

Summary of the ACCESS Act, signed in to law in 2018

In February, President Trump signed into law the Bipartisan Budget Act of 2018 (the Budget Act). While the political maneuvering leading up to the Budget Act grabbed most of the headlines, the Budget Act included a number of provisions to boost the health care information technology sector, particularly in telehealth.

The Budget Act directs additional funding to Medicare to increase coverage of telehealth services provided for the treatment of chronically ill patients. It expands the originating sites eligible for Medicare reimbursement of treating stroke patients through telehealth. The Budget Act also gives accountable care organizations (ACOs) more flexibility to use telehealth by including a patient's home as an originating site and removing geographic limitations to originating sites for certain telehealth services beginning in year 2020. Similarly, beginning in 2019, Medicare patients receiving dialysis at home will have greater access to telehealth services, as providers will be able to provide those patients with certain telehealth technologies and such patients' monthly clinical assessments may be performed via telehealth. Several of the telehealth-related provisions of the Budget Act were first part of the CHRONIC Care Act, which the Senate passed in September 2017.

Beyond traditional Medicare, the Budget Act expands the use of telehealth for Medicare Advantage beneficiaries, as it permits Medicare Advantage plans to offer, as basic plan benefits, coverage for tele-monitoring, medication therapy management, and certain other telehealth services. Additional use-cases for Medicare coverage of telehealth may be added in the future, as the CHRONIC Care Act directs the Department of Health and Human Services Secretary to solicit stakeholder feedback on additional telehealth services that should be reimbursable by federal health care programs.

While not part of the Budget Act, the 2018 Medicare Physician Fee Schedule included for the first time reimbursement for remote patient monitoring and current CPT codes for telehealth. This increased federal-level acceptance of telehealth is likely to continue to expand private-payer coverage of telehealth services.

The Budget Act also included allocations for rural infrastructure improvements, which includes access to broadband internet service. Improved high-speed internet access, coupled with the expanded telehealth benefit coverage will accelerate the use of telehealth, particularly in rural communities, where it is often needed most.

Additional, non-IT, health care-related provisions of the Budget Act include: revisions to the Merit-Based Incentive Payment System (MIPS), provisions to address the Medicare Part D "donut hole" coverage gap for pharmaceuticals, funding for the Children's Health Insurance Program (CHIP) for ten years, \$2 billion over two years for the National Institutes of Health, and \$6 billion in funding to address the opioid epidemic and other mental health services.