

Issue Brief

Expand Medicare Beneficiaries' Access to Digital Health, Including Telehealth & Remote Patient Monitoring

Impact of COVID-19 & Telehealth Flexibilities During the PHE

Providing rehabilitation therapy services using telehealth and Remote Patient Monitoring (RPM) technology is a 21st Century approach to healthcare, which is patient-centered and increases beneficiaries' access to care. Prior to the COVID-19 Public Health Emergency (PHE), rehabilitation services could be provided via telehealth, but were not reimbursable under Medicare. In 2020, the Centers for Medicare & Medicaid Services (CMS) waived certain Medicare restrictions to allow providers to be reimbursed for services delivered via telehealth, to ensure access to therapy for patients who otherwise may have gone without the rehab therapy they need during the PHE. Therapists' ability to evaluate patients, supervise and provide therapy via telehealth prevented declines in patient function. Remote Patient Monitoring, a key aspect of digital health, also is important to patient care quality.

Reimbursement for telehealth services is equivalent to those services delivered in-person; however, many of the therapy services delivered in skilled nursing facilities via telehealth are provided using a facilitator to help support usage of the technology and/or support the clinical intervention from a safety perspective. The labor cost for the facilitator is in addition to the labor cost of the clinician providing the service. The additional resources that are needed can increase the cost of providing the services via telehealth beyond what is currently being reimbursed and should be considered when setting reimbursement policy for telehealth on a permanent basis.

Background

Medicare policy permits a limited number of Part B services to be furnished by physicians and other practitioners to an eligible beneficiary through HIPAA-compliant telecommunications systems. The statutory list of practitioners that can deliver services using telehealth does not include rehabilitation therapists. Other Medicare restrictions on the provision of services via telehealth in place prior to COVID-19 include an "originating site" requirement that precludes eligible Medicare beneficiary from receiving such services when the patient is not located at an approved setting (such as a Skilled Nursing Facility or SNF) in either a rural Health Professional Shortage Area (HPSA) located either outside of a Metropolitan Statistical Area (MSA) or in a rural census tract; or a county outside of a MSA. This existing Medicare policy significantly restricts who and where services can be delivered via telehealth.

Temporary Telehealth Expansion under the CARES Act

In 2020, the *Coronavirus Aid, Relief & Economic Security Act (CARES) Act* granted CMS the authority to waive Medicare coverage and payment rules for telehealth services. This much-needed relief expanded healthcare practitioners' ability to reach patients through telehealth, which proved to be an important tool for addressing patient needs while reducing in-person contact to slow the spread of COVID-19 in the long-term care setting. This new law also gave CMS authority to allow rehabilitation therapists to provide therapy services via telehealth.

Ask Congress

To make permanent CMS' flexibilities on telehealth and Remote Patient Monitoring (RPM), which were granted for the PHE that allow rehabilitation therapists in post-acute care settings to furnish services via telehealth

To cosponsor the *Expanded Telehealth Access Act of 2021 (H.R. 2168/S.3193)*, which would permanently expand telehealth coverage under the Medicare program

To cosponsor the *Telehealth Extension Act of 2021 (H.R.6202)*, which would extend the current telehealth flexibilities, including those for rehab therapists, for an additional two years after the PHE ends

Key Facts

Under current law, outside of the COVID-19 PHE, Medicare only pays for a limited number of Part B services furnished by a physician or practitioner to an eligible beneficiary via telehealth.

Outside of the PHE, Medicare does not pay for services delivered via telehealth by rehab therapists to Medicare beneficiaries in nursing facilities.

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Temporary Telehealth Expansion under the CARES Act, Cont'd

On April 6, 2020, CMS expanded the types of covered telehealth services, which included 21 CPT codes for services that are furnished by rehabilitation therapists. This CPT code list again would be expanded nearly a year later when CMS added 24 more audiology and SLP codes. On April 30, 2020, CMS authorized physical therapists (PTs), occupational therapists (OTs) and speech language pathologists (SLPs) to utilize telehealth, but only for the duration of the PHE for COVID-19 (retroactive to March 1, 2020). On May 27, 2020, CMS issued a Frequently Asked Questions (FAQ) document that clarified that rehabilitation therapists in the institutional setting (*i.e.*, SNFs) can utilize telehealth.

Congressional Activity

NASL endorsed the ***Expanded Telehealth Access Act of 2021 (H.R.2168/S.3193)***, which was introduced on March 23, 2021, by Representatives Mikie Sherrill (D-NJ) and David McKinley (R-WV). This bipartisan bill would permanently add physical therapists, audiologists, occupational therapists, and speech language pathologists to the statutory list of providers who can provide services via telehealth. Additionally, the bill would also add nursing facilities as a type of “practitioner” that can furnish and bill telehealth services in all areas, not just rural areas. This would allow all nursing facilities to obtain services such as therapy and physician services via telehealth.

NASL also endorsed the ***Telehealth Extension Act of 2021 (H.R.6202)***, which was introduced on December 9, 2021, by House Ways & Means Health Subcommittee Chairman, Rep. Lloyd Doggett (D-TX), along with Health Subcommittee Ranking Member, Rep. Devin Nunes (R-CA), among other Health Subcommittee members. This bipartisan bill would, among other things, temporarily extend the telehealth flexibilities that have been granted during the PHE, including those for rehab therapists treating patient in nursing facilities, for an additional two years after the PHE ends. This temporary extension of these authorities would prevent an abrupt cliff in services at the end of the PHE and allow for further study of the utilization and impact of telehealth in different medical settings. In addition, the bill would also permanently end outdated geographic and site restrictions on where patient can receive approved telehealth services.

NASL Asks Congress to:

- Permanently expand telehealth authority to allow rehabilitation therapists to provide and receive reimbursement for services furnished via telehealth to patients in nursing facilities.
- Allow flexibilities so that emerging models can combine technologies such as RPM and telehealth to monitor, treat and follow the patient from one setting to another.
- Cosponsor the ***Expanded Telehealth Access Act of 2021 (H.R.2168)***, which would authorize PTs, OTs and SLPs who work in nursing facilities as reimbursable Medicare telehealth practitioners.
- Cosponsor the ***Telehealth Extension Act of 2021 (H.R.6202)***, which would temporarily extend the current telehealth flexibilities, including those for rehab therapists, for an additional two years after the PHE ends