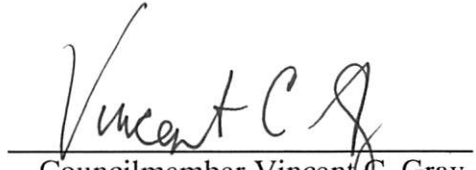
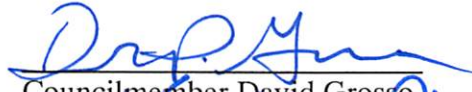
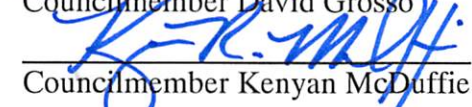
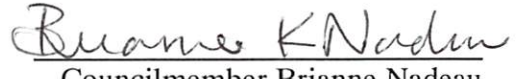


1 
2 Councilmember Mary Cheh


Councilmember Vincent C. Gray

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5 Councilmember David Grosso
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7 Councilmember Kenyan McDuffie


Councilmember Brianne Nadeau

9 A BILL

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13 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA
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15

16 To require the coverage of certain telehealth services by the Department of Health Care Finance;
17 to provide for the scope of reimbursable telehealth services covered by Medicaid in the
18 District of Columbia; to establish technology requirements for synchronous telehealth
19 services; to specify which sites may serve as originating sites and distant sites for
20 purposes of telehealth; to clarify that all categories of Medicaid recipients are eligible for
21 telehealth services; to institute special conditions for asynchronous store and forward
22 telehealth services; to establish eligibility and prior authorization requirements for remote
23 patient monitoring services; to provide for the standards of operation and conditions of
24 payment for remote patient monitoring services; to establish fees for remote patient
25 monitoring services; to establish facility fees for telehealth services; to require the
26 Department of Health Care Finance to seek Federal authorization where required to
27 implement the Act; to authorize and require rulemaking to implement the Act.

28
29 RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act
30 may be cited as the "Telehealth Medicaid Expansion Act of 2017."

31 Sec. 2. Definitions.

32 For purposes of this act, the term:

33 (1) "Asynchronous store and forward" means the transmission via a telecommunications
34 system of a patient's medical information from an originating site to the health care provider at a
35 distant site.

36 (2) "Core services agency" means a community-based provider of mental health services
37 and mental health supports that is certified by the Department of Behavioral Health and that acts

as a clinical home for consumers of mental health services by providing a single point of access and accountability for diagnostic assessment, medication-somatic treatment, counseling and psychotherapy, community support services, and access to other needed services.

(3) "Department" means the Department of Health Care Finance as established in § 7-771.02.

(4) "Distant site" means a site where a provider is located while providing the health care services via a telecommunications system.

(5) "Facility Fee" means the reimbursement made to an originating site for telehealth services.

(6) "Federally qualified health center" shall have the same meaning as provided in section 1861(aa)(4) of the Social Security Act, approved August 14, 1935 (79 Stat. 313; 42 U.S.C. § 1395x(aa)(4)).

(7) "Health benefits plan" shall have the same meaning as provided in § 31-3131(4).

(8) "Health insurer" shall have the same meaning as provided in § 31-3131(5).

(9) "Home health agency" shall have the same meaning as provided in § 44-501(a)(7).

(10) "Hospital" shall have the same meaning as provided in § 44-501(a)(1).

(11) "Hospice" shall have the same meaning as provided in § 44-501(a)(6).

(12) "Medication adherence management services" means the monitoring of a patient's conformance with the provider's medication plan with respect to timing, dosing and frequency of medication-taking through electronic transmission of data in a home telehealth program.

(13) "Nursing facility" shall have the same meaning as provided in § 44-501(a)(3).

(14) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(15) "Provider" shall have the same meaning as provided in § 31-3131(7).

(16) "Remote patient monitoring services" means the use of electronic information and communication technologies to collect personal health information and medical data from a patient at an originating site that is transmitted to a health care provider at a distant site for use in the treatment and management of medical conditions that require frequent monitoring.

(17) "Telehealth" means the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, remote patient monitoring, or treatment; provided, that services delivered through audio-only telephones, electronic mail messages, or facsimile transmissions are not included.

Sec. 3. Medicaid Telehealth Services; applications; limitations.

(a) Medicaid reimbursement of health care services shall be limited to those health care services which are covered under the Medicaid State Plan and the implementing regulations.

(b) Medicaid reimbursement of health care services rendered at the distant site shall include the following health care services:

(1) Evaluation, consultation, and management;

(2) Behavioral health care services including, but not limited to, psychiatric evaluation and treatment, psychotherapies, substance abuse assessment, and counseling;

(3) Diagnostic, therapeutic, interpretative, and rehabilitation services;

(4) Medication therapy management; and

(5) Services provided via asynchronous interaction store-and-forward;

(6) Remote patient monitoring, subject to prior authorization by the Department;

and

(7) Other services as determined by the Director of the Department through rulemaking.

(c) To be eligible for Medicaid reimbursement, a telehealth provider shall utilize the reimbursement codes designated for telehealth by the Department.

(d) An originating site shall consist of the following:

(1) Hospital;

(2) Nursing Facility;

(3) Federally Qualified Health Center;

(4) Clinic;

(5) Physician Group/Office;

(6) Nurse Practitioner Group/Office;

(7) District of Columbia Public School;

(8) District of Columbia Public Charter School;

(9) Core Service Agency;

(10) Home health agency;

(11) Hospice;

(12) University's health center;

(13) Patient's home; and

(14) Other originating site providers as determined by the Director of the Department through rulemaking.

(e) A distant site provider shall consist of the following provider types:

(1) Hospital;
(2) Nursing Facility;
(3) Federally Qualified Health Center;
(4) Clinic;
(5) Physician Group/Office;
(6) Nurse Practitioner Group/Office;
(7) District of Columbia Public School;
(8) District of Columbia Public Charter School;
(9) Core Service Agency;
(10) Home health agency;
(11) Hospice; and
(12) Other health care professionals as determined by the Director of the
Department through rulemaking.

(f) Payments made to the provider at the distant site for professional services may not be shared with the referring provider at the originating site.

(g) Eligibility to receive telehealth services, pursuant to this Act, shall apply to all categories of District of Columbia Medicaid recipients, including recipients who receive services via Fee for Service or through a health plan provided by a health insurer under contract with the Department.

Sec. 4. Patient eligibility for remote patient monitoring services; prior authorization.

(a) Qualifying patients for remote patient monitoring services must meet all the following criteria:

(1) Be diagnosed, in the last eighteen (18) months, with one or more chronic conditions, which include, but are not limited to, Alzheimer's disease and related dementia, arthritis, asthma, cancer, chronic kidney disease, chronic obstructive pulmonary diseases, diabetes, Hepatitis, HIV/AIDS, hypertension, and mental health disorders;

(2) Have experienced one or more hospitalizations, including emergency room visits, in the last twelve (12) months; and

(3) The patient's health care provider recommends and authorizes disease management services via remote patient monitoring.

(b) Remote patient monitoring services shall be subject to prior authorization by the Department. A qualifying patient request for remote patient monitoring services shall include:

(1) An order for home telehealth services, signed and dated by the prescribing physician;

(2) A plan of care, signed and dated by the prescribing physician, that includes the frequency and duration of telehealth services;

(3) The patient's diagnosis and risk factors that qualify the patient for home telehealth services, as described in Subsection (a);

(4) Attestation that the patient is sufficiently cognitively intact and able to operate the equipment or has a willing and able person to assist in completing electronic transmission of data; and

(5) Attestation that the patient is not receiving duplicative services.

Sec. 5. Remote patient monitoring service providers; payment.

(a) An entity engaged in providing remote patient monitoring services must have protocols in place to address each of the following:

150 (1) Authentication and authorization of users;

151 (2) A mechanism for monitoring, tracking and responding to changes in a

152 patient's clinical condition;

153 (3) A standard of acceptable and unacceptable parameters for a patient's clinical

154 condition;

155 (4) How monitoring staff will respond to abnormal parameters of a patient's vital

156 signs, symptoms and/or lab results;

157 (5) The monitoring, tracking and responding to changes in a patient's clinical

158 condition;

159 (6) The process for notifying the prescribing physician of significant changes in

160 the patient's clinical signs and symptoms;

161 (7) The prevention of unauthorized access to the telecommunication system or

162 information;

163 (8) System security, including the integrity of information that is collected,

164 program integrity and system integrity;

165 (9) Information storage, maintenance and transmission;

166 (10) Synchronization and verification of patient profile data; and

167 (11) Notification of the patient's discharge from remote patient monitoring

168 services or the de-installation of the remote patient monitoring unit.

169 (b) To receive payment for the delivery of remote patient monitoring services, the service

170 must include:

(1) Assessment and monitoring of clinical data including, but not limited to, appropriate vital signs, pain levels and other biometric measures specified in the plan of care, and also includes assessment of response to previous changes in the plan of care;

(2) Detection of condition changes based on the telehealth encounter that may indicate the need for a change in the plan of care; and

(3) Implementation of a management plan through one or more of the following:

(i) Teaching regarding medication management as appropriate based on the telehealth findings for that encounter;

(ii) Teaching regarding other interventions as appropriate to both the patient and the caregiver;

(iii) Management and evaluation of the plan of care including changes in visit frequency or addition of other skilled services;

(iv) Coordination of care with the ordering health care provider regarding telehealth findings;

(v) Coordination and referral to other medical providers as needed; and

(vi) Referral for an in-person visit or the emergency room as needed.

(c) The telehealth equipment and network used for remote patient monitoring services shall meet the following requirements:

(1) Be maintained in good repair and free from safety hazards;

(2) Be new or sanitized before installation in the patient's home setting;

(3) Accommodate non-English language options; and

(4) Have twenty-four hour a day technical and clinical support services available for the patient user.

(d) Remote patient monitoring services shall include reimbursement for daily monitoring at rates established by the Department.

(e) A one-time telehealth installation/training fee for remote patient monitoring services will also be reimbursed at a rate established by the Department, with a maximum of two (2) installations/training fees per calendar year.

Sec. 6. Federal authorization.

(a) The Department shall, not later than January 1, 2018, file any Medicaid State Plan amendment with the United States Department of Health and Human Services necessary to implement and administer this section.

(b) The office shall implement any part of this section that is approved by the United States Department of Health and Human Services.

Sec. 7. Regulations.

(a) Within 180 days of the effective date of this Act, the Director of the Department shall promulgate regulations pursuant to section 6(6) of the Department of Health Care Finance Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Code § 7-771.05(6), necessary for the implementation of this Act.

(b) Adoption of rules to provide for, promote, and regulate the health professional's practice may not delay the implementation and provision of telehealth by a health professional under this section.

Sec. 8. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 4a of the General Legislative Procedures Act of 1975, approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

217 Sec. 9. Effective date.

218 This act shall take effect following approval by the Mayor (or in the event of veto by the
219 Mayor, action by the Council to override the veto), a 30-day period of congressional review as
220 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December
221 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of
222 Columbia Register.