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Improving Telemedicine

Senators should include in legislation being developed by the Senate Finance Committee elements to eliminate payment and regulatory barriers to telemedicine in ways that support the patient-physician relationship. This includes eliminating geographic site restrictions that limit reimbursement of telemedicine services by Medicare, among others, as described below in the “What’s ACP’s view” section. House members should include these elements in comparable legislation being development by the Energy & Commerce Committee.

What’s it all about?

Telemedicine is the use of technology to deliver health care services at a distance. The use of telemedicine technology began mainly in rural settings and federal health programs but has now expanded somewhat in medical specialties and subspecialties across different care settings. Technological advances have made telemedicine more possible, with different types of technologies with different applicable functions. These technologies include: 1) Asynchronous, which transmits a patient’s medical information but is not used in real time; 2) Synchronous, which are real-time interactive technologies, such as 2-way interactive video; and 3) Remote Patient Monitoring (RPM), where a patient’s medical information is gathered through technological devices and sent to a physician or other provider for evaluation and stored in the patient’s medical record.

Telemedicine can be an efficient and cost-effective way to enhance traditional health care delivery. Improving health outcomes, increasing access, and reducing costs are all possible benefits. However, there are challenges. Variations in state and federal laws, limited reimbursement policy, logistic issues, and concerns about the quality and security of the care provided are all barriers to telemedicine being widely adopted.

What’s the current status?

Telemedicine is reimbursed under Medicare for a narrow number of services in specific geographic areas. The list of covered telemedicine services for reimbursement remains small. In addition, services must originate (where the beneficiary is) in a medical facility located in a Health Professional Shortage Area (HPSA) or in a county that is outside of any Metropolitan Statistical Area (MSA). Medicare will reimburse for telemedicine services that mimic face-to-face interactions between patients and approved health care professionals, but will not cover non-interactive telemedicine, like store-and-forward, except in Hawaii and Alaska. Store-and-forward is asynchronous transmission of a patient's medical information not used in real time. An example of store-and-forward technology is a physician sending x-ray images to a specialist to examine and aid in a diagnosis.

Most telemedicine restrictions for Medicare are contained in 42 U.S.C. 1834(m):

Originating Site- The location of the Medicare beneficiary when a telemedicine service is provided is an originating site only if in a HPSA or a county outside of a MSA. Only certain providers can be eligible originating site providers. Originating sites are eligible for a small fee. Some current law examples of an originating site are offices of physicians and hospitals.

Distant Site Practitioners- Providers at a distant site who provide and receive payment for covered telehealth services. Some current law examples of distant site practitioners are physicians, nurse practitioners, and physician assistants.

Covered services- For a narrow list of Medicare services, interactive audio and video that permits real-time communications between the provider at the distant site and the Medicare beneficiary at the originating site are reimbursed.

Remote Patient Monitoring- Generally, remote patient monitoring (RPM) services—the use of telecommunications to monitor high-risk patients at home—are not a coverable telehealth service under Medicare except in very limited circumstances. RPM services are absent from the 42 U.S.C. 1834(m) restrictions that limit the coverage of other telemedicine services in Medicare based on geographic location and facility. As a result, the restrictions on coverage are not the same for RPM as other telehealth services.

Why should the 114th Congress address it?

With current technology improving and demand from both patients and providers, the time is ripe for Congress to address expanding telemedicine in Medicare beyond its current restrictions this year. The Senate Finance Committee is in the process of drafting legislation to improve chronic care management, and they are considering including the following elements related to telemedicine, which ACP supports:

- **Lift geographic limits:** Eliminate geographic site restrictions that limit reimbursement of telemedicine and telehealth services by Medicare to those that originate outside of metropolitan statistical areas or for patients who live in or receive service in health professional shortage areas.
- **Stroke treatment:** Provide every Medicare beneficiary the ability to receive an evaluation critical to diagnosis of an acute stroke via telehealth from a neurologist not on-site. Specifically, this would allow for individuals in urban areas to also receive this form of care delivery.
- **Utilize telemedicine in accountable care organizations (ACOs):** Require ACOs to outline a plan on how they will use telemedicine services particularly to improve chronic care management; have a mechanism in place to electronically transmit a record of the telemedicine encounter to the patient's primary care provider if the eligible telemedicine provider is not the patient's primary care provider.

The Energy and Commerce Committee is also actively working on telemedicine legislation, and ACP continues to engage in discussions with them. This indicates a seriousness on the part of the committees to address this issue and that these measures could serve as possible moving vehicles this year.

What's ACP's view?

ACP urges senators to include in chronic care legislation under development by the Finance Committee, and House members to include in legislation under development by the Energy & Commerce Committee these policies, as noted above, that: **Broadly lift geographic restrictions on telemedicine, facilitate the use of such telehealth services in stroke treatment, and incorporate the use of these services into ACOs.**

Lawmakers in both chambers should also cosponsor bipartisan legislation, Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) For Health Act (the CONNECT For Health Act), H.R. 4442/S. 2484. This bill, introduced by Sen. Brian Schatz (D-HI) and Rep. Diane Black (R-TN-06), would substantially expand the use of telemedicine and remote patient monitoring (RPM) services by physicians to improve care of patients enrolled in Medicare. Specifically, the CONNECT for Health Act would: allow Medicare providers to furnish telemedicine and RPM services to their Medicare patients not subject to restrictions under current law; use RPM services by Medicare providers for certain Medicare beneficiaries with chronic conditions; and lift geographic site restrictions for telestroke evaluation and management sites where the Medicare beneficiary is located.

- [View](#) ACP's position paper on Guiding the Use of Telemedicine in Primary Care Settings
- [View](#) ACP's support letter for the CONNECT for Health Act, H.R. 4442/S. 2484.
- [View](#) ACP's comment to the Senate Finance Committee on chronic care.

Who can I contact to learn more?

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Digital version of this issue brief can be found at: <https://www.acpservices.org/leadership-day/policy-priority-issues>