

Congress Wows With Medicare Telehealth Parity Act of 2015, But Will It Succeed?

Article By:

Nathaniel M. Lacktman

Rep. Mike Thompson (D-CA) and co-sponsors Rep. Gregg Harper (R-MS), Rep. Diane Black (R-TN), and Rep. Peter Welch (D-VT) announced, on July 7, 2015, the introduction of [the Medicare Telehealth Parity Act of 2015](#), forward-looking, bi-partisan legislation intended to modernize the way Medicare pays for telehealth services. Containing three implementation phases over a four year horizon, the Act proposes changes to Medicare telehealth payment methodologies and expands coverage not only to residents of rural areas, but urban areas as well.

Phase 1 expands qualifying originating sites to include all federally qualified health centers and all rural health clinics, and the qualifying geographic location also includes counties in Metropolitan Statistical Areas with populations fewer than 50,000. Additionally, Phase 1 expands telehealth coverage to include services provided by certified diabetes educators, respiratory therapists, audiologists, occupational therapists, speech language therapists, and physical therapists. Phase 1 also provides Medicare coverage of asynchronous (store & forward) telehealth services across the country (not just Alaska and Hawaii).

Phase 2 expands qualifying originating sites to include a home telehealth site, and the qualifying originating geographic location include counties in Metropolitan Statistical Areas with populations of 50,000-100,000.

Phase 3 expands qualifying originating geographic locations include counties in Metropolitan Statistical Areas with populations above 100,000. Additionally, the Act authorizes CMS to develop and implement new payment methods for these telehealth services.

The Act also includes provisions for Medicare coverage of remote patient monitoring services (RPM) for covered chronic care conditions, and home dialysis services for those with end stage renal disease.

Thompson is a leading supporter of telemedicine expansion, having previously introduced legislation to expand reimbursement, amending the Social Security Act to cover telemedicine services for instances in which corresponding in-person treatment would be covered. The legislation, the [Telehealth Enhancement Act of 2013](#), did not make it out of Committee.

Last July, Thompson and Harper, introduced a three phased expansion of telehealth services through the [Medicare Health Parity Act of 2014](#). The phased approach was supported by both the American Telemedicine Association (“ATA”) and the Telecommunications Industry Association (“TIA”), and seemed more palatable to legislators, providers and patients. Although the 2014 Act received bi-partisan support from nine co-sponsors, the bill was [referred](#) to the House Energy and Commerce Subcommittee on Health, where it has remained.

The 2015 Act represents federal lawmakers’ continued and increasing support for expanding Medicare telehealth reimbursement. But the Act’s chances may be slim. The last [congress enacted](#) only three percent of bills into law and currently congress has enacted only one percent of bills into law. Through dedication and persistence, lawmakers are pursuing the expansion of Medicare telehealth reimbursement, sending signals to providers to get ready for change. Telehealth providers should embrace the introduction of the Act and use it as an opportunity to contribute to and develop meaningful telehealth reimbursement policies.

Please note Foley Summer Associate, Arrie Kustin, was also an author of this post and the Health Care Law Today team thanks her for her contributions.

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