Department of Planning and Budget 2025 General Assembly Session State Fiscal Impact Statement

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Bill Number: HB 1975 **Patron:** Laufer

Bill Title: Department of Medical Assistance Services; state plan for medical assistance; patient-

initiated consultation; provider-to-provider consultation

Bill Summary: The proposed legislation directs the Department of Medical Assistance Services (DMAS) to modify state plan provisions covering provider-to-provider consultations to also include patient-generated consultations. The bill specifies that consultations provided through telemedicine services, including audio-only telemedicine services where applicable, shall be included in such provision. The bill also changes the definition of "telemedicine services" as it is used in the state plan for medical assistance services to include two-way, real-time, audio-only communication technology for any telehealth service furnished to a patient in their home.

Budget Amendment Necessary: Yes **Items Impacted:** 288

Fiscal Summary: The proposed legislation will require expenditures for which the agency is not currently appropriated. See table and fiscal analysis below.

General Fund Expenditure Impact:

<u>Agency</u>	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030
DMAS (602)	-	\$1,215,969	\$1,392,837	\$1,462,479	\$1,535,603	\$1,612,383
Nongeneral Fund Expenditure Impact:						
<u>Agency</u>	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030
DMAS (602)	-	\$1,812,035	\$2,075,603	\$2,179,383	\$2,288,353	\$2,402,770

Fiscal Analysis: DMAS currently covers audio-only telemedicine interactions for general clinical services. The ability to provide these enhanced services was provided by the Centers for Medicare and Medicaid Services (CMS) as a pandemic-related flexibility. However, this authorization is set to expire for most services on March 31, 2025. Notwithstanding the ending federal pandemic flexibilities, DMAS telemedicine services are subject to the provisions of Virginia Code § 38.2-3418.16. which defines telemedicine services to specifically exclude audio-only telephone exchanges between providers and patients. The proposed bill would require that DMAS resume the coverage of telemedicine for audio-only interactions between Medicaid members and health care providers. Based on costs incurred in FY 2024 for these audio-only interactions, DMAS estimates that the bill's provisions would cost approximately \$3.1 million (\$1.2 million general fund) in FY 2026. This amount is assumed to grow at approximately five percent in subsequent years.

The American Relief Act, 2025 extends certain telehealth flexibilities, including non-behavioral/mental health audio-only telehealth services, through March 31, 2025. CMS recently announced that it will not provide continued federal funding for all non-behavioral health/mental health audio-only services. Currently, the scope of services covered and the timeframe for how long federal funding will be available are uncertain.

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Should federal reimbursement not be available, the general fund impact would have to cover the federal share of costs.

Other: None