

## HR 5294 - Health Equity and Accountability Act of 2014

Rep. Lucille Roybal-Allard (D-CA)

**Author Intent:** To improve the health of minority individuals, and for other purposes

### CROSS-STATE LICENSURE

Facilitating the provision of telehealth services across state lines

#### Current Law

States determine the requirements for licensing within their prospective state. Most states require providers to have a full license to practice via telehealth in their state. Currently, only 10 state medical boards issue special licenses or certificates related to telehealth allowing an out-of-state provider to render telemedicine services in a state where they are not licensed or allow a clinician to provide services in a state if certain conditions are met (such as agreeing that they will not open an office in that state). Other states have laws that don't specifically address telehealth and/or telemedicine licensing, but make allowances for practicing in contiguous states, or in certain situations where a temporary license might be issued, provided the specific state's licensing conditions are met.

#### Bill Language

HR 5294 requires the Secretary of Health and Human Services (HHS), in consultation with other stakeholders, to encourage and facilitate the adoption of provisions allowing for multi-state practitioner practice across State lines, in order to expedite the provision of telehealth services covered by Medicare.

#### Impact and Analysis

This bill would require the Secretary of HHS to take some sort of action, in conjunction with other stakeholders, to encourage and facilitate the adoption of provisions that would allow for practitioners to practice across state lines for the Medicare program. It is unclear from the bill what would be expected by the Secretary in relation to activities involved in encouraging and facilitating telehealth adoption. To comply with the bill, the Secretary could potentially form a workgroup on the matter, hold meetings to discuss the issue, write support letters on the subject, or a variety of other things. The ambiguity of the bill's language leaves it up to the Secretary to decide what action steps they want to take.

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## Impact and Analysis (cont.)

Recently, there has been momentum on the issue of cross-state licensure, with the Federation of State Medical Boards releasing language for an Interstate Medical Licensure Compact and the introduction of federal bills, such as HR 3077 (Nunes), allowing Medicare providers licensed in a state to provide telemedicine services to Medicare beneficiaries in a different state. The Secretary would therefore have many opportunities to encourage the type of provisions HR 5294 seeks to promote in the Medicare program. However, the bill in no way ensures practitioners will be able to practice across state lines. It instead merely instructs the Secretary to encourage and facilitate policy changes that would allow for it.

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## Pilot, Initiatives, and Grant Projects

### Current Law

N/A

### Bill Language

#### Telehealth and the Rural Access Pilot Project

HR 5294 requires the Secretary of Veterans Affairs, the Secretary of Defense and the Secretary of Health and Human Services to establish four-year telehealth pilot projects associated to the delivery of services related to the diagnosis and treatment of prostate cancer. The projects must be analyzed for their clinical outcomes and cost effectiveness in a variety of geographic areas that contain high proportions of medically underserved populations.

#### Innovations in Cultural and Linguistic Competence Grants

HR 5294 requires the Secretary to award grants to eligible entities to enable them to design, implement and evaluate innovative, cost-effective programs and research to improve cultural competence and language access in health care for individuals with limited-English proficiency. One of the ways the entity can use the funds is to develop, implement and evaluate models of providing competent interpretation services through onsite interpretation, telephonic interpretation, or video interpretation.

#### Health Care Professionals Treating Individuals with HIV/AIDS

HR 5294 requires the Secretary to expand, intensify and coordinate workforce initiatives of the Health Resources Services Administration to increase the capacity of the health workforce focusing primarily on HIV/AIDS to meet the demand for culturally competent care and allows them to award grants for the development and implementation of programs to increase the use of telehealth to respond to HIV/AIDS-specific health care needs in rural and minority communities (among other topics).

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## Medicare Remote Monitoring Pilot Projects

HR 5294 requires the Secretary, not later than 9 months after the date of enactment, to conduct pilot projects under Title XVIII of the Social Security Act for the purpose of providing incentives to home health agencies to utilize home monitoring and communications technologies that enhance health outcomes for Medicare beneficiaries and reduce expenditures.

### Impact and Analysis

The utility of telehealth has already been well established through countless studies and research. It is especially useful in increasing access for underserved populations, which is the main goal of the telehealth related projects outlined within the bill. This targeting of specific underserved populations which include African-Americans, Latino or Hispanic, and American Indians/Alaska Natives appears to allow some of the projects to be conducted in urban areas rather than just restricting a telehealth project to a rural area. These projects will help add to the already existing data, and hopefully encourage further adoption of policies that will facilitate telehealth adoption and expand access to care for underserved populations.

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The Center for Connected Health Policy (CCHP) is a non-profit, nonpartisan organization that develops and advances telehealth policy solutions that promote improvements in health and health care systems. CCHP is the federally designated National Telehealth Policy Resource Center (NTRC-P), providing technical assistance to twelve Regional Resource Centers nationwide, and serves as a national resource on telehealth policy. The NTRC-P project is made possible by Grant #G22RH24746 from the Office of the Advancement of Telehealth, Health Resources and Services Administration, Department of Health and Human Services. CCHP was created in 2008 by the California HealthCare Foundation, who remains its lead funder. CCHP is a program of the Public Health Institute.