AARC's Legislative Agenda - Frequently Asked Questions
Updated September 25, 2017

Background

AARC convened a very successful Advocacy Day on Capitol Hill this year. Our agenda started with a two-prong approach that centered on 1) including respiratory therapists as telehealth providers in any telehealth legislation to be introduced in this year's Congress; and, 2) having Congress include, as part of its FY 2018 Labor-HHS Appropriations process, report language asking for a data analysis of COPD claims by CMS that can be used to demonstrate the value of respiratory therapists in improving patient outcomes.

There are now three telehealth bills that include respiratory therapists as telehealth providers and respiratory care as a covered telehealth service. They are **H.R. 2550**, the Medicare Telehealth Parity Act; **H.R. 2291**, the Helping Expand Access to Rural Telemedicine (HEART) Act; and, **H.R. 766**, Telehealth in Public Housing.

PACT representatives' efforts also paid off with respect to report language. The report language we requested has been included in the report accompanying the House Labor, Health and Human Services, Education and Related Agencies FY 2018 appropriations bill. Although the language did not make it into the Senate appropriations report, it doesn't necessarily mean it won't be adopted. At the end of the year, Congress must pass an omnibus reconciliation bill that may have its own report, so the request for a CMS data analysis of COPD claims could be included there. Another option is when they pass the omnibus bill, the House and Senate reports could be deemed separate and binding which would cover our language since it is in the House version.

Our mission now is to gain House co-sponsorship of the three telehealth bills and to beef up our grassroots efforts in district offices during the remainder of the year when Members are home during recess. Our lobbyists will pursue a companion bill in the Senate by scheduling face-to-face meetings with key Senators.

Can you please provide a brief overview of the three bills?

A brief overview of the bills includes the following:

H.R. 2550 - Medicare Telehealth Parity Act

- In addition to respiratory therapists, includes certified diabetes educators, physical therapists, occupational therapists, speech-language pathologists, audiologists and their related services.
- Adds remote patient monitoring (RPM) for patients with COPD, heart failure and diabetes when provided under chronic care management.
- Expands telehealth coverage to any Rural Health Clinic and Federally Qualified Health Clinic and metropolitan counties with populations greater than 100,000.
- Includes store-and-forward technologies.
- Adds an individual's home as a telehealth site.
- Covers telehealth for stroke patients regardless of location.

- Implemented in 3 phrases, each two years apart

H.R. 2291 - Helping Expand Access to Rural Telemedicine (HEART) Act

- In addition to respiratory therapists, includes certified diabetes educators, physical therapists, occupational therapists, speech-language pathologists, audiologists and their related services.
- Expands telehealth coverage to a county with a population greater than 70,000 individuals.
- Covers remote patient monitoring, including evaluation and management, of individuals with a chronic health condition under chronic care management for up to 90 days or longer if qualified.
- Covers store-and-forward technologies furnished from a distant site to an originating site that is a critical access hospital, rural health clinic or sole community hospital.
- Includes Rural Health Clinics as a distant site.

H.R. 766 - Telehealth in Public Housing

- Establishes a 5-year pilot program in which the Secretary of HHS is required to issue regulations within 6 months of the date of enactment.
- In addition to RTs, includes physical therapists, occupational therapists, speech-language pathologists, audiologists and their related services and psychological services.
- Includes Federally Qualified Health Centers and Rural Health Clinics as distant sites
- Does not include remote patient monitoring.
- Covers store and forward technologies as it relates to the demonstration program in Alaska and Hawaii
- Only covers individuals who reside in public housing as defined in section 3(b) of the US Housing Act of 1937.
- Provides services only in rural health professional shortage areas and in a county that is not included in a Metropolitan Statistical Area

Why was it important to ask for language to be included in the FY 2018 Labor-HHS Appropriations Report during our Advocacy Day on the Hill?

Each year, Congress is required to pass appropriations bills to fund the Government. Each bill is accompanied by a report that directs the agencies to report back or take certain actions. We wanted Congressional Members to include a request that asks CMS to conduct a data analysis of COPD claims in various health care settings that will help show how respiratory therapists improve health outcomes, reduce hospital readmissions and lower costs. We believe this approach is necessary to demonstrate the clinical value RTs bring to improving the care provided to their patients. A report from CMS will go a long way to validating respiratory therapists' unique skills and expertise. We focused on COPD because it is the third leading cause of death and the fourth most costly condition with respect to hospital readmissions. Also, it is less complicated to get language added to an appropriations report than passing a standalone bill, so this could be a big "win" for the profession.

Why are we asking for co-sponsorship of three bills instead of focusing on the Medicare Parity Act as we did in past years?

The goal of the AARC is to ensure respiratory therapists are recognized as telehealth providers and that individuals with chronic respiratory disease have access to their expertise through

telehealth. Having three bills that include RTs in the text language provides an excellent opportunity for one of these bills to make it through the Committee process and be included in a larger Medicare package that improves the odds of enactment.

As you know cost is always an issue when it comes to enacting legislation. Although the three bills have similar goals in some areas of telehealth expansion, if it comes down to a request for a Congressional Budget Office cost estimate, one bill may be more favorable over the others in terms of costs to the Medicare program. We don't want to eliminate any chance to see respiratory therapists' expertise recognized and valued.

Since we have already had our Advocacy Day on the Hill and a Virtual Lobby Week in July, what are the plans to gain co-sponsorship during the rest of the year?

The AARC Board's Advocacy and Government Affairs Committee, co-chaired by Frank Salvatore and Raymond Pisani, will be sending out messages via CONNECT routinely to guide PACT representatives on steps to take at the grassroots level while Congressional Members are home during recess. There will be several opportunities during the remainder of the year, particularly during the remainder of August, a week in mid-September, and a couple of weeks on October. Members are also home for a week or two during the Thanksgiving and Christmas holidays. The Committee has volunteers who are assigned to states to help assist in our advocacy efforts.

What are the difference between telehealth, remote patient monitoring and store and forward technologies so I have a better of idea of how they work?

Telehealth is an interactive audio and video telecommunications system which allows real-time face-to-face communication between physicians and other health care providers and their patients located at different sites. For example, the beneficiary may be physically located in a rural health clinic or a skilled nursing facility while the physician is in his/her office suite or the hospital. The term "telemedicine" is often used interchangeably with "telehealth."

Remote patient monitoring is conducted via a coordinated system that uses one or more home-based or mobile monitoring devices that automatically transmit vital sign data or other information as part of a patient's plan of care wirelessly, or through a telecommunications connection to a server, allowing review and interpretation of that data by a health care professional.

Store-and-Forward Telehealth involves the acquisition and storing of clinical information (e.g. data, image, sound, video) that is then forwarded to (or retrieved by) another site for clinical evaluation (e.g., analogous to sending a picture via text message). For Medicare, this means the information would be transmitted from the originating site where the beneficiary is located to the distant site where the physician/practitioner is located for review at a later date.

Did the Medicare Telehealth Parity Act change from last year?

No. The text language of the bill is the same as previously introduced. It still has bi-partisan support with Mike Thompson [D-CA] introducing the bill on behalf of Reps. Gregg Harper [R-MS], Peter Welch [D-VT] and Diane Black [R-TN].

Are there other telehealth bills that don't include RTs?

There are two telehealth bills that AARC has paid particular attention to and advocated for RTs to be included in bill language. They are H.R. 2556/S. 1016, the CONNECT (Creating Opportunities Now for Necessary and Effective Care Technologies) for Health Act, and S. 870, the CHRONIC (Creating High-Quality Results and Outcomes Necessary to Improve Chronic) Care Act.

Although we were unsuccessful prior to reintroduction of these bills to have RTs included, they both include a provision that requires the Secretary to solicit public input via regulation on other health care professionals with specialized training that may be included as telehealth providers in addition to licensure. This could be an opportunity to push for inclusion of RTs; however, as it stands now, this would only apply to Medicare Advantage plans.

The CONNECT for Health Act is the only bipartisan telehealth bill currently that has both House and Senate bills. The CHRONIC Care Act is also bipartisan and is the only telehealth bill to have an official score from the Congressional Budget Office. This bill, in addition to expanding telehealth in alternative payment models, also focuses on extending the Independence at Home Demonstration program, improving access to Medicare Advantage (MA) Plans for vulnerable and special needs populations, and expanding MA supplemental benefits to meet the needs of the chronically ill Medicare enrollees.

Why aren't we pushing for RTs to be included in these bills?

Since the bills have been formally reintroduced, it is difficult to go back and ask for changes. Our lobbyists, however, are continuing to keep an eye on these bills in the event opportunities arise to make amendments where we can advocate again for inclusion of RTs as telehealth providers.

What Does Medicare Cover Currently with Respect to Telehealth Services?

Current Medicare coverage of telehealth services is limited to rural counties and health shortage areas in metropolitan fringes with the patient at a health facility (known as "originating sites). Originating sites include physician offices, hospitals, skilled nursing facilities, and rural health clinics. Practitioners who can provide telehealth services currently include physicians, nurse practitioners, physician assistants, nurse-midwives, clinical nurse specialists, clinical psychologists, clinical social workers, and registered dietitians or nutrition professionals. Only a select number of medical procedures/services are covered such as consultations, counseling services, education, patient assessments, smoking cessation and transitional care management services.

Do the bills that include RTs require a RRT credential to be qualified to furnish telehealth services?

No. Except for certified diabetes educators, the bill only requires that RTs be licensed. Licensure also applies to physical therapists, occupational therapists, speech language pathologists, and audiologists.