

HSB 572	TELE-HEALTH PAYMENTS	Requires health insurance to cover tele-health services. Requires those services to meet generally accepted standards. Requires the Insurance Commissioner to adopt rules. Applies to health insurance contracts delivered after July 2018.
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TALKING POINTS FOR TELEHEALTH PAYMENTS

- Telehealth provides cost effective, high quality primary healthcare to rural lowans who may otherwise not have access to healthcare without traveling long distances.
- In the management of three chronic diseases: congestive heart failure, stroke, and chronic obstructive pulmonary disease the benefits of telehealth include reduction in use of services including hospital admissions/re-admissions, length of hospital stay, and decreased emergency department visits and often reductions in mortality.
- The only telehealth company in Iowa provides care to roughly 2800 patients a month in 42 Iowa hospitals, 50 Iowa jails and 29 clinics. (N.Vorm, personal communication, February 4, 2018)
- Billing for telemedicine is a major obstacle to expanding its use.
- Medicare reimburses only for specific telehealth services in almost exclusively rural areas. The originating site must be in a Health Professional Shortage Area (HPSA).
- Medicaid does not provide reimbursement for remote patient monitoring in Iowa.

References:

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