



## Issue Brief

# Expand Access to Digital Health, Including Telehealth and Remote Patient Monitoring Services, in Medicare

### Impact of COVID-19 and Telehealth Flexibilities During the PHE

Providing rehabilitation therapy services using telehealth and remote patient monitoring (RPM) technology is a twenty-first century approach to healthcare that is patient-centered, protects patients, protects providers, and increases beneficiary access to care. Prior to the Public Health Emergency (PHE), rehabilitation services were able to be provided via telehealth, although they were not reimbursable under Medicare. The combination of the PHE and the Centers for Medicare and Medicaid Services (CMS) waiver allowed services provided via telehealth to be reimbursed, and provided access to therapy for patients that otherwise would have gone for months without rehab therapy to maintain or increase their function and other abilities. Therapists' ability to evaluate patients, supervise and provide therapy via telehealth maintained beneficiaries' access to care and prevented declines in patient function that could have continued for months. Provider data shows outcomes for services delivered during the PHE using telehealth were equal in quality to those that were delivered in-person. Remote Patient Monitoring, a key aspect of digital health was also important to patient care quality.

During the PHE, reimbursement for telehealth services is equivalent to those services delivered in-person; however, most services delivered via telehealth in skilled nursing facilities 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

Under current law, prior to the ongoing PHE for COVID-19, Medicare allows for a limited number of Part B services 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. Medicare beneficiaries can receive services via telehealth only if the services are provided from an "originating site" (which includes SNFs), which is the location of an eligible Medicare beneficiary at the time the service is furnished via a telecommunications system occurs. Additionally, the originating site must be located 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. So, current law significantly restricts where services via telehealth can be delivered and who can deliver them.

### Temporary Telehealth Expansion under the CARES Act

In 2020 the **Coronavirus Aid, Relief, and Economic Security Act (CARES) Act** was signed into law, granting 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, an important tool for addressing patient needs

### Ask Congress

Make permanent the telehealth and remote patient monitoring (RPM) flexibilities granted during the PHE allowing for rehabilitation therapists in post-acute care settings to furnish services via telehealth

Please co-sponsor the *Expanded Telehealth Access Act of 2021* (H.R.2168), and the *CONNECT for Health Act of 2021* (S.1512/H.R.2903), which would both permanently expand telehealth coverage under the Medicare program.

### Key Facts

Under current law, outside of the PHE for COVID-19, 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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while reducing in-person contact to slow the spread of COVID-19. This new law also gave CMS authority to include rehabilitation therapists in the list of authorized telehealth practitioners.

On **April 6, 2020**, CMS expanded the types of covered telehealth services to include 21 CPT codes for services that are furnished by rehabilitation therapists. The CPT code list was expanded again on March 30, 2021, to include 24 more audiology and SLP codes. On **April 30, 2020**, CMS authorized PTs, OTs, and SLPs to utilize telehealth, but only for the duration of the PHE for COVID-19 (Retroactive to March 1, 2020); and 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 also utilize telehealth.

### **Congressional Activity**

NASL endorsed the ***Expanded Telehealth Access Act of 2021 (H.R.2168)***, which was reintroduced on March 23, 2021, by Rep. Mikie Sherrill (D-NJ). This bill would make permanent the telehealth reimbursement eligibility for physical therapists, audiologists, occupational therapists, and speech language pathologists and permit the Secretary of Health and Human Services to expand this list even further. Additionally, the bill would also add nursing facilities as a type of “practitioner” that can furnish and bill telehealth services.

NASL also supports the ***Creating Opportunities Now and Effective Care Technologies (CONNECT) for Health Act of 2021 (S.1512/H.R.2903)***, which was reintroduced on April 30, 2021, by Sen. Brian Schatz (D-HI), along with a bipartisan group of 50 other U.S. Senators. The bill was originally introduced in 2016, and again in 2017 and 2018, and the new version would expand coverage of Medicare telehealth services and make some of the COVID-19 telehealth flexibilities (i.e., waiver of originating site restrictions and geographic restrictions) permanent, among other provisions. The bill provides the HHS Secretary with broad, direct authority to waive existing restrictions for payment of telehealth services under section 1834(m) of the Social Security Act when certain criteria are met. The bill also authorizes the CMS innovation center (CMMI) to test payment models that allow healthcare professionals, such as physical therapists (PTs), occupational therapists (OTs), and speech-language pathologists (SLPs), to furnish rehabilitation therapy to Medicare beneficiaries using telehealth.

### **NASL Asks Congress to:**

- Permanently expand telehealth and RPM authorities to original Medicare that are already available to beneficiaries covered by Medicare Part C, Medicaid, and private insurance. This includes expanding authority to rehabilitation therapists to provide and be reimbursed for their services furnished via telehealth to patients in nursing facilities.
- Permanently expand the originating site requirement to include *all post-acute care settings* regardless of geographic location to better serve Medicare beneficiaries;
- 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.
- Co-sponsor the ***Expanded Telehealth Access Act of 2021 (H.R.2168)***, which would authorize PTs, OTs, and SLPs in nursing facilities as reimbursable Medicare telehealth practitioners.
- Co-sponsor the ***CONNECT for Health Act of 2021 (S.1512/H.R.2903)***, which would give CMS authority to include therapists as telehealth practitioners and authorize CMMI to test payment models that allow PTs, OTs, and SLPs to furnish rehabilitation therapy utilizing telehealth and remote patient monitoring technology.