

Department of Planning and Budget 2021 Fiscal Impact Statement

1. Bill Number: SB 1338

House of Origin	<input type="checkbox"/> Introduced	<input type="checkbox"/> Substitute	<input type="checkbox"/> Engrossed
Second House	<input type="checkbox"/> In Committee	<input checked="" type="checkbox"/> Substitute	<input type="checkbox"/> Enrolled

2. Patron: Barker

3. Committee: -

4. Title: Telemedicine services; remote patient monitoring services

5. Summary: The substitute bill requires the Department of Medical Assistance Services (DMAS) to amend the state plan to include a provision for payment of medical assistance for remote patient monitoring services provided via telemedicine, as defined in § 38.2-3418.16, for: (i) high-risk pregnant persons; (ii) medically complex infants and children; (iii) transplant patients; (iv) patients who have undergone surgery, for up to three months following the date of such surgery; and (v) patients with a chronic health condition who have had two or more hospitalizations or emergency department visits related to such chronic health condition in the previous 12 months.

The bill defines "remote patient monitoring" to mean the use of digital technologies to collect medical and other forms of health data from patients in one location and electronic transmission of that information securely to health providers in a different location for analysis, interpretation, recommendation, and management of a patient with a chronic or acute health illness or condition. These services include monitoring of clinical patient data such as weight, blood pressure, pulse, pulse oximetry, blood glucose, and other patient physiological data; treatment adherence monitoring; and interactive video conferencing with or without digital image upload. The bill also clarifies rules around prescribing of Schedule II through VI drugs via telemedicine, including establishing a practitioner-patient relationship via telemedicine.

The bill requires DMAS to adopt regulations for reimbursement for telemedicine services delivered through audio-only telephone, which shall include regulations for: (i) services that may be delivered via audio-only telephone, (ii) reimbursement rates for services delivered via audio-only telephone, and (iii) other such regulations that the agency may deem necessary. In addition, DMAS must adopt uniform remote patient monitoring regulations for all Medicaid managed care organizations to implement and follow.

6. Budget Amendment Necessary: Yes, Items 312, 313 and 316. The budget passed by the General Assembly (HB 1800/SB 1100, 2021 Special Session I) includes funding (\$2,682,089 general fund and \$4,186,201 nongeneral funds) in FY 2022 to cover the expected cost of this legislation.

7. Fiscal Impact Estimates: Final

Expenditure Impact:

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2021	-	-	-
2022	\$2,682,089	-	General Fund
2022	\$4,186,201	-	Nongeneral Funds
2023	\$3,042,951	-	General Fund
2023	\$4,749,436	-	Nongeneral Funds
2024	\$3,164,670	-	General Fund
2024	\$4,939,413	-	Nongeneral Funds
2025	\$3,291,256	-	General Fund
2025	\$5,136,990	-	Nongeneral Funds
2026	\$3,422,907	-	General Fund
2026	\$5,342,469	-	Nongeneral Funds
2027	\$3,559,823	-	General Fund
2027	\$5,556,168	-	Nongeneral Funds

- 8. Fiscal Implications:** The bill requires DMAS to cover all remote patient monitoring (RPM) services for: 1) high-risk pregnant persons, 2) medically complex infants and children, 3) transplant patients, 4) patients who have undergone surgery, and 5) patients with a chronic health condition who have had two or more hospitalizations or emergency department visits related to their condition.

Expanding the use of RPM is expected to increase costs in the Medicaid program as DMAS will be required to offer these services to new populations that are not currently covered. Under the current Medicaid state plan, DMAS only covers RPM services for remote glucose monitoring for beneficiaries with diabetes. This includes reimbursement for the monitoring equipment and to practitioners for collection and interpretation of the transmitted data. The average per recipient cost of these services was \$1,958 per year in FY 2020 and two percent of members with diabetes used the service.

DMAS administered programs currently have a population of full benefit members at approximately 1.4 million members. Further, DMAS reports that 13 percent of Medicaid members had inpatient hospital stays in FY 2020 and of those 20 percent have multiple inpatient stays. DMAS assumes of the 13 percent of members with inpatient hospital claims, two percent would use the new RPM services at an average cost of \$1,958 per member annually. DMAS estimates 76 percent of the utilization will be in base Medicaid, 21 percent in Medicaid Expansion and three percent in CHIP. Based on the historical RPM costs, DMAS assumes that these services would experience a four percent growth in the utilization annually. Using these assumptions, DMAS estimates that the cost of covering RPM as provided for in the legislation would be \$6,868,290 (\$2,682,089 general fund and \$161,904 coverage assessment funds) in fiscal year 2022 and \$7,792,387 (\$3,042,951 general fund and \$183,687 coverage assessment funds) in FY 2023. Note: The assumptions used in this estimate do not account for the potential use of multiple RPM services by a single Medicaid member. To the extent a single member uses multiple RPM services, each billed separately, then costs would increase.

This statement does not reflect the direct impact of this legislation on the overall Medicaid program as DMAS does not have the data necessary to develop such costs estimates. While

the expansion of RPM is expected to improve health care outcomes, additional information would be needed to make any such assumptions with regard to program costs. The interaction of numerous variables and costs drivers would ultimately influence this bill's impact on the Medicaid program. For example, the use of RPM for the selected conditions would likely lead to lower acute care utilization and may lower future costs. However, there may also be some increased emergency department visits tied to the program's improved ability to pick up on health issues that an unmonitored patient may miss. Again, since DMAS has no way to estimate the overall Medicaid impact is considered indeterminate.

Allowing DMAS to reimburse for medical and behavioral health services delivered via an audio-only telephonic modality is not expected to increase costs.

9. Specific Agency or Political Subdivisions Affected:

Department of Medical Assistance Services

10. Technical Amendment Necessary: No

11. Other Comments: None