PHILIPS

May 7, 2021

RE: PHILIPS LETTER FOR HHS CONFERENCE COMMITTE

Dear Chair Liebling, Chair Benson and members of the Health and Human Services Conference Committee.

Under the Telehealth Article, Philips applauds the legislature's efforts to consider telemonitoring in the omnibus HHS package, but asks conferees to include the below telemonitoring language for medical assistance beneficiaries from SF 2360. Philips believes this language would allow any medical assistance beneficiary to benefit from telemonitoring if there is a clinical need for such care. However, if the conferees use the approach from HF 2128, the language would limit who could benefit from telemonitoring.

Preferred approach from SF 2360

Subd. 3h. Telemonitoring services. (a) Medical assistance covers telemonitoring services if:

(1) the telemonitoring service is medically appropriate based on the recipient's medical condition or status;
(2) the recipient's health care provider has identified that telemonitoring services would likely prevent the recipient's admission or readmission to a hospital, emergency room, or nursing facility;
(3) the recipient is cognitively and physically capable of operating the monitoring device or equipment, or the recipient has a caregiver who is willing and able to assist with the monitoring device or equipment; and
(4) the recipient resides in a setting that is suitable for telemonitoring and not in a setting that has health care staff on site.

This approach to telemonitoring in SF 2360 is preferable to the telemonitoring approach in HB 2128 for the following reasons:

- This language would allow the provider to determine whether telemonitoring is medically appropriate for a particular patient instead of limiting its usage to patients with certain conditions.
- This telemonitoring language is similar to how the bill defines telemonitoring eligibility for health carriers. Therefore, this approach would create alignment between eligible private payer and medical assistance beneficiaries.
- This proposed language is flexible and would not need to be amended in future years to add more conditions.
- The original language is very limiting and numerous patients would be unable to access telemonitoring even though they could benefit from telemonitoring.
- The Centers for Medicare and Medicaid Services do not limit the use of remote patient monitoring to specific patient conditions.

Using the telemonitoring approach under HF 2128 would limit telemonitoring to patients who have one of six listed chronic conditions. However, there are many other use-cases for telemonitoring. For example:

- A high risk pregnant mother who may require a fetal monitor to help monitor her health and her fetus' health.
- A patient with chronic kidney disease may need a blood pressure cuff and a weight scale.
- A cardiac rehab may need a blood pressure cuff, an EKG, and a pulse oximeter.
- A patient undergoing physical therapy whose blood pressure or oxygen levels are monitored.
- A patient with cardiac complications who wears a heart monitor to measure palpitations;
- A patient who needs monitoring following surgery. This could include a patient prescribed a narcotic for pain whose breathing could be monitored from home or a patient who could be monitored for reinfection risks from their home instead of in the hospital.

HF 2128 further limits telemonitoring coverage to only patients who are monitored at least five times per week. This would deny patient access to telemonitoring who don't need telemonitoring five times a week. For example:

- A diabetic patient who needs to have their weight monitored, but it is not clinically appropriate to have the patient step on a scale five times a week.
- A patient with hypertension who needs only weekly monitoring for long-term management of their condition.

For these reasons, Philips urges conferees to include the telemonitoring language from SF 2360 because state policies should not dictate what patient conditions have access to this care verses others. By listing specific conditions, Minnesota would deny telemonitoring to all other patients who fall outside these few buckets even if there is a clinical need for such care. Rather, telemonitoring should be used by the provider so long as the appropriate standard of care is being met and there is medical necessity for the service.

Thank you for the opportunity to submit a letter on this important issue. Please let me know if you have any questions or need more information.

Sincerely,

Evan Hoffman
Director of State and Local Government Relations
Philips