private plans.** Most states have provided payment parity between video-based telehealth and in-person care.[11] But access to audio-only services is itself a critical policy goal. In response to the COVID-19 crisis, California's Department of Health Care Services issued guidance requiring Medicaid managed care plans to "provide the same amount of reimbursement for a service rendered via telephone as they would if the service is rendered via video, provided the modality by which the service is rendered (telephone versus video) is medically appropriate for the member."[12] States may add guidance, similar to California, to ensure that audio-only telehealth interactions are provided appropriately and are consistent with the standard level of care. Service parity between

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audio-video and audio-only services ensures that patients without access to a video-capable device (e.g., a smartphone or computer) can still access telehealth services. Payment parity also guarantees equitable reimbursement for providers who serve these patients. At the end of the crisis, states should evaluate finding a payment level that assures access and adoption of telehealth, while also guarding against billing abuses.

» **State Medicaid agencies should permanently expand reimbursement for telehealth services, including but not limited to remote patient monitoring, store-and-forward technologies, and mental health and chronic disease management services.**[13] Reimbursement for these services should extend beyond the public health emergency period as patients grow accustomed to receiving services virtually. Prior to the COVID-19 crisis, only 16 states had policies in place for Medicaid reimbursement for store-and-forward services,[14] and 23 states had policies for Medicaid reimbursement for remote patient monitoring.[15] Extending reimbursement permanently, or at least until a safe vaccine is widely available to the public, will allow continued access to critical health services for vulnerable Medicaid populations, especially those that may be at higher risk of contracting COVID-19, such as those with disabilities, older adults, and people with chronic conditions.

» **Medicaid plans should integrate telehealth with community health workers and other program and payment innovations in ways that are mutually reinforcing.**[16] Trainings and educational programs can help providers assist patients in using telehealth services, improving patient engagement, patient-provider experience, and quality of care.[17] For example, in a PCORI-funded study, community health workers (CHWs) received training to serve as "digital navigators" for patients who were using a mobile app to manage their diabetes.[18] Patients used the mobile health application to track and record blood glucose and blood pressure, medication adherence, and wellness and physical goals using text reminders, alarms, and summary reports for both patient and provider.[19] The intervention improved self-management skills and control of diabetes in an inner-city Medicaid population.[20]

» **Medicaid should reimburse providers for language interpretation services delivered through telehealth.** According to federal law, all Medicaid and Children's Health Insurance Program (CHIP) providers must ensure that patients with limited English proficiency (LEP) receive language assistance necessary for

needed health care services.[21] However, only 15 states directly reimburse providers for language services.[22] Direct reimbursement would offer more incentive for providers to secure telehealth platforms that allow for integrated language interpretation services ensuring that services are more accessible for LEP patients.

» **State Medicaid agencies should expand billing codes to allow direct support professionals, such as care coordinators, social workers, and community health workers, to bill Medicaid for services provided via telehealth.** During the current economic crisis created by COVID-19, patients may be unable to address their health needs, including mental health, if they are preoccupied with meeting physiological needs, such as feeding their family or accessing safe and stable housing. The Center for Medicare and Medicaid Innovation has signaled support for integrating these types of support services by including reimbursement for care coordination through the Next Generation Accountable Care Organization (ACO) Model Telehealth Expansion Wavier.[23]

2. Remove Provider Barriers to Increase Access to Telehealth

Health care providers experience a variety of barriers that prevent the integration, adoption, and use of telehealth capabilities into health care payment and delivery. Some of those barriers include a lack of investment in telecommunications infrastructure,[24] the need to redesign long-standing clinical care models to accommodate telehealth,[25] malpractice policies,[26] interoperability (e.g., the exchange of electronic health information),[27] and a varied state regulatory framework that could prevent adoption and use of telehealth capabilities.[28] While smaller providers often face more

barriers to adopting telehealth capabilities than health systems, a 2018 survey of U.S. hospitals found that less than half of the respondents (47.6%) provided telehealth-based services.[29] COVID-19 has required a rapid investment and reimagining of health care delivery, and state policymakers have an opportunity to collaborate with health systems and physicians to expand and sustain access to telehealth services.

Policy Recommendations:

» **States should collaborate with providers and health systems to work through logistical barriers beyond reimbursement, enhance telehealth infrastructure, and build capacity to deliver evidence-based telehealth services.** Reimbursement for telehealth services is only one component of telehealth care delivery. Making large-scale telehealth available will ultimately require mechanisms for state-provider collaboration and for transparent provider accountability to state government and to consumers. When implementing grant programs or specialized assistance programs for providers and health systems to improve quality and delivery of telehealth services, states should prioritize Medicaid providers, safety net hospitals, and those located in rural or frontier areas.

» **States should provide flexibilities in provider licensure and credentialing requirements for pediatric providers, including behavioral health, occupational and speech therapy, and primary care triage, to eliminate barriers to telehealth delivery in their states.[30]** State regulatory barriers may prevent providers from effectively adopting and utilizing telehealth modalities.[31] For example, scope-of-practice laws set by state boards of medicine may prevent certain types of providers from

States must implement forward-looking, sustainable policy and systems changes to ensure equitable access to telehealth services.

providing telehealth services.[32] Additionally, state licensing laws vary across states, limiting the ability to connect physicians and patients across state lines.[33] Some states have adopted the Interstate Medical Licensure Compact to help streamline the licensing process for physicians who want to practice in multiple states.[34] While broadening licensure may be beneficial for all patient populations, it is especially important for maintaining continuity of well-child visits and addressing early childhood development issues in a timely and appropriate manner.

» **State Medicaid agencies should incorporate into their state contracting that payers and providers should utilize telehealth interventions in long-term management plans for patients with chronic conditions to help prevent worsening clinical outcomes, to reduce unscheduled hospitalizations and acute care visits, and to lower unnecessary health care costs for patients and health systems.[35]** Researchers have found strong evidence supporting the effectiveness of telehealth for patients with chronic conditions.[36] Since the Affordable Care Act passed, several states have taken advantage of the health home option for chronic care, which allows for reimbursement of health information technology under Medicaid.[37]

3. Bridge the Digital Divide to Improve Patient Access to Telehealth Services

During this pandemic, families are relying heavily on digital devices for their education, health, and social needs. However, there is a digital divide — meaning some Americans have access to the latest digital technologies and reliable, high-speed internet, while others, especially low-income communities and older people of color, have low digital literacy and limited access to reliable internet and advanced technologies.[38] Any of these three challenges may decrease engagement with telehealth services, thereby increasing health disparities. States can address the digital divide by using a multipronged strategy that recognizes the barriers facing the most vulnerable residents. For example, states may support the use of direct support professionals to help patients improve their electronic health (eHealth) literacy, ensuring they have the tools and self-efficacy needed to utilize telehealth services and digital health applications.

Policy Recommendations:

» **States should leverage Medicaid Appendix K authority to provide technology (e.g., computers, tablets) and care coordination support in conjunction with utilization of telehealth tools to sustain patient engagement and maintenance of healthy behaviors.[39]** Appendix K is a stand-alone waiver that states may use under the existing Section 1915(c) home-

and community-based services (HCBS) waiver authority in order to respond to an emergency.[40] For example, Kansas has used Appendix K authority to provide monitoring equipment and training to patients with chronic diseases, and New Mexico offers specified Medicaid patients up to $500 to help purchase devices that allow for remote video conferencing, training, and monitoring by clinicians.[41]

» **States should require Medicaid managed care organizations (MCOs) and/or providers to utilize direct support professionals, such as social workers, patient care coordinators, and community health workers, to work with patients to teach eHealth skills and literacy.[42]** eHealth patient training interventions have powerful synergies with other community-based population health interventions and are essential to making telehealth accessible in Medicaid. In a PCORI study on patient activation for low-income people living with HIV, participants showed an improvement in eHealth literacy, patient activation, and involvement in care after participating in intensive group-based training. This improvement was associated with important health outcomes, such as fewer emergency department visits, fewer avoidable hospitalizations, greater adherence, improved decision-making, better experience with care, and a reduction in disparities. Minority participants showed the greatest gains in eHealth literacy.[43]

» **States should invest in broadband/fiber optics to expand internet access and increase the availability of high-speed connections to support face-to-face telehealth interventions in rural and frontier regions.** Lack of internet connection or access to broadband can prevent patients from accessing telehealth services that rely on a high-speed internet connection. Furthermore, often the most vulnerable patients lack access to internet services. For example, households that have someone enrolled in Medicaid or with a disability are less likely to have access to broadband internet.[44]

Conclusion

The COVID-19 pandemic is driving significant change to the U.S. health care system. As the health care system responds to the crisis and adapts health care payment and delivery, telehealth has emerged as a powerful tool to provide continuity of care and to improve health outcomes. However, vulnerable populations will continue to face barriers to high-quality telehealth services if state policymakers do not prioritize equity when making changes to the telehealth policy and regulatory landscape.

Telehealth's moment in our health system is long overdue, and it needs strong state government support to become a reality. For telehealth to be adopted and integrated into health care payment and delivery, states must implement forward-looking, sustainable policy and systems changes to ensure equitable access to telehealth services, both during this public health crisis and into the future. State policymakers must take advantage of new and long-standing flexibilities to implement policies that finance telehealth services within health systems, remove provider barriers, and improve patient engagement with telehealth services.

Endnotes

[1] Ashley Kirzinger et al., "KFF Health Tracking Poll – Early April 2020: The Impact of Coronavirus on Life in America," Kaiser Family Foundation, April 2, 2020, https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-early-april-2020/; Liz Hamel et al., "KFF Health Tracking Poll – May 2020," Kaiser Family Foundation, May 27, 2020, https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-may-2020/.

[2] Alliance of Community Health Plans, "COVID-19 Shifts Consumer Behavior, Attitudes toward Health Care Services," May 21, 2020, https://achp.org/release-covid-19-shifts-consumer-behavior-attitudes-toward-healthcare-services/.

[3] Joe Weissfeld, "Five Innovative State Medicaid Approaches to Combat COVID-19," Families USA, April 2020, https://familiesusa.org/wp-content/uploads/2020/04/MCD_Five-Innovative-Medicaid-Approaches-to-Combat-COVID_Analysis.pdf.

[4] Gabriela Weigel et al., "Opportunities and Barriers for Telemedicine in the U.S. during the COVID-19 Emergency and Beyond," Kaiser Family Foundation, May 11, 2020, https://www.kff.org/womens-health-policy/issue-brief/opportunities-and-barriers-for-telemedicine-in-the-u-s-during-the-covid-19-emergency-and-beyond/.

[5] J. Scott Ashwood et al., "Direct-to-Consumer Telehealth May Increase Access to Care but Does Not Decrease Spending," *Health Affairs* 36, no. 3 (March 2017), https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.1130; Navjit W. Dullet et al., "Impact of a University-Based Outpatient Telemedicine Program on Time Savings, Travel Costs, and Environmental Pollutants," *Value in Health* 20, no. 4 (April 2017): 542–546, https://www.sciencedirect.com/science/article/pii/S1098301517300839.

[6] Patient-Centered Outcomes Research Institute (PCORI), "Telehealth-Related PCORI-Funded Research Projects," posted October 27, 2017, projects listing updated June 18, 2019, https://www.pcori.org/topics/telehealth/telehealth-related-pcori-funded-research-projects.

[7] Marion Renault, "When Health Care Moves Online, Many Patients Are Left Behind," *WIRED*, June 8, 2020, https://www.wired.com/story/health-care-online-patients-left-behind/; David Velasquez and Ateev Mehrotra, "Ensuring the Growth of Telehealth during COVID-19 Does Not Exacerbate Disparities in Care," *Health Affairs Blog*, May 8, 2020, https://www.healthaffairs.org/do/10.1377/hblog20200505.591306/full/.

[8] Amber Hewitt et al., "The Fierce Urgency of Now: Federal and State Policy Recommendations to Address Health Inequities in the Era of COVID-19," Center on Health Equity Action for System Transformation at Families USA, May 2020, https://familiesusa.org/wp-content/uploads/2020/05/HE_COVID-and-Equity_Report_Final.pdf.

[9] Health Resources & Services Administration, "Telehealth Programs," last reviewed August 2019, https://www.hrsa.gov/rural-health/telehealth.

[10] NEJM Catalyst, "What Is Telehealth?," February 1, 2018, https://catalyst.nejm.org/doi/full/10.1056/CAT.18.0268; Public Health Institute Center for Connected Health Policy, "About Telehealth," https://www.cchpca.org/about/about-telehealth.

[11] Gabriela Weigel et al., "Opportunities and Barriers for Telemedicine in the U.S. during the COVID-19 Emergency and Beyond," Kaiser Family Foundation, May 11, 2020, https://www.kff.org/womens-health-policy/issue-brief/opportunities-and-barriers-for-telemedicine-in-the-u-s-during-the-covid-19-emergency-and-beyond/.

[12] State of California Health and Human Services Agency, "Emergency Telehealth Guidance – COVID-19 Pandemic," March 18, 2020, https://www.dhcs.ca.gov/Documents/COVID-19/APL19-009-Supplement-Telehealth-031820.pdf.

[13] Tumaini R. Coker and Lorena Porras-Javier, *Does a Video Chat Referral Process Help Families with Children Who Have Medicaid to Initiative Mental Health Care?* (Seattle, WA: Seattle Children's Research Institute, 2019), https://www.pcori.org/sites/default/files/Coker044-Final-Research-Report.pdf; Richard J. Katz et al., *Comparing Three Methods to Help Patients Manage Type 2 Diabetes* (Washington, DC: George Washington University, 2019), https://www.pcori.org/sites/default/files/Katz119-Final-Research-Report.pdf.

[14] According to the Center for Connected Health Policy, "store-and-forward technologies allow for the electronic transmission of medical information, such as digital images, documents, and pre-recorded videos through secure email communication." Public Health Institute Center for Connected Health Policy, "Store-and-Forward (Asynchronous)," https://www.cchpca.org/about/about-telehealth/store-and-forward-asynchronous.

[15] Public Health Institute Center for Connected Health Policy, "Current State Laws & Reimbursement Policies," data last updated February 29, 2020, https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies.

[16] Katz et al., *Comparing Three Methods;* Kevin Fiscella et al., *Helping People Living with HIV Learn Skills to Manage Their Care* (Rochester, NY: University of Rochester, 2018), https://www.pcori.

org/sites/default/files/Fiscella063-Final-Research-Report.pdf.

[17] Fiscella et al., *Helping People;* Coker and Porras-Javier, *Video Chat Referral;* Katz et al., *Comparing Three Methods.*

[18] Katz et al., *Comparing Three Methods.*

[19] Katz et al., *Comparing Three Methods.*

[20] Katz et al., *Comparing Three Methods.*

[21] Centers for Medicare & Medicaid Services (CMS), "Translation and Interpretation Services," Medicaid.gov, https://medicaid. gov/medicaid/financial-management/medicaid-administrative-claiming/translation-and-interpretation-services/index.html.

[22] Mara Youdelman, *Medicaid and CHIP Reimbursement Models for Language Services,* National Health Law Program (NHeLP), February 7, 2017, https://healthlaw.org/wp-content/uploads/2017/02/Medicaid-CHIP-LEP-models-FINAL.pdf.

[23] Centers for Medicare & Medicaid Services (CMS), "Next Generation ACO Model Telehealth Expansion Waiver: Frequently Asked Questions," September 2019, https://innovation.cms.gov/files/x/nextgenaco-telehealthwaiver.pdf.

[24] Weigel et al., "Opportunities and Barriers."

[25] Weigel et al., "Opportunities and Barriers."

[26] Rural Health Information Hub (RHIhub), "Barriers to Telehealth in Rural Areas," https://www.ruralhealthinfo.org/toolkits/telehealth/1/barriers; Weigel et al., "Opportunities and Barriers."

[27] RHIhub, "Barriers to Telehealth."

[28] Centers for Medicare & Medicaid Services (CMS), *State Medicaid & CHIP Telehealth Toolkit: Policy Considerations for States Expanding Use of Telehealth: COVID-19 Version,* https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf.

[29] Snigdha Jain et al., "Availability of Telemedicine Services across Hospitals in the United States in 2018: A Cross-Sectional Study," *Annals of Internal Medicine,* April 30, 2020, https://www.acpjournals.org/doi/10.7326/M20-1201.

[30] CMS, *Telehealth Toolkit;* Sheryl Eckberg Zylstra, "Evidence for the Use of Telehealth in Pediatric Occupational Therapy," *Journal of Occupational Therapy, Schools, & Early Intervention* 6, no. 4 (2013): 326–355, https://www.tandfonline.com/doi/abs/10.1080/19411243.2013.860765; Deborah Theodoros, "Telepractice in Speech-Language Pathology: The Evidence, the Challenges, and the Future," *Perspectives* 1, no. 1 (September 2011): 10–21, https://pubs.asha.org/doi/full/10.1044/tele1.1.10; Reed V. Tuckson, Margo Edmunds, and Michael L. Hodgkins, "Telehealth,"

The New England Journal of Medicine 377 (October 2017): 1585–1592, https://www.nejm.org/doi/full/10.1056/NEJMsr1503323.

[31] CMS, *Telehealth Toolkit.*

[32] CMS, *Telehealth Toolkit.*

[33] Nicol Turner Lee, Jack Karsten, and Jordan Roberts, "Removing Regulatory Barriers to Telehealth before and after COVID-19," Brookings Institution, May 6, 2020, https://www.brookings.edu/research/removing-regulatory-barriers-to-telehealth-before-and-after-covid-19/.

[34] Interstate Medical Licensure Compact, "Participating States," https://www.imlcc.org/participating-states/.

[35] NORC at the University of Chicago, *Health IT and Health Disparities: Patient Provider Telehealth Network – Using Telehealth to Improve Chronic Disease Management,* prepared for the U.S. Department of Health and Human Services (Bethesda, MD: University of Chicago, June 2012), https://www.healthit.gov/sites/default/files/pdf/RCCHCandPHS_CaseStudy.pdf; Rashid L. Bashshur et al., "The Empirical Foundations of Telemedicine Interventions for Chronic Disease Management," *Telemedicine Journal and E-Health* 20, no. 9 (September 2014): 769–800, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4148063/; Katz et al., *Comparing Three Methods;* Fiscella et al., *Helping People.*

[36] Katz et al., *Comparing Three Methods;* Annette M. Totten et al., "Telehealth: Mapping the Evidence for Patient Outcomes from Systematic Reviews," Technical Brief no. 26, prepared for the Agency for Healthcare Research and Quality (Portland, OR: Pacific Northwest Evidence-based Practice Center, June 2016), https://effectivehealthcare.ahrq.gov/products/telehealth/technical-brief.

[37] American Telemedicine Association, *State Medicaid Best Practice: Remove Patient Monitoring and Home Video Visits,* July 2013, https://www.finance.senate.gov/imo/media/doc/American%20Telemedicine%202.pdf.

[38] Velasquez and Mehrotra, "Ensuring the Growth of Telehealth during COVID-19."

[39] Katz et al., *Comparing Three Methods;* Fiscella et al., *Helping People;* Daniel Young, Elizabeth Edwards, and Fabiola Carrión, "Expanding Telehealth under COVID-19: Supporting Access to Care," National Health Law Program, April 22, 2020, https://healthlaw.org/expanding-telehealth-under-covid-19-supporting-access-to-care/.

[40] Centers for Medicare & Medicaid Services (CMS), "1915(c) Home and Community-Based Services Waiver: Instructions and Technical Guidance, Appendix K: Emergency Preparedness and

Response," Medicaid.gov, https://www.medicaid.gov/medicaid/home-community-based-services/downloads/1915c-appendix-k-instructions.pdf.

[41] Young, Edwards, and Carrión, "Expanding Telehealth"; Centers for Medicare & Medicaid Services (CMS), "Appendix K: Emergency Preparedness and Response and COVID-19 Addendum," Medicaid.gov, https://www.medicaid.gov/state-resource-center/downloads/nm-combined-appendix-k-appvl.pdf.

[42] Katz et al., *Comparing Three Methods;* Fiscella et al., *Helping People;* Stephen Lepore et al., "Digital Literacy Linked to Engagement and Psychological Benefits among Breast Cancer Survivors in Internet-Based Peer Support Groups," *European Journal of Cancer Care* 28, no. 4 (July 2019): e13134, https://pubmed.ncbi.nlm.nih.gov/31318132/.

[43] Fiscella et al., *Helping People.*

[44] State Health Access Data Assistance Center, "Internet Access Measures the Impact of the Digital Divide and COVID-19," March 27, 2020, https://www.shadac.org/news/internet-access-measures-impact-digital-divide-and-covid-19.

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