

HR 5475 - Health Equity and Accountability Act of 2016

Rep. Kelly (D-IL)

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

Facilitating the Provision of Telehealth Services across State Lines

Requires the Secretary of Health and Human Services (HHS) to encourage and facilitate the adoption of provisions allowing for multistate practitioner practice across State lines for telehealth provided services in the Medicare program.

Impact & Analysis

State licensing boards currently have jurisdiction over licensing requirements in their prospective states. Although some states issue telehealth specific licenses, while others are joining the Interstate Medical Licensure Compact (an expedited licensure process), for the most part state licensing boards still require health care providers to obtain a license in their state to treat patients located within their borders, even when the health care provider is licensed in another state. This provision would not change this requirement and would only apply to telehealth services provided under the Medicare program. It would only require HHS to take some action to “encourage and facilitate” the adoption of practice across State lines but does not specify what means would be taken to “facilitate”.

Demonstration Projects

Demonstration Program on Training and Employment of Alternative Dental Health Care Providers for Dental Health Care Services for Veterans in Rural and Other Underserved Communities; Members of the Armed Forces and Dependents Lacking Ready Access to Such Services; Prisoners Within the Custody of the Bureau of Prisons; Under the Indian Health Service.

This demonstration program, among other components, would allow dental services to be administered by alternative dental health care providers and other dental care providers who are licensed to provide clinical care, through telehealth-enabled collaboration and supervision when appropriate and feasible.

Expanding Prostate Cancer Research, Outreach, Screening, Testing, Access and Treatment

Requires the Secretary of Veterans Affairs, Secretary of Defense and Secretary of Health and Human Services (HHS) to establish a four year telehealth pilot project to measure the clinical outcomes and cost effectiveness associated with delivering prostate care through telehealth in medically underserved populations, including African-Americans, Latinos or Hispanics, American Indians/Alaska Natives, and those in rural areas. **Details of the project include:**

- The project will promote efficient use of specialist care through better coordination of primary care and physician extender teams in underserved areas and more effectively employ tumor boards to better counsel patients.
- Priority will be given to entities located in medically underserved areas, particularly those that include African-Americans, Latinos and Hispanics, and facilities of the Indian Health Service. The Secretaries would be required to evaluate the following:
 - ▶ The effective and economic delivery of care in diagnosing and treating prostate cancer using telehealth in medically underserved and tribal areas.
 - ▶ The effectiveness of improving the capacity of nonmedical providers and nonspecialized medical providers to provide health services for prostate cancer in medically underserved and tribal areas.
 - ▶ The effectiveness of using telehealth services to provide prostate cancer treatment in medically underserved areas, including the use of tumor boards to facilitate better patient counseling.
- A report 12 months after the completion of the pilot project must describe the outcomes of the pilot project, including cost savings and efficiencies realized and provide recommendations for expanding telehealth services.

Health Care Professionals Treating Individuals with HIV/AIDS

Requires the Secretary of HHS to expand, intensify, and coordinate workforce initiatives of the Health Resources and Services Administration to increase the capacity of the health workforce specifically in relation to HIV/AIDS to provide culturally competent care. It states that the Secretary may award grants for the development and implementation of programs to increase the use of telehealth to respond to HIV/AIDS-specific healthcare needs in rural and minority communities.

Medicare Remote Monitoring Pilot Project

Requires the Secretary of Health and Human Services 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.

Details of the pilot project are as follows:

- The sites chosen for the pilot project can be located in both urban and rural areas.
- At least three of the sites must be located in a state with a population of less than 1,000,000.
- The Secretary will identify the selection criteria for the Medicare beneficiaries who can participate in the project.
- The Secretary will establish performance targets for each home health agency participating in the project using an adjusted historical performance target or comparative performance target methodology (see bill text for description).
- The Secretary will pay an incentive payment to participating home care agencies for each year under the pilot that is equal to the portion of the Medicare savings realized for the year relative to the performance target. The aggregate expenditures cannot exceed the amount that the Secretary estimates it would have spent if the pilot projects had not been implemented.
- The Secretary may waive titles XI and XVIII of the Social Security Act as it deems appropriate.
- Not later than 5 years after the date that the first pilot project under this section is implemented, the Secretary would be required to submit to Congress a report on the pilot projects. The report must address issues related to expansion of the project and recommendations for legislation and administrative action.

Impact and Analysis

These demonstrations and pilots would provide further evidence to Medicare on the efficacy, health outcomes and costs associated with the proposed telehealth applications and specifically related to the target populations of the bill (i.e. military, veterans, prisoners, Indian Services and medically underserved populations).

The Remote Monitoring pilot, specifically, could potentially result in Medicare considering the expansion of the pilot or expanding reimbursement for RPM more generally. Sixteen state Medicaid programs already reimburse for some form of RPM services, usually providing reimbursement to home health agencies like the proposed pilot project. Under the proposed pilot, the Secretary would have the authority to choose the Medicare beneficiaries who will participate in the project. For example, the Secretary could decide to limit it to patients with diabetes or COPD. The bill would also give the Secretary authority to waive any of the current restrictions on the use of telehealth in Title XVIII of the Social Security Act (i.e. geographic, originating site, provider, service restrictions). However, this section of the bill specifically refers to “home monitoring and communications technologies”, and does not use the term “telehealth” so the restrictions currently placed on telehealth may not apply. The Act does not provide a definition of “home monitoring and communications technologies” or “remote monitoring” (referred to in the title of the section).