PARITY FOR TELEHEALTH

RECOMMENDATION:
The Private Practice Section (PPS) of the American Physical Therapy Association (APTA) urges Congress to pass the Medicare Telehealth Parity Act of 2017 (H.R.2550) in order to allow patients equal access to needed care through telehealth. This parity will increase access while promoting cost savings and quality care in Medicare.

Telehealth is the use of interactive two-way telecommunications systems (with real-time audio and video) to provide health care, health information, or health education from a distance. The bipartisan Medicare Telehealth Parity Act (H.R.2550) was introduced by Representatives Mike Thompson (D-CA), Gregg Harper (R-MS), Diane Black (R-TN), and Peter Welch (D-VT) to enable Medicare to cover the use of telehealth for patient care in the same way that it pays for any other covered services.

Current statute (42 U.S.C. 1834(m)) limits telehealth coverage and reimbursement through:
- **Originating site restrictions** – the patient may only be located at certain clinical sites;
- **Geographic limitations** – the patient may only be located in certain rural areas;
- **Limitations on distant site providers** – only Medicare-defined “physicians” and “practitioners” may provide telehealth services, but not, for example, physical or occupational therapists; and
- **Limitations on covered codes** – CMS must define reimbursable telehealth codes.

Medicare Telehealth Parity Act:
- Amends title XVIII (Medicare) of the Social Security Act to expand telehealth coverage in three phases.
- Extends the term "originating site," for telehealth service payment purposes to additional sites at which the eligible telehealth individual is located at the time of service, including private practice therapy clinics. Also prohibits application of the originating site facility fee to the additional sites.
- **Authorizes additional telehealth providers including physical therapists**, occupational therapists, speech language pathologists, audiologists, and licensed respiratory therapists.
- Expands access to telestroke services, regardless of where the patient is located;
- Allows remote patient monitoring (RPM) for patients with chronic conditions such as heart failure, chronic obstructive pulmonary disease (COPD), and diabetes; and
- Allows the beneficiary’s home to serve as a site of care for home dialysis, hospice care, eligible outpatient mental health services, and home health services.
- Directs the General Accountability Office (GAO) to study the effectiveness of using specified telehealth services between therapy providers and patients, any associated savings, and the potential for greater use of telehealth services for other forms of therapy.

PPS believes that providing access to therapy using telehealth will improve outcomes and save costs. H.R.2550 would accomplish this much-needed policy change.

To cosponsor H.R.2550, please contact Casey Badmington (casey.badminton@mail.house.gov) in Representative Mike Thompson’s office.