



NCSL Webinar May 22

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SOME OF US HAVE GOT IT
SOME OF US DON'T
BUT MOST OF US WANT IT

**SHOW
ME THE
MONEY**

MR LOWLY
WWW.COLLECTIVE
SIC-MARBLE.COM

1. Sky - Westway
2. Galtay Tiddler - Wednesday Tiddler
3. Crosby Still & Nash - Dark Star
4. Finlay Brown - Losing the Will to Survive
5. Chuck Brown - We Need Some Money
6. George Soule - Get Involved
7. Vince Guaraldi - You Can't Always Get What You Want
8. Allaj K. Frimpong - Kookyoh Bi Ash Momo

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www.associatedstorage.com
February 2008

Case is Stronger Every Year

- **Improves Quality of Care**
- **High Satisfaction Rates**
- **Reduces Utilization Costs**
- **Additional Revenue Stream**
- **Improves Access to Physicians.**
- **Non-Insurance Solution** –Individual plans cost as little as \$30 per month that can be an affordable add-on to a health plan.
- **Save Lives**
- **Prescriptions** –Prescription MedKit not only saves time and money, but it can deter even more visits to the ER or doctors office, and even save a life.
- **EMT** –a doctor to advise and prescribe
- **Finding the Right Service**
- <http://www.getmedcallassist.com/10-ways-health-insurance-benefits-from-telemedicine/>

On The Edge of Technology

- Soon, your smartphone will have a front-loaded camera, which will allow real-time video chat. No more having to use a desktop or laptop to Skype; even basic calling packages will have this functionality built in.

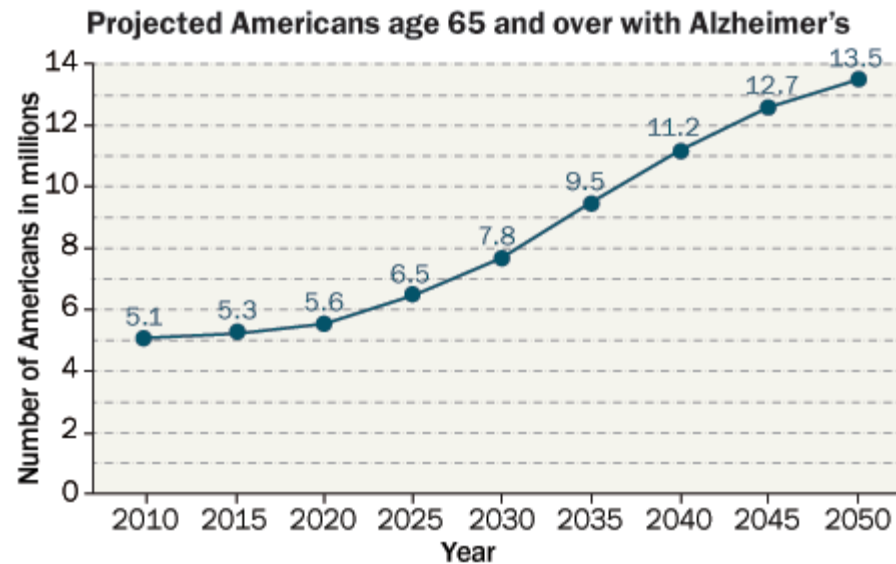
Key ACA Drivers and Targets

- Human Resources

- Chronic Illness



- Aging



Telehealth Enabled Under ACA, Driver of State Policies

- Demonstration Delivery Models -Enablers
- **Accountable Care Organizations** –
Telemedicine advances the legislative intent of CMS ACOs to provide evidence-based medicine and engage patients. Telemedicine — referred to as telehealth in the CMS rule — **is a central element to the government's accountable care plan**
- <http://www.beckershospitalreview.com/hospital-physician-relationships/3-ways-telemedicine-can-help-acos-coordinate-care-cut-costs.html>

ACA and The States

- Accountable Care Organizations
- Patient Centered Medical Homes
- Pay for Performance – Several Initiatives
- Innovations CMMI

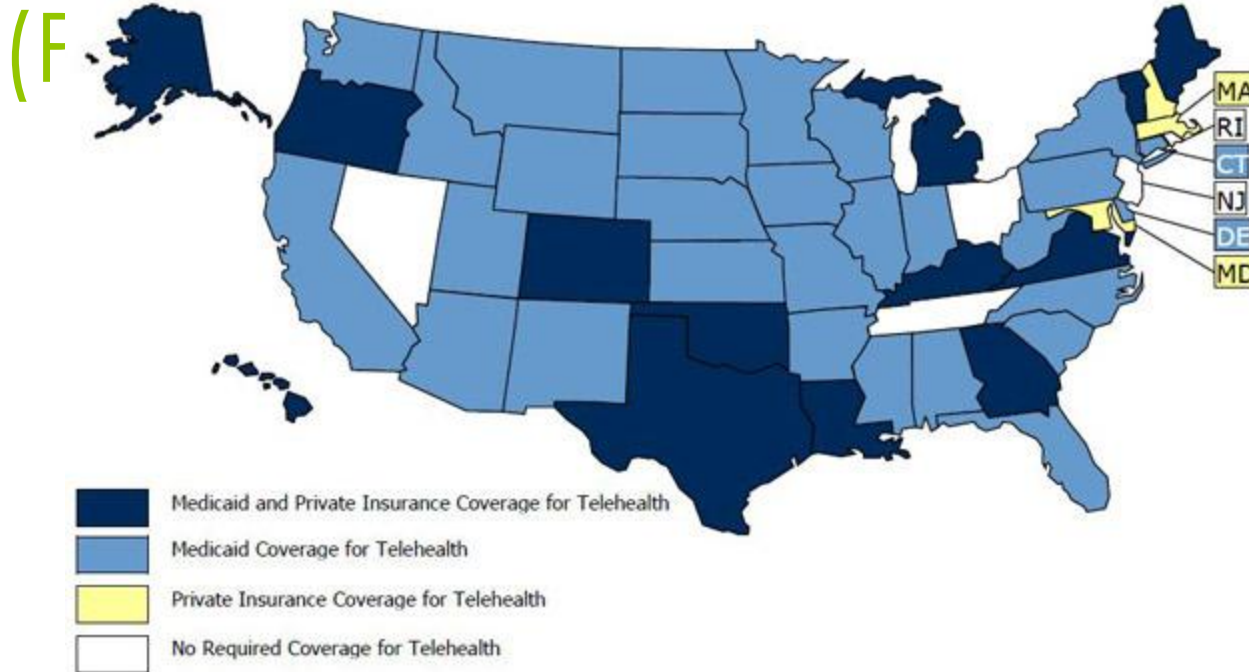
PCMH in ACA

- Center for Medicare and Medicaid Innovation that would pilot test broad payment and practice reform
- PCMH, **a State Medicaid health (medical) home option**
- medical home model for treatment or services under **private health plans,**
- **community health teams and a primary care extension program** to educate and support primary care practices in the delivery of medical home services,
- educate **medical students** on the Patient-Centered Medical Home.

Tracking States –Under Great Pressures

- <http://www.americantelemed.org/docs/default-source/policy/state-telemedicine-legislation-matrix.pdf?sfvrsn=42>
- The Coverage Issues (Non-Discrimination)
- <http://www.ncsl.org/issues-research/health/state-coverage-for-telehealth-services.aspx>

States –Parity, (Licensure)

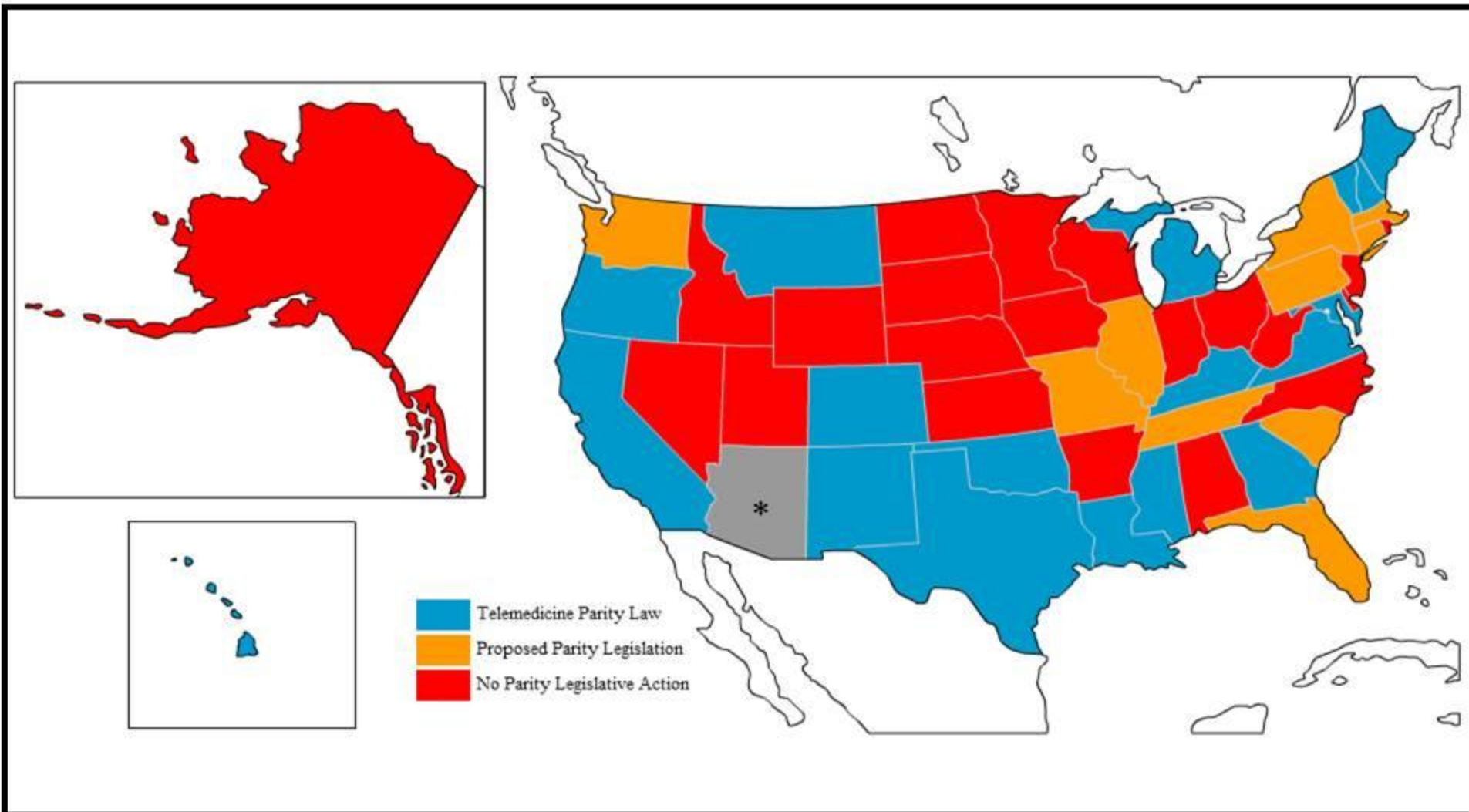


- ◉ http://atawiki.org.s161633.gridserver.com/wiki/index.php?title=State_law

The States To Visit Generally

- **California** – AB 415
 - <http://cchpca.org/node/1282/?q=node/1282/>
 - **Virginia** – HB 617
 - The Virginia law requires that health plans and health maintenance organizations (HMOs) reimburse health care providers for health care services rendered through telemedicine, just like they would if there was a face-to-face meeting.
 - **Texas**
- <http://www.tmb.state.tx.us/rules/changes/2010/101710.php>

States with Laws Mandating Private Insurance Coverage of Telemedicine



■ Telemedicine Parity Law
■ Proposed Parity Legislation
■ No Parity Legislative Action

States with the year of enactment: California(1996), Colorado(2001), Georgia (2006), Hawaii (1999), Kentucky (2000), Louisiana(1995), Maine(2009), Maryland(2012), Michigan (2012), Mississippi (2013), Montana(2013), New Hampshire (2009), New Mexico(2013), Oklahoma(1997), Oregon(2009), Texas(1997), Vermont (2012), Virginia(2010)

States with proposed/pending legislation: In 2013, Arizona(ENACTED)*, Connecticut, Florida, Illinois, Massachusetts, Mississippi (ENACTED), Missouri, Montana (ENACTED), New Mexico (ENACTED), New York, Pennsylvania, South Carolina, Tennessee, Washington and the District of Columbia

*No state-wide coverage. Applies to rural areas only.

Florida SB 898 Parity

- **Requires Health Insurers** (Corporations) Health Maintenance Organizations to Provide Coverage for Telemedicine Services ..
- **Prohibits Insurer** (Corporation), HMO From Excluding Coverage Solely Because It Was Delivered Through Telemedicine and Not Face to Face (Anti-Discrimination)
- Prohibits Separate Lifetime or Annual Benefit Maximum
- Requires **Medicaid Coverage** If Health Care Services Would Have Been Covered Through In-person Consultation (Some Current Medicaid Coverage Now)

Maryland

- Under the law, health insurers and managed care organizations (MCOs) must cover health care services appropriately delivered using telemedicine technology, and coverage **cannot be denied because services were provided through telemedicine rather than in person**. Insurers are not required to cover telemedicine services if the health services would not be a covered benefit if provided in person or if the provider is out of network.
- In addition, the law states that:
 - Deductibles, copayments, or coinsurance for telemedicine services may apply as they would for in-person services.
 - Telemedicine services may be subject to an annual maximum (as permitted by federal law) but not a lifetime maximum.
 - Utilization review methods (such as preauthorization) may apply to telemedicine services if those same methods apply to in-person treatment.
 - Insurers and MCOs may not distinguish between rural and urban patients in determining coverage for telemedicine services.

Vermont

- Vermont's mandate requires "all health insurance plans [to] deliver services [via telepractice] to a patient in a health care facility to the same extent that the services would be covered if they were provided through in-person consultation."

Coverage Meets Exchanges

- Confusion in Transition
- Time Pressures
- Federal, Partnership, State Exchanges
- QHPs Must Offer EHBs

Telehealth Mandates

- Under Federal Law – Telehealth is NOT an EHB
- CMS “ we do not consider anti-discrimination requirements relating to service delivery methods (e.g. telemedicine) as state required benefits “
- WAC 284-43-852 “ Required Benefits Do Not Include Provider, Definition, Delivery Method or Health Status Based Requirements “

But States Can Require Telehealth

- QHPs Must Comply with State Requirements But as for Telehealth ,There is No Federal Obligation for States to Defray the Costs (As They Would for State Added Mandates)
- Coverage of Telehealth in Federal and State Exchanges Will Rest on Cost Savings and Access, *More Than Parity*

