

“Medicare Telehealth Parity Act of 2015”

Current telehealth policy:

- Telehealth may only be administered in rural counties and health shortage areas in metropolitan fringes with the patient at a health facility (known as “originating sites”).
- Telehealth services may only be administered by a select group of practitioners and for a select number of medical procedures/services.
- Store-and-forward technologies (analogous to sending a picture via text message) are only permissible for demonstration projects in Alaska and Hawaii.
- Remote patient monitoring (RPM), a technology that enables patient monitoring of chronic conditions outside of conventional clinical settings, is not a covered telehealth service.

“Medicare Telehealth Parity Act” would expand specific telehealth services under Medicare in the following ways:

Phase 1 (six months after enactment):

- Store-and-forward and video conferencing technologies would be covered telehealth services in all Federally Qualified Health Centers (FQHCs) and rural health clinics.
- Store-and-forward and video conferencing technologies would be covered telehealth services in metropolitan counties with populations under 50,000.
- Authorizes rural health clinics and FQHCs to serve as distant sites for the provision of telehealth services.
- Expands telehealth providers eligible to provide telehealth services to: certified diabetes educator, respiratory therapist, physical therapist, occupational therapist, speech language pathologist, audiologist.
- Expands related covered services that can be provided via telehealth to: respiratory services, audiology services, and outpatient therapy services, including physical and occupational therapy, and speech-language pathology services.
- Allows remote patient monitoring (RPM) as a covered telehealth service for heart failure and chronic obstructive pulmonary disease (COPD) and related chronic comorbidities when provided under chronic care management.

Phase 2 (2 years after enactment):

- Store-and-forward and video conferencing technologies would be covered telehealth services in metropolitan counties with populations of 50,000-100,000.
- Expands access to telestroke services, regardless of where the patient is located.
- Allows the beneficiary’s home to serve as an “originating site” for home dialysis, hospice care, eligible outpatient mental and behavioral health services, and home health services, which include outpatient therapy services and durable medical equipment.

Phase 3 (4 years after enactment):

- Store-and-forward and video conferencing technologies would be covered telehealth services in metropolitan counties with populations greater than 100,000.

Miscellaneous:

- Allows a telehealth visit to meet the CMS required monthly face-to-face visit requirement for eligible home dialysis patients. The bill requires a face-to-face examination at least quarterly (every three consecutive months). All other visits may be met via telehealth.
- Ensures that the CMS appropriately values remote diagnostic test services, which are currently covered under Medicare.
- Requires GAO to issue a report on the use of telehealth services for outpatient therapies.
- Does not extend facility fees to new “originating site” locations
- Allows the Secretary to implement additional payment methods and/or covered conditions administered via telehealth as deemed necessary.