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Vigilance *on* Vaccinations

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Legislature Considers Bill to Modernize Telehealth Use

Would allow MO HealthNet reimbursement for telehealth, give providers more latitude

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The Missouri Legislature is considering legislation (HB 1617), sponsored by Rep. Jay Barnes (R-Jefferson City), to update and expand the use of telehealth services for Medicaid patients covered by MO HealthNet. HB 1617 attempts to modernize language from Rep. Barnes' 2016 legislation which was passed with similar intentions, but resulted in unexpected restrictions to the breadth and applicability of telehealth use. HB 1617 aims to increase health care access for MO HealthNet beneficiaries, incentivize providers to further incorporate telehealth in their practices, and reduce the cost of care.¹

The bill passed the House on Feb. 1 and the Senate held a committee hearing on the bill on March 7. *Editor's Note: The Missouri State Medical Association strongly supports this legislation and testified in favor of it at the March 7 hearing. "Telehealth is a great resource for areas that deal with a shortage of health professionals and MSMA supports this effort to make health care more accessible throughout the state," MSMA said in its weekly legislative report.*

The evolution of telehealth has significantly changed with federal health care reform measures, as well as state variations in regulatory and reimbursement rules. When the concept of telehealth was first implemented in the early 2000s, barriers such as lack of broadband access significantly affected implementation in rural Missouri.² However, with the broad adoption of electronic health records under health care reform, adequate hospital broadband access became more commonplace. As of October 2017, most states had a formal

definition of telehealth and/or telemedicine and provided some form of Medicaid reimbursement for live video consultations.³ Beyond that, states have varying policies. Only 15 states have implemented policies for "store-and-forward" technology, which allows for electronic transmission of medical material, e.g., videos and photographs, for diagnostic use.⁴

HB 1617 Impact on Missouri Medicaid

The original version of HB 1617 included language that, among other things: specifically eliminated the need for a tele-presenter during consultations,⁵ expanded telehealth platforms to include any device or technology that meets Health Insurance Portability and Accountability Act standards (e.g., potentially Skype or FaceTime), and increased the list of eligible patient locations including the patient's home. It also imposed a distance requirement for reimbursement of the consultation.⁶

However, the bill has been subsequently revised to remove much of this language, and now simply prohibits the development of rules or restrictions for reimbursement based on patient distance from the provider or patient location, as long as clinicians can ensure that these services meet the same standard of care that is expected in face-to-face consultations. Additionally, the revised bill relaxes language pertaining to reimbursement for store-and-forward technology and school-based telehealth care for children. Even with these changes, HB 1617 places Missouri among the more progressive states with regard to telehealth, and it remains one of only nine states that reimburses for remote patient monitoring, store-and-forward technology, *and* live video consultations.⁷

The Missouri State Medical Association strongly supports this legislation and testified in favor of it at the March 7 hearing.



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While Missouri has not expanded Medicaid under the Affordable Care Act, a public petition to approve such an expansion is currently underway, for potential inclusion on the November 2018 ballot.⁸ If this initiative succeeds, enrollment in MO HealthNet (almost 700,000 as of December 2017)⁹ will likely expand, increasing the demand for health care services, particularly in areas with a lack of access to care. Enhanced telehealth opportunities provided by HB 1617 could help

not only increase access, but offset existing and impending physician manpower shortages.²

What HB 1617 Means for Missouri Providers

HB 1617, while potentially increasing access to care for MO HealthNet beneficiaries, also allows providers unprecedented latitude in utilizing clinical judgment when providing telehealth services. Specifically, the bill transfers responsibility from the Missouri Department of Social Services to health care providers insofar as determining the appropriateness of a “place of service,” i.e., where the patient is located during a consultation.

This gives individual clinicians the opportunity to provide efficient, routine care for patients who lack transportation options, are unable to leave home, or are located too far away to reasonably attend an appointment. It will also provide an additional revenue stream for physicians and an opportunity to expand their patient base outside of their immediate geographic region. In an era of highly regulated and scrutinized health care delivery, HB 1617, while relatively limited in scope, can be considered a step in the right direction for providers wishing to restore practice autonomy, develop meaningful patient relationships, and increase access to health care in Missouri. ◀

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