

# FINAL BILL REPORT

## SHB 1529

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Synopsis as Enacted

**Brief Description:** Concerning telemedicine.

**Sponsors:** House Committee on Health Care & Wellness (originally sponsored by Representatives Seaquist, Hinkle, Morrell, Bailey, Moeller, Clibborn, Green and Cody).

**House Committee on Health Care & Wellness**  
**House Committee on Health & Human Services Appropriations**  
**Senate Committee on Health & Long-Term Care**

### **Background:**

Telemedicine and telehealth are terms that encompass a range of evolving technologies capable of transmitting medical information between patients and health care practitioners as well as related applications that enable remote medical procedures or examinations. The terms telemedicine and telehealth are often used in an interchangeable fashion; for the purposes of Medicaid they refer to different health care applications.

- *Telemedicine* is the use of medical information exchanged from one site to another via electronic communications to improve a patient's health.
- *Telehealth (or telemonitoring)* is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distance.

For the purposes of the federal Medicaid statute, telemedicine is viewed as a cost-effective alternative to traditional face-to-face avenues of providing medical care that states may choose to cover. Telemedicine is not recognized by the Medicaid statute as a distinct service.

One growing area of telemedicine and telehealth, used in the home care setting, enables providers to communicate directly with a patient in his or her residence. In this context, a site-based apparatus transmits information about vital signs and disease progression to an off-site provider. The content of the communication may include blood pressure measurements for hypertensive patients, blood sugar levels for diabetics, or weight checks for patients with cardiopulmonary disease. Devices designed to stay in a patient's home may prompt the patient to take medications or may require the patient to answer questions about his or her

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quality of sleep and intensity of pain. According to the Centers for Medicare and Medicaid Services, such arrangements augment the efficiency with which care is provided to homebound and chronically ill elderly persons by decreasing the need for providers to perform home visits. This efficiency aspect is especially true for patients living in rural areas where the geographic separation from providers often frustrates access to care.

State Medicaid will reimburse for physician consultations that use interactive video teleconferencing, but the patient must be present and participating in the telehealth visit. No reimbursement is available for home health monitoring. Additionally, only fee-for-service enrollees may be reimbursed for telehealth services. Reimbursement rates are the same as for services that are delivered face-to-face.

**Summary:**

Any licensed home health agency that is eligible for reimbursement under the state's medical assistance programs may be reimbursed for home health services delivered through telemedicine. In-person contact between a home health care registered nurse and a patient is not required if the services are otherwise eligible for reimbursement as a medically necessary skilled home health nursing visit under the program. However, the use of telemedicine is not intended to replace nurse visits when necessary.

The Department of Social and Health Services (DSHS) in consultation with home health care service providers must develop reimbursement rules and must define the requirements that must be met for a reimbursable skilled nursing visit when services are rendered without a face-to-face visit and are assisted by telemedicine.

The DSHS must establish a reimbursement rate for qualifying skilled home health nursing services delivered with the assistance of telemedicine. Providers will not be reimbursed for purchasing or leasing telemedicine equipment.

Telemedicine means the use of telemonitoring to enhance the delivery of certain home medical services through:

- the provision of certain education related to health care services using audio, video, or data communication instead of a face-to-face visit; or
- the collection of clinical data – including, but not limited to weight, blood pressure, pulse, respirations, blood glucose, and pulse oximetry – and the transmission of such data between a patient at a distant location and the home health provider through electronic processing technologies.

**Votes on Final Passage:**

House	96	0	
Senate	48	0	(Senate amended)
House	97	0	(House concurred)

**Effective:** July 26, 2009