

“Medicare Telehealth Parity Act of 2014”

This proposal would expand specific telehealth services under Medicare in two-year increments over three phases.

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/“originating site.”
- Telehealth services may only be administered by a select group of practitioners.
- Store-and-forward technologies are only permissible for demonstration projects in Alaska and Hawaii.
- Remote patient monitoring (RPM) is not a covered telehealth service.

“Medicare Telehealth Parity Act” provisions:

Phase 1 (enactment):

- Store-and-forward and video conferencing technologies would be covered telehealth services in all Federally Qualified Health Centers (FQHCs).
- Store-and-forward and video conferencing technologies would be covered telehealth services in metropolitan counties with populations under 50,000.
- Addition of Walk-In Retail Health Clinics as an originating site for populations of 50,000 and under.
- Addition of telehealth provider, certified diabetes educator.
- The addition of remote patient monitoring (RPM) as a covered telehealth service for specific chronic conditions: diabetes, congestive heart failure, and COPD.
- RPM coverage for diabetes is only expanded to FQHCs.

Phase 2 (2 yrs after enactment):

- Store-and-forward and video conferencing technologies would be covered telehealth services in metropolitan counties with populations of 50,000-100,000.
- The addition specific outpatient therapists as covered telehealth providers: speech language pathology, audiology, respiratory.
- The addition of the beneficiary’s home as an “originating site” for home health services/agencies, durable medical equipment, home dialysis and hospice.

Phase 3 (4 yrs after enactment):

- Store-and-forward and video conferencing technologies would be covered telehealth services in metropolitan counties with populations greater than 100,000.
- Addition of Walk-In Retail Health Clinics as an originating site nationwide.

Miscellaneous:

- GAO reports/studies on the use of RPM and telehealth services for outpatient therapies.
- Facility fees would not be provided for new “originating site” locations.

- Allows the Secretary to implement additional payment methods and/or covered conditions administered via telehealth as deemed necessary.