

---

## DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

---

HB 896 Reengrossed

2024 Regular Session

Myers

**Abstract:** Establishes the "Louisiana Remote Patient Monitoring Program Law".

Proposed law shall be known and may be cited as the "Louisiana Remote Patient Monitoring Program Law".

Proposed law declares that remote patient monitoring services aim to allow more people to remain at home or in other residential settings and to improve the quality and cost of their care, including prevention of more costly care. Proposed law further provides that the goal of remote patient monitoring services provided through telehealth is to coordinate primary, acute, chronic disease, behavioral, and long-term social service needs for high need, high cost patients.

Proposed law defines "medical assistance program", "remote patient monitoring services", and "telehealth".

Proposed law allows remote patient monitoring services provided through telehealth to be used by patients who meet the requirements of proposed law and are capable and willing to use home telehealth and can maintain performance of needed tasks, or have the availability of informal caregivers to help with remote patient monitoring through telehealth.

Proposed law requires patients who participate in remote patient monitoring services to meet any two of the following qualifications:

- (1) Be diagnosed, in the previous 18 months, with one or more chronic conditions, as defined by the Centers for Medicare and Medicaid Services, which include but are not limited to sickle cell, mental illness, asthma, diabetes, cancer, and heart disease.
- (2) Have a recent history of costly service use due to one or more chronic conditions as evidenced by two or more hospitalizations, including emergency room visits, in the last 12 months.
- (3) Have a recommendation from the patient's healthcare provider for disease management services through remote patient monitoring.

Proposed law establishes certain criteria for the required assessment, problem identification, evaluation, management plan implementation required by proposed law.

Proposed law requires telehealth equipment and the network used for remote patient monitoring services to meet all of the following requirements:

- (1) Compliance with applicable standards of the U.S. Food and Drug Administration.
- (2) Maintenance of telehealth equipment in good repair and free from safety hazards.
- (3) Installation of only new or sanitized equipment in the patient's home setting.
- (4) Accommodation of language options other than English.
- (5) Availability of technical and clinical support services for the patient user 24 hours a day, 7 days a week.

Proposed law requires the appropriate procedure code as established by the La. Dept. of Health for the covered healthcare service to be included in any reimbursement claim for the remote monitoring services provided with the appropriate modifier indicating telehealth services were used.

Proposed law requires remote patient monitoring services as provided for in proposed law to be a covered service in the medical assistance program.

Proposed law allows a telehealth installation and training reimbursement to the provider via Medicaid. Requires the La. Dept. of Health to promulgate rules and regulations as are necessary for the implementation of proposed law.

Proposed law requires the implementation of proposed law to be applicable only upon either a specific appropriation or funds made available by the La. Dept. of Health for such implementation.

Proposed law provides that remote patient monitoring services through telehealth may consist of certain assessments and establishes provisions for implementation.

Proposed law further provides that nothing in proposed law shall prohibit any health benefit plan offered by a health insurer, managed care organization, or other health payor from establishing its own policy and payment structure for in lieu of service agreements with providers.

(Adds R.S. 40:1221.1 and 1227.1-1227.8)

#### Summary of Amendments Adopted by House

The Committee Amendments Proposed by House Committee on Health and Welfare to the original bill:

1. Remove proposed law provision that requires only telehealth programs affiliated with a Louisiana healthcare facility to be eligible for reimbursements.

2. Remove proposed law provision that requires the originating site to be eligible to receive a facility fee.
3. Remove proposed law provision that does not allow a facility fee to be payable to the distant site.
4. Require the implementation of proposed law to be applicable only upon either a specific appropriation or funds made available by the La. Dept. of Health for such implementation.
5. Require the procedure code established by the La. Dept. of Health for the covered healthcare service to be included with the appropriate modifier indicating that telehealth services were used.
6. Remove mandatory language relative to remote patient monitoring services and allow remote patient monitoring services through telehealth to consist of certain assessments.
7. Make technical corrections.

The House Floor Amendments to the engrossed bill:

1. Change references from "training fee" to "training reimbursement".
2. Clarify that the provider would receive funding from Medicaid for the training reimbursement.
3. Change references from "mental health" to "mental illness".
4. Make technical corrections.