



H.R. 2291

HELPING EXPAND ACCESS TO RURAL TELEMEDICINE (HEART) ACT

SPONSOR: Rep Duffy (R-WI)

EFFECTIVE DATE: 6 months after the date of enactment

INTENT: To expand the coverage of telehealth services under the Medicare program, to provide coverage for home-based monitoring for congestive heart failure and chronic obstructive pulmonary disease under such program, and for other purposes.

	CURRENT LAW	H.R. 2291
MODALITIES	<p>Live video is eligible for reimbursement.</p> <p>Store and forward is limited to demonstration projects in Alaska and Hawaii.</p> <p>No reimbursement for RPM.</p>	<p>Allows store and forward for a critical access hospital, a sole community hospital or a rural health clinic (RHC).</p> <p>Allows for reimbursement of “remote patient monitoring services” under certain circumstances. However RPM is defined separately from telehealth. See further description below.</p>
GEOGRAPHIC REQUIREMENTS	<p>Requires that an originating site be located in a rural Health Professional Shortage Area (HPSA), non-Metropolitan Statistical Area (MSA), or Federal Demonstration project.</p>	<p>Exempts critical access hospitals and sole community hospitals from originating site geographic restrictions.</p> <p>Amends allowance for sites located in a non-MSA, stating that it must be located in a county that is not both a county that has a population of greater than 70,000 individuals, according to the most recent decennial census and a county that is included in a MSA.</p>
ELIGIBLE DISTANT SITE	<p>Must be administered by a physician or practitioner at a distant site, excluding RHCs and federally qualified health centers (FQHC) from the definition of a distant site.</p>	<p>Defines a distant site as including a rural health clinic. The service would not be treated as a rural health clinic service.</p>
ELIGIBLE ORIGINATING SITE	<p>Eligible originating sites are currently limited to the following:</p> <ul style="list-style-type: none"> ● Provider offices; ● Hospitals; ● Critical access hospitals; 	<p>Adds a sole community hospital to definition of allowable originating sites.</p>

	<ul style="list-style-type: none"> ● Rural health clinics; ● Federally qualified health centers; ● Skilled nursing facilities; ● Community mental health centers; ● Hospital-based or critical access hospital-based renal dialysis centers. 	
ELIGIBLE TELEHEALTH PROFESSIONALS	<p>Eligible telehealth professionals are currently limited to the following:</p> <ul style="list-style-type: none"> ● Physicians; ● Nurse practitioners; ● Physician assistants; ● Nurse midwives; ● Clinical nurse specialist; ● Clinical psychologists and clinical social workers (these professionals cannot bill for psychotherapy services that include medical evaluation and management services); ● Registered dietitians or nutrition professionals. 	<p>Adds “applicable professional” to providers able to be reimbursed through telehealth. Applicable provider includes:</p> <ul style="list-style-type: none"> ● Respiratory therapist; ● Audiologist; ● Occupational therapist; ● Physical therapist; or ● Speech language pathologist.
ELIGIBLE SERVICES	<p>Eligible services limited to specific list of CPT codes established by CMS in physician fee schedule. Professional consultation, office visits and office psychiatry services are the only services required to be provided via telehealth in statute.</p>	<p>Requires telehealth services to include respiratory services, audiology services, and outpatient therapy services (including physical, occupational and speech language pathology services).</p>

REMOTE PATIENT MONITORING SERVICES FOR CHRONIC CONDITIONS

HR 2291 would include applicable remote patient monitoring (RPM) services under the definition of “medical and other health services” and allow (but not require) payment for applicable RPM services for up to 90 days, at which point it could be renewed by the physician who provides chronic care management to the individual if the individual continues to qualify.

DEFINITIONS

Applicable remote patient monitoring service - *Remote patient monitoring services (defined below) furnished to provide for the monitoring, evaluation, and management of an individual with a covered chronic condition (defined below), insofar as such services are for the management of such chronic condition.*

Remote patient monitoring services - *Services furnished through remote patient monitoring technology.*

Remote patient monitoring technology - *A coordinated system that uses one or more home-based or mobile monitoring devices that automatically transmit vital sign data or information on activities of daily living and may include responses to assessment questions collected on the devices wirelessly or through a telecommunications connection to a server that complies with the Federal regulations (concerning the privacy of individually identifiable health information) promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996, as part of an established plan of care for that patient that includes the review and interpretation of that data by a health care professional.*

Covered chronic health condition - *Applicable condition when under chronic care management, defined in and applied under 1886(a)(5) (includes conditions selected by the Secretary under specific criteria for purposes of the Hospital Readmissions Reduction Program which includes congestive heart failure and chronic obstructive pulmonary disease).*

In determining the relative value of applicable remote patient monitoring services, the Secretary would be required to take into consideration physician or practitioner resources, practice expense cost and malpractice expense resources. The Secretary must provide for separate payment for the service and cannot adjust the relative value units assigned to other services that might otherwise have been determined to include such separately paid remote patient monitoring services.

IMPACT & ANALYSIS

HR 2291 would expand reimbursement for telehealth in several ways, allowing for more expansive reimbursement for store and forward, and opening up reimbursement for additional distant site providers, originating sites, and services. HR 2291 maintains Medicare's geographic restriction (except for critical access hospitals and sole community hospitals), and the option for sites to qualify as a rural HPSA or federal demonstration project, however adds that if a site qualifies as a non-MSA it must also be located in a county that does not have a population of greater than 70,000 individuals. This has the potential to disqualify some originating sites that previously qualified without the 70,000 individual restriction. CCHP is uncertain if this was the intent of the author.

HR 2291 would also allow for reimbursement for applicable remote patient monitoring services, although it is defined separately from telehealth. This distinction allows RPM services to avoid the restrictions on telehealth services that currently exist in the Medicare program, however also further solidifies the modality as different from telehealth. The bill only provides Medicare the ability to cover applicable RPM services, but does not require them to do so.

Prepared by:

