CENTER FOR CONNECTED HEALTH POLICY
The Federally Designated National Telehealth Policy Resource Center
Info@cchpca.org | 877-707-7172

FACT SHEET

H.R. 1148/ S. 431

FURTHERING ACCESS TO STROKE TELEMEDICINE ACT (FAST ACT)

SPONSORS:

H.R. 1148: *Rep. Griffith (VA); Beatty (OH); Ryan (OH); Johnson (OH); Collins (NY); Babin (TX)*
S. 431: *Sen. Thune (SD); Schatz (HI); Wicker (MS); Capito (WV); Boozman (AR)*

EFFECTIVE DATES:

H.R. 1148: *18 months after the date of enactment*
S. 431: *January 1, 2018*

H.R. 1148	S. 431	CURRENT LAW
Allows any hospital or mobile unit equipped with the ability to evaluate possible stroke patients while transporting them to the hospital to serve as an eligible telehealth originating site for purposes of Medicare reimbursement, if delivering a telehealth-eligible stroke service. A telehealth-eligible stroke service is defined as the following: 1. Related to the diagnosis, evaluation or treatment of symptoms in an individual of an acute stroke; and 2. Provided to the individual not later than four and a half hours (or other clinically appropriate time as determined by the Secretary) after the onset of such symptoms.	Allows any location to serve as a telehealth eligible originating site, for purposes of Medicare reimbursement, when the service is related to the evaluation of an acute stroke.	An originating site, under Medicare, must be located in a rural health professional shortage area; in a county that is not included in a Metropolitan Statistical Area; or from an entity that participates in a federal telemedicine demonstration project. Originating sites must also be one of the following types of facilities: • Physician or practitioner's office • A critical access hospital • A rural health clinic • A federally qualified health center • A Hospital • A hospital based or critical access hospital based renal dialysis center • A community mental health center • Skilled nursing facility
Originating sites used to treat acute stroke that do not otherwise meet the requirements of existing sites (listed in the "Current Law" column), are not allowed to collect the originating site facility fee.	Originating sites used to treat acute stroke that do not otherwise meet the requirements of existing sites (listed in the "Current Law" column), are not allowed to collect the originating site facility fee.	Only the originating sites listed in the section above are allowed to collect an originating site facility fee.

Impact & Analysis

S. 431 would allow any site administering acute stroke care to be added as an eligible site with no geographic restrictions, but exclusively limited to providing services to treat acute stroke for Medicare patients. H.R 1148 is more limited in its allowances, exclusively allowing only hospitals or mobile units administering telehealth-eligible stroke services to qualify as an eligible site for strictly defined "telehealth-eligible stroke services". For both bills, any site not already eligible as an originating site under current law, would not be able to collect the facility fee, though those that continue to meet the requirements in current law would presumably still be eligible to receive an originating site facility fee. Therefore, one hospital may be eligible to receive a facility fee while another may not. These varying qualifications on sites could cause some confusion. Additionally, these bills do not mandate the addition of any specific CPT Code to the current list of telehealth reimbursable codes, and the most common codes used to bill for acute stroke care (99291 & 99292) are currently not reimbursable telehealth codes. It is unclear if one of the existing telehealth eligible codes could be billed or if additional codes would need to be added through CMS' standard review process in order to provide the acute stroke services addressed in these bills.

Prepared by:

Center for Connected Health Policy
The National Telehealth Policy Resource Center

March 2017