

Center for Telemedicine Law

Providing Critical Public Policy Information to the Telehealth Community

Dear Telehealth Community:

As 2005 has progressed, telehealth has taken on a noticeable role in federal activities, including a variety of regulatory and legislative matters. We wanted to be sure that you are aware of the activities affecting telehealth in just the past 30 days.

We continue to build support for telehealth and, specifically, for the Thune Telehealth Amendment. There are now nearly 250 signers to the letter of support we are circulating; they represent telehealth networks, home care, licensure, and business communities. There is still time to add your name and if you would like more information about how you can help, please feel free to e-mail me. We are working with Senator Thune (R-SD) on remote patient monitoring legislation in the Senate. In the House, Congressman Ramstad (R-MN) introduced a bill, HR 3588, that includes remote patient monitoring demonstration projects.

In July, the Finance Committee and House Ways and Means Subcommittee on Health held hearings on Medicare Physician Reimbursement Issues; during these hearings, CMS' Herb Kuhn and Nancy H. Nielsen/John H. Armstrong who spoke on behalf of the American Medical Association mentioned telehealth within their speeches. While we did not gain any ground from this testimony, we did not lose any ground either.

Also in July, Terence M. Keane, Ph.D., President of the Association of Virginia Psychologist Leaders testified before the House Veteran's Affairs Committee on Post Traumatic Stress Disorder. He recommended the further expansion of telehealth into the behavioral and mental health fields due to the fact that a significant number of veterans seeking behavioral and mental health services live in rural areas and lack the time and/or resources to travel to Virginia stations. Dr. Keane also noted the growing demand for mental health services as an argument for this

expansion, "Research has documented the benefits to veterans of receiving treatment via a telehealth system. Web-based interventions now exist for PTSD, depression, psychoses, and other behavioral and mental health needs. Psychologists support the use of telehealth in providing a variety of clinical health services and recognize this is a practice that is a part of the Under Secretary's Mission and Planning Strategies vision for promoting clinical effectiveness. Telehealth will foster a culture that encourages innovation while providing enhanced access to mental health care." He then concluded, "We recommend that additional resources be directed toward the expansion and implementation of telehealth services for treating behavioral health problems. To achieve this goal, resources are needed for an infrastructure to support practice, as well as education and training for behavioral health providers, and for research to evaluate the impact of these services."

The Assistant Secretary for Special Education and Rehabilitative Services proposed the National Institute on Disability and Rehabilitation Research's (NIDRR) Long-Range Plan (Plan) for 2005-2009. The NIDRR is accepting comments submitted by August 26, 2005. NIDRR highlighted research on theories, measures, and methods that inform their future agenda, including the development and implementation of telehealth and telerehabilitation initiatives. These initiatives expand the ability of the organized healthcare and rehabilitation systems to diagnose, treat, and monitor ongoing needs of individuals with disabilities. Although telehealth was not specifically mentioned in its future activities, NIDRR highlights a variety of technology-related issues for their proposed agenda.

Senator Clinton introduced S. 1489 to award pilot project grants to prevent and control asthma symptoms for medically underserved populations through activities, which may include telehealth or other novel electronic communications.

Senator Grassley introduced S.1356; this bill includes a demonstration project on data coordination through the use of HIT and includes participants such as health care providers, persons or entities involved in the delivery of health care through the use of telemedicine and telehealth. It also contains a study that shows the variation among State laws that relate to the licensure of physicians and practitioners and how such variation impacts the electronic exchange of health information for the purposes of telehealth. Also, it addresses how such variation impacts the quality of care, costs incurred by individuals in underserved and frontier areas, and the potential for interstate coordination between state licensure boards.

As we have previously reported, the Labor HHS-Education FY 2006 Appropriations Bill provided \$3.888 million for the Office for the Advancement of Telehealth. The fiscal year 2005 comparable level was \$3.916 million and the administration request was \$3.888 million.

Yesterday, August 1, 2005, the Centers for Medicare and Medicaid (CMS) published the Proposed Rule - *Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2006*. The proposed rule will be published in the August 8, 2005 *Federal Register*. CMS will accept comments on the proposals until September 30, and publish a final rule later this year. The Federal Register documents are available online through GPO Access at <http://www.access.gpo.gov/nara/index.html>.

Information about the 2006 physician fee schedule can be found at <http://www.cms.hhs.gov/physicians/pfs/>. If the link becomes inoperable, the documents are accessible through the CMS website at <http://www.cms.gov>. Place your cursor over the word "Professionals" in the blue area near the top of the page. Select "Physicians" from the drop-down menu, then select "Billing/Payment" at the bottom of the page and then select "Physician Fee Schedule."

You can submit your electronic comments to this regulation, CMS-1502-P, at <http://www.cms.hhs.gov/regulations/ecomments>. Directions for submitting comments, whether electronically, by mail, or hand delivery, are included in the Proposed Rule. If you have questions, Craig Dobyski remains our telehealth contact at CMS and is available at 410-786-4584 or via email at craig.dobyski@cms.hhs.gov.

EXCERPTS FROM THE PROPOSED RULE included in the attached PDF document address the following:

- Request to Add Medical Nutrition Therapy and Diabetes Outpatient Self-Mgt. Training
- Request to Change Definition of an Interactive Telecommunications System
- Definition of a Telehealth Originating Site

If you are unable to access the document, please email Talley Sergent at tsergent@gcd.com and she will be happy to send it to you.

We hope that you value the service that CTL provides to the telehealth and health IT communities and will support our efforts through becoming a member.

Sincerely,

Jackie Eder-Van Hook

Executive Director

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1301 K Street NW, East Tower, 9th Floor

Washington DC 20005-3317

202-230-5103 Office Direct | 202-230-5303 Fax
jackie@ctl.org