

116TH CONGRESS
1ST SESSION

H. R. 2508

To provide for a pilot program to include respiratory therapists as telehealth practitioners under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

MAY 2, 2019

Mr. THOMPSON of California (for himself, Mr. COX of California, Mr. CARTER of Georgia, and Mr. KELLY of Pennsylvania) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide for a pilot program to include respiratory therapists as telehealth practitioners under the Medicare program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Better Respiration
5 through Expanding Access to Tele-Health Act” or the
6 “BREATHE Act”.

1 **SEC. 2. PILOT PROGRAM FOR INCLUDING RESPIRATORY**
2 **THERAPISTS AS TELEHEALTH PRACTI-**
3 **TIONERS UNDER THE MEDICARE PROGRAM.**

4 (a) IN GENERAL.—Beginning not later than 6
5 months after the date of the enactment of this Act, the
6 Secretary of Health and Human Services shall establish
7 a 3-year pilot program under title XVIII of the Social Se-
8 curity Act with respect to furnishing telehealth disease
9 management services to eligible telehealth individuals who
10 are diagnosed with chronic obstructive pulmonary disease
11 for purposes of determining the value of including quali-
12 fying respiratory therapists as telehealth practitioners
13 under the Medicare program to improve health outcomes
14 for, reduce unnecessary emergency department visits and
15 hospital admissions and readmissions of, and lower the
16 cost of care provided to such individuals.

17 (b) TELEHEALTH ACCESS.—Under the pilot pro-
18 gram, coverage shall be provided under title XVIII of the
19 Social Security Act for telehealth disease management
20 services furnished to eligible telehealth individuals who are
21 diagnosed with chronic obstructive pulmonary disease by
22 applying section 1834(m) of such Act (42 U.S.C.
23 1395m(m)), as if—

24 (1) the reference in paragraph (1) of such sec-
25 tion to “a practitioner (as described in section

1 1842(b)(18)(C))” were a reference to “a practitioner
2 (as defined in paragraph (4)(E))”;

3 (2) paragraph (2)(B) of such section does not
4 apply to any site that satisfies the definition of the
5 term “originating site” applied pursuant to para-
6 graph (3) and that would not otherwise be included
7 as an originating site without application of such
8 paragraph;

9 (3) the definition under paragraph (4)(C) of
10 such section for the term “originating site” included
11 as a site described in clause (ii) of such paragraph
12 the place of residence of such individual, regardless
13 of whether such place of residence satisfies the con-
14 ditions described in subclause (I), (II), or (III) of
15 clause (i) of such paragraph;

16 (4) the definition in paragraph (4)(E) of such
17 section for the term “practitioner” included quali-
18 fying respiratory therapists; and

19 (5) the definition in paragraph (4)(F) of such
20 section for “telehealth services” included the fol-
21 lowing HCPCS codes 98960, 94664, 99406, 99407,
22 and 99091.

23 (c) PAYMENT MODIFIER.—For purposes of the pilot
24 program, the Secretary shall establish a payment modifier
25 to ensure the collection of data relevant to telehealth dis-

1 ease management services furnished directly by a quali-
2 fying respiratory therapist to eligible telehealth individuals
3 who are diagnosed with chronic obstructive pulmonary dis-
4 ease.

5 (d) REPORT.—Not later than one year after the last
6 date of the pilot program, the Secretary of Health and
7 Human Services shall submit to Congress a report on the
8 findings of the program, including if acute care interven-
9 tions were reduced and the health status of eligible tele-
10 health individuals who are diagnosed with chronic obstruc-
11 tive pulmonary disease was improved based on the lower
12 utilization of services.

13 (e) DEFINITIONS.—For purposes of this section:

14 (1) The term “eligible telehealth individual” has
15 the meaning given such term in section 1834(m)(4)
16 of the Social Security Act (42 U.S.C. 1395m(m)(4)).

17 (2) The term “qualifying respiratory therapist”
18 means a respiratory therapist who—

19 (A) is credentialed by a national
20 credentialing board recognized by the Secretary
21 of Health and Human Services;

22 (B) if applicable, is licensed in the State in
23 which the therapist furnishes the services in-
24 volved;

1 (C) holds the credential of Registered Res-
2 piratory Therapist; and

3 (D) has a minimum of a bachelor's degree
4 or other advanced degree in biological or health
5 science.

6 (3) The term “telehealth disease management
7 services” means any of the following disease man-
8 agement services furnished via a telecommunications
9 system by a qualifying respiratory therapist:

10 (A) Self-management education and train-
11 ing.

12 (B) Demonstration and evaluation of in-
13 haler techniques.

14 (C) Smoking cessation counseling.

15 (D) Remote patient monitoring.

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