AMERICAN TELEMEDICINE ASSOCIATION

TRANSFORMING HEALTH CARE FOR PATIENTS: 2017 POLICY PRIORITIES

ATA supports public policies -- at both state and federal levels -- for patients, providers and payers to realize the benefits of telemedicine. We base our priorities on five principles:

- Eliminate artificial government barriers to telehealth, such as geographic discrimination and restrictions on the use of telehealth in managed care;
- Prevent new barriers to telehealth, such as clinical practice rules that impose higher standards for telehealth-provided services than in-person care;
- Encourage use of telehealth to reduce health delivery problems, such as provider shortages;
- Promote payment and service delivery models to increase consumer and payer value using telemedicine: and
- Enhance patient choice, outcomes, convenience, and satisfaction.

IMPROVE COVERAGE AND PARITY FOR TELEMEDICINE SERVICES BY ALL PAYERS

Medicare Coverage for Telehealth

ATA supports Congressional enactment of the CHRONIC Care (S. 870), CONNECT for Health, Telehealth Enhancement, and Medicare Telehealth Parity proposals. In particular, Medicare should:

Allow telehealth and remote patient monitoring in payment and service innovations. ATA believes providers in value-based payment innovations, such as Medicare Advantage and accountable care organizations, should have the flexibility to fully use telehealth and patient monitoring. Their coverage flexibility should be proportional to their financial risk.

Improve care of costly chronic conditions. Medicare relies on an outmoded approach to managing the needs and costs for the growing number of beneficiaries with multiple chronic conditions, who are homebound, or at-risk for inpatient stays. To improve care for beneficiaries:

- Start remote patient monitoring for beneficiaries under chronic care management for the medical conditions used for the hospital readmission reduction program;
- Adjust Medicare payment methods for federally-qualified health centers to facilitate the provision of chronic care coordination and remote monitoring;
- Reward hospitals for extra reductions in readmissions by sharing the extra savings and, thus, compensate a hospital for costs related to patient monitoring, home video, etc.; and
- Authorize a state's Medicaid "health home" to also cover Medicare beneficiaries in the state.

Remove artificial coverage barriers in fee-for-service Medicare. Congress should remove statutory barriers in Social Security Act section 1834(m) and allow Medicare telehealth services for:

- Services delivered wherever the beneficiary is, especially their home (e.g., kidney dialysis);

- The almost 80% of Medicare beneficiaries not covered because they live in a "metropolitan area," notably for stroke diagnosis and federally qualified health centers;
- "Store-and-forward" for services such as wound management and diabetic retinopathy;
- Provider services otherwise covered by Medicare, such as physical therapy, occupational therapy, and speech-language-hearing services; and
- An already-covered health procedure rendered by a telehealth method.

Medicaid Coverage for Telehealth

Every state Medicaid program covers some telehealth -- and each state can improve. Nothing in Federal law or regulations bars the coverage of telehealth-provided services. Also, CMS should notify states that Medicaid should cover telehealth-provided services statewide and comparable to in-person services, unless the state is approved for a waiver of these federal requirements.

ATA will work with our members, state officials and stakeholder organizations on innovations to:
- Allow for innovative payment and service delivery models using telehealth, such as managed care plans, accountable care organizations, and dual eligible initiatives;
- Provide telemedicine coverage for specialty services and conditions related to substance abuse, high-risk pregnancies and premature births, and autism;
- Integrate remote patient monitoring with home and community-based and "health home" programs for people with chronic conditions to continue living at home and avoid expensive inpatient facilities; and
- Allow telehealth coverage to anywhere, anytime, including homes, schools, and urban areas;
- Maximize video use to reduce spending for non-emergency patient transport and unnecessary disruption for patients.

Other Major Federal and State Coverage Opportunities

- Federal health benefit plans: They should take full advantage of the benefits and efficiencies telemedicine offers. There is no legal basis to deny a telehealth-provided claim for a service that is already covered when using a traditional delivery method, except for Medicare law.
- State-regulated private insurance: ATA supports legislation for parity between telehealth and in-person coverage in the 17 states that still allow such discrimination.
- State employee health plans: Twenty-six states have some coverage for telehealth under at least one state employee health plan. ATA urges states to ensure coverage parity for its employees.
- Worker's compensation: ATA urges states to close coverage loopholes and ensure telehealth parity for plans covering injured workers.
- Health plan network adequacy: ATA encourages states to modernize with the National Association of Insurance Commissioners reforms for assuring sufficient access to providers using telemedicine.

REMOVE LICENSING BOARD BARRIERS TO TELEMEDICINE

Telemedicine is a way of delivering health services and should be regulated comparably with services provided in-person. An increasing problem is states adopting clinical practice rules with higher specifications for telehealth than in-person care, such as prerequisites for an in-person assessment, established relationship, or physical examination. Extra, often higher, standards for telemedicine are bad for patients' access and choice. A result of the U.S. Supreme Court's recent decision on *N.C. State*

Bd. of Dental Examiner v. FTC is that state licensing boards, as traditionally constituted, are now exposed to the risk of federal lawsuit for anti-competitive rules and other actions.

Although providers of telemedicine services are reimbursed based on their location, state licensing laws and regulations generally require they also be licensed and follow the practice rules of the patient's location. This impedes smooth and efficient interstate use of telemedicine and the mobile patterns of 21st century patients, providers, and health delivery systems. Such state-by-state approaches inhibit people from receiving critical, often life-saving medical services that may be available to their neighbors living just across the state line. These barriers also cost health professionals and taxpayers hundreds of millions of dollars each year.

ATA encourages state lawmakers to accommodate interstate care. A range of options have been proposed for licensure reform, including multi-state compacts based on mutual recognition. We support state action to join the pending compacts for nurses, physical therapists, physicians, and psychologists.

Further, for many federal health professionals, one state license is now sufficient to serve patients in any state. The "one state license" model should be used for all federal health care, notably agencies (such as the Department of Veterans Affairs and of Health and Human Services), health benefit programs (such as Medicare and TRICARE), federally-funded health sites (such as community health centers and rural clinics), and during federally-declared emergencies or disasters.

Regarding internet prescribing, state regulations should not interfere with the ability of a duly licensed and authorized healthcare provider from using telemedicine to prescribe, or dispense, for a patient with a pre-existing relationship, regardless of the patient's location, with the exception of federally controlled substances. Further, states should pursue policies that enforce prescription drug monitoring to mitigate the abuse, misuse, and diversion of controlled substances.

INCREASE FEDERAL COORDINATION AND ITS IMPACT ON TELEMEDICINE

The federal government has several mechanisms that directly affect the growth and use of telemedicine: paying for services under health benefits plans, providing telemedicine services directly, funding telemedicine projects and innovations, and regulating devices, services and related applications. There are numerous and diverse federal agencies with a role in telemedicine. ATA will encourage the Trump Administration and Congress to follow-through with:

- Federal reimbursement of federally-funded health providers (such as community health centers) for telehealth services.
- Coordination of telehealth policies based on a Presidential Executive Order and with high-level leadership for programs, regulations, and funding to maximize the federal return on investment and better serve peoples' needs. An example of policy tension is federal promotion of e-prescribing while wanting to control appropriate purchase of medications over the internet.
- Use of telehealth to achieve many of the federal government's interests, such as improving population health, sustaining leadership in innovation and improving government efficiency.

LEVERAGE THE FCC'S BROADBAND DEPLOYMENT AND UNIVERSAL SERVICE PROGRAMS

To maximize the value of telehealth, the Federal Communications Commission (FCC) should:

- Extend the availability, capacity, and quality of broadband infrastructure, to the maximum extent economically feasible.

- Encourage a nationwide grid with Federal support of network bridging between and among the hundreds of telemedicine networks in the U.S. to expand the reach of healthcare services and improve care management.
- Foster the development and deployment of 5G wireless connectivity.
- Update the Rural Health Program so that all rural Medicare and Medicaid telehealth sites are eligible for discounted rates.
- Use the Lifeline program for essential communications services, including broadband.

INTEGRATE EHR/HIE AND TELEMEDICINE

Electronic health records (EHRs) provide an important resource for providers using telemedicine. ATA will focus on:
- Federal efforts to enhance interoperability and health information exchange: The primary public purpose of EHRs should be nationwide exchange of health information. Health information exchanges (HIEs) should compile data from multiple EHRs to develop a longitudinal record for patients with high priority health conditions. EHRs and HIEs should be a means to improve patient access to needed health care, reduce disparities and more efficiently use scarce specialist resources. Unique patient and provider identifiers are necessary components for seamless health information exchange.
- Broader application of EHRs/HIEs and other data reporting: Federal "meaningful use" standards should apply to all federal health care programs. Higher EHR/HIE standards and performance reporting should be expected for government program innovations. Patient encounter data needs to reduce professional-related administrative burdens of licensure, credentialing and privileging as well as to augment the National Practitioner Data Bank.

BOOST EMERGENCY PREPAREDNESS AND RESPONSE

Existing applications and networks are potentially critical components of the emergency communications and response capabilities of a region -- including capacity to respond to health epidemics. The use of services such as alternate care sites, reach-back surge capacity, and access to advanced specialties, can prove critical in emergency situations. The federal government is in an important position to lead such efforts to ensure the coordination and usability of these resources for emergency communications.

IMPROVE INTERNATIONAL TELEMEDICINE POLICY AND UTILIZATION

ATA will work with a variety of international organizations to maintain a targeted, relevant set of policy priorities addressing the globalization of telemedicine -- especially the growing use of telemedicine across national borders. The driving forces behind ATA's international involvement reflect the varied interests of our members and leaders. These can be summarized in three goals:
- Trade promotion: Harmonize national policies and foster competitive innovation;
- Humanitarian: Assist those using telemedicine to provide services to populations without adequate access to healthcare, particularly in less developed nations; and
- Medical diplomacy: Support the use of healthcare services to bring about better cooperation and goodwill around the globe.