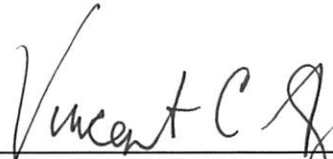
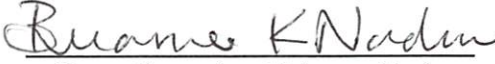
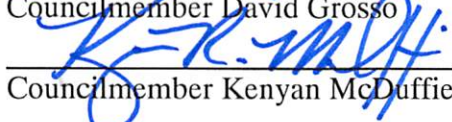


1   
2 Councilmember Mary Cheh

  
Councilmember Vincent C. Gray

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5 Councilmember David Grosso

  
Councilmember Brianne Nadeau

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8 Councilmember Kenyan McDuffie

9 A BILL

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12  
13 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA  
14 \_\_\_\_\_  
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

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

41 (3) "Department" means the Department of Health Care Finance as established in § 7-  
42 771.02.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

76 (1) Evaluation, consultation, and management;

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

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

80 (4) Medication therapy management; and

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

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

83 and

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

85 rulemaking.

86 (c) To be eligible for Medicaid reimbursement, a telehealth provider shall utilize the

87 reimbursement codes designated for telehealth by the Department.

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

89 (1) Hospital;

90 (2) Nursing Facility;

91 (3) Federally Qualified Health Center;

92 (4) Clinic;

93 (5) Physician Group/Office;

94 (6) Nurse Practitioner Group/Office;

95 (7) District of Columbia Public School;

96 (8) District of Columbia Public Charter School;

97 (9) Core Service Agency;

98 (10) Home health agency;

99 (11) Hospice;

100 (12) University's health center;

101 (13) Patient's home; and

102 (14) Other originating site providers as determined by the Director of the

103 Department through rulemaking.

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

- 105 (1) Hospital;
- 106 (2) Nursing Facility;
- 107 (3) Federally Qualified Health Center;
- 108 (4) Clinic;
- 109 (5) Physician Group/Office;
- 110 (6) Nurse Practitioner Group/Office;
- 111 (7) District of Columbia Public School;
- 112 (8) District of Columbia Public Charter School;
- 113 (9) Core Service Agency;
- 114 (10) Home health agency;
- 115 (11) Hospice; and
- 116 (12) Other health care professionals as determined by the Director of the
- 117 Department through rulemaking.

118 (f) Payments made to the provider at the distant site for professional services may not be

119 shared with the referring provider at the originating site.

120 (g) Eligibility to receive telehealth services, pursuant to this Act, shall apply to all

121 categories of District of Columbia Medicaid recipients, including recipients who receive services

122 via Fee for Service or through a health plan provided by a health insurer under contract with the

123 Department.

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

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

126 criteria:

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

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

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

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

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

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

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

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

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

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

148 (a) An entity engaged in providing remote patient monitoring services must have protocols  
149 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:

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

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

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

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

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

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

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

185 (v) Coordination and referral to other medical providers as needed; and  
186 (vi) Referral for an in-person visit or the emergency room as needed.

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

189 (1) Be maintained in good repair and free from safety hazards;  
190 (2) Be new or sanitized before installation in the patient's home setting;  
191 (3) Accommodate non-English language options; and  
192 (4) Have twenty-four hour a day technical and clinical support services available  
193 for the patient user.



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

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

199 Sec. 6. Federal authorization.

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

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

205 Sec. 7. Regulations.

206 (a) Within 180 days of the effective date of this Act, the Director of the Department shall  
207 promulgate regulations pursuant to section 6(6) of the Department of Health Care Finance Act of  
208 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Code § 7-771.05(6)), necessary for the  
209 implementation of this Act.

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

213 Sec. 8. Fiscal impact statement.

214 The Council adopts the fiscal impact statement in the committee report as the fiscal  
215 impact statement required by section 4a of the General Legislative Procedures Act of 1975,  
216 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.