



MISSOURI H.B. 1617

Missouri House Bill 1617, sponsored by Representative Jay Barnes, proposes to amend the statute regarding the use of telehealth under the Missouri Department of Social Services, which includes MO HealthNet, Missouri’s Medicaid plan. HB 1617 would alter current law regarding telehealth definitions and reimbursement policy.

Specifically, the perfected version of HB 1617, published on Jan. 30, 2018, voted out of the house and sent to the Senate, would completely eliminate two sections of current law pertaining specifically to asynchronous store-and-forward technology (sec. 208.671) and a telehealth services advisory committee (208.673). It consolidates almost all of the statute relating to reimbursement into sec. 208.670, slightly amends sec. 191.1145 which addresses the authority of health care providers to provide telehealth services and replaces language in sec. 208.677, which is currently dedicated to the definition of an originating site, with language addressing parental authorization for the provision of telehealth in a school.

DEFINITIONS

	CURRENT LAW	H.B. 1617
TELEHEALTH	<p>Telehealth Practice: Refers to section 191.1145- <i>The delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while such patient is at the originating site and the health care provider is at the distant site. Telehealth or telemedicine shall also include the use of asynchronous store-and-forward technology.</i></p>	<p>New Definition: References sec. 191.1145, but adds reference to section 208.686’s definition of “home telemonitoring service”: <i>a health care service that requires scheduled remote monitoring of data related to a participant’s health and transmission of the data to a health call center accredited by the Utilization Review Accreditation Commission (URAC).</i> (Sec. 208.686)</p>
CONSULTATIONS	<p>Store and Forward: <i>A type of evaluation and management service as defined by the most recent edition of the Current Procedural Terminology published annually by the American Medical Association.</i> (Sec. 208.671)</p>	<p>Definition moved to sec. 208.670.</p>

PROVIDER	<p>Telehealth Practice: <i>Any provider of medical services and mental health services, including all other medical disciplines. (Sec. 208.670).</i></p> <p>Store and Forward: <i>Any provider of medical, mental health, optometric, or dental health services, including all other medical disciplines, licensed and providing MO HealthNet services who has the authority to refer participants for medical, mental health, optometric, dental, or other health care services within the scope of practice and licensure of the provider. (Sec. 208.671)</i></p>	<p>Both definitions eliminated.</p> <p>Replaced in sec. 208.670 by a <i>health care professional or a facility.</i></p>
DISTANT SITE	<p>Store and Forward: <i>The site where a consulting provider is located at the time the consultation service is provided (Sec. 208.671)</i></p>	<p>Current distant site definition eliminated.</p> <p>New definition references definition in sec. 191.1145, <i>A site at which a health care provider is located while providing health care services by means of telemedicine.</i></p>
ORIGINATING SITE	<p>Physician-patient relationship: <i>A site at which a patient is located at the time health care services are provided to him or her by means of telemedicine. For the purposes of asynchronous store-and-forward transfer, originating site shall also mean the location at which the health care provider transfers information to the distant site. (Sec. 191.1145)</i></p> <p>Telehealth Practice: <i>A telehealth site where the MO HealthNet participant receiving the telehealth service is located for the encounter. The standard of care in the practice of telehealth shall be the same as the standard of care for services provided in person. An originating site shall be one of the following locations... [see statute for list]. (Sec. 208.677)</i></p> <p>Store and forward: <i>The site where a MO HealthNet participant receiving service and such participant's treating provider are both physically located. (Sec. 208.671)</i></p>	<p>Originating site definition in Sec. 208.677 & 208.671 is eliminated.</p> <p>New definition references definition in sec. 191.1145, but adds that: <i>the Department shall not restrict the originating site through rule or payment so long as the provider can ensure services are rendered meeting the standard of care that would otherwise be expected should such services be provided in person.</i></p>
ASYNCHRONOUS STORE-AND-FORWARD	<p><i>The collection of a patient's relevant health information and the subsequent transmission of that information from an originating site to a health care provider at a distant site without the patient being present. (Sec. 191.1145)</i></p>	<p>No change.</p>

The bill also eliminates, from ch. 208, definitions for asynchronous store and forward; asynchronous store and forward technology; consulting provider; and a treating provider resulting from the repeal of sec. 208.671 addressing store and forward telehealth.

IMPACT & ANALYSIS

The definition of telehealth in current law, which remains unaltered by this bill, is expansive enough to include live video, remote patient monitoring, and asynchronous store-and-forward services. If HB 1617 were approved, the definition of an originating site would no longer be restricted to a specified list of facilities or locations. Although current statute does allow the patient’s home to qualify as an originating site, eliminating the list completely will ensure that all locations qualify as long as services can be rendered while meeting the standard of care that would be expected in-person. Additionally, the new definition of an originating site does not require the participant and treating provider to both be physically located at the same facility for purposes of asynchronous store-and-forward.

HB 1617 also incorporates more healthcare providers into the definition of a provider, defining a provider as a health care professional or a facility. Current law restricts the definition to medical services and mental health services, potentially leaving out allied professionals and dental healthcare professionals (except for store and forward). Additionally, HB 1617’s inclusion of facilities into the definition of a provider will allow for facilities such as rural health clinics and federally qualified health centers to qualify as a provider. This broad definition will also apply to store and forward.

REIMBURSEMENT REQUIREMENTS

HB 1617 would require the Department of Social Services (DSS) to reimburse providers for all telehealth services meeting the standard of care expected for that service when conducted in an in-person setting and clarifies that there is no prohibition on reimbursing non-clinical staff for telehealth delivered services. These services would be reimbursed in the “same way” as the in-person equivalent, and requires that consideration be made to reimbursement for the originating site. Asynchronous store-and-forward would be capped to not exceed the reimbursement rate for in-person services.

	CURRENT LAW	H.B. 1617
LAW APPLICABILITY	Limited to Missouri HealthNet (Medicaid)	Department of Social Services
LIVE VIDEO	Department of Social Services will promulgate rules on appropriate use of telehealth.	Must meet standard of care that would be expected in person.
STORE-AND-FORWARD	Limited to orthopedics, dermatology, ophthalmology and optometry, in cases of diabetic retinopathy, burn and wound care, dental services which require a diagnosis, and maternal-fetal medicine ultrasounds.	Must meet standard of care that would be expected in person.

REMOTE PATIENT MONITORING	Subject to appropriations, the Department required to establish statewide program that permits reimbursement for home telemonitoring. (Sec. 208.686)	No change to requirement for statewide telemonitoring program. HB 1617 includes in the definition of “telehealth” the term “home telemonitoring service” but does not explicitly address it in the reimbursement section.
ORIGINATING SITE	Limited to specific list. No facility fee mentioned.	Not restricted to facility list. Consideration must be made for reimbursement to originating site. DSS cannot restrict originating site through rule or payment if standard of care that would be expected in person is met.
DISTANCE REQUIREMENTS	N/A	Distance requirements prohibited.
REIMBURSEMENT PARITY	Reimbursement shall be made in the same way as reimbursement for in-person contacts.	Reimbursement must be made in the same way as reimbursement for in-person contact. Store and forward: Reimbursement rate may be capped at the in-person rate.
NON-CLINICAL REIMBURSEMENT	Not explicitly addressed.	Health carriers are not prohibited from reimbursing non-clinical staff for telehealth services if otherwise allowed by law.
CONSENT	Must obtain participant consent before services are initiated.	Consent not required (except for parents or guardians of children in the school setting)

HB 1617 would also eliminate requirements on DSS to consult with the Departments of Mental Health and Health and Senior Services to disseminate rules for the practice of telehealth, and instead prohibits the DSS from placing additional requirements on the usage of telehealth services.

IMPACT & ANALYSIS

HB 1617 allows for a broad range of health care services to be delivered through telehealth (both through live video and store and forward) as long as it meets the “same standard of care” as would be expected in an in-person situation. However, there is no reference in HB 1617 or in applicable laws or regulations to a definition of the “same standard of care”, which may lead to a variety of interpretations.

It is not clear what is meant by services being reimbursed “in the same way,” which could refer to the method of submitting and paying reimbursement claims, the need to reimburse the same services (CPT/HCPCS codes) as in person, or a requirement for the same payment rates. This lack of clarity in the language might cause confusion among providers and DSS when reforming their policies.

SCHOOL BASED TELEHEALTH

HB 1617 requires authorization from the parent or guardian of a child for the use of telehealth services in a school setting. Parents and guardians will be granted the option to authorize telehealth services for the entire school year.

IMPACT & ANALYSIS

Missouri's current Medicaid telehealth policy requires authorization per each application of telehealth in a school setting. HB 1617 will extend access to children by allowing for parents and guardians to pre-authorize for each school year.

SUMMARY OF HB 1617

The proposed legislation markedly improves laws governing telehealth use in Missouri. HB 1617 requires reimbursement of services delivered through telehealth (including store and forward) across DSS, as opposed to just the MO HealthNet Program. It would also eliminate some restrictions associated with store and forward and originating sites and prohibits DSS from limiting telehealth with specific requirements (for example, by placing distance requirements).

Prepared by:

