

115TH CONGRESS
1ST SESSION

S. 1016

To amend title XVIII of the Social Security Act to expand access to telehealth services, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 3, 2017

Mr. SCHATZ (for himself, Mr. WICKER, Mr. COCHRAN, Mr. CARDIN, Mr. THUNE, and Mr. WARNER) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to expand access to telehealth services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the
5 “Creating Opportunities Now for Necessary and Effective
6 Care Technologies (CONNECT) for Health Act of 2017”
7 or the “CONNECT for Health Act of 2017”.

8 (b) **TABLE OF CONTENTS.**—The table of contents of
9 this Act is as follows:

Sec. 1. Short title; table of contents.

- Sec. 2. Providing accountable care organizations the ability to expand the use of telehealth.
- Sec. 3. Expanding access to home dialysis therapy.
- Sec. 4. Expanding the use of telehealth for individuals with stroke.
- Sec. 5. Increasing access to digital tools for Medicare Advantage enrollees through telehealth and remote patient monitoring.
- Sec. 6. Coverage of remote patient monitoring services furnished to certain individuals.
- Sec. 7. Rural health clinics and Federally qualified health centers.
- Sec. 8. Allowing Native American health service facilities as sites eligible for telehealth payment.
- Sec. 9. Clarification regarding telehealth and remote patient monitoring technologies provided to beneficiaries.
- Sec. 10. Allowing telehealth and remote patient monitoring services to be included in bundled or global payments.
- Sec. 11. Expanding the use of telehealth through the waiver of certain requirements.
- Sec. 12. Expanding the use of telehealth for mental health services.
- Sec. 13. HHS evaluation and report on the use of telehealth and remote patient monitoring under all demonstration programs and pilots with a telehealth waiver.
- Sec. 14. Testing of models to examine the use of telehealth and remote patient monitoring under the Medicare program.
- Sec. 15. Sense of Congress regarding the remote practice of medicine.

1 **SEC. 2. PROVIDING ACCOUNTABLE CARE ORGANIZATIONS**
 2 **THE ABILITY TO EXPAND THE USE OF TELE-**
 3 **HEALTH.**

4 (a) IN GENERAL.—Section 1899 of the Social Secu-
 5 rity Act (42 U.S.C. 1395jjj) is amended by adding at the
 6 end the following new subsection:

7 “(1) PROVIDING ACOS THE ABILITY TO EXPAND
 8 THE USE OF TELEHEALTH SERVICES.—

9 “(1) IN GENERAL.—

10 “(A) EXPANDING USE OF TELEHEALTH
 11 SERVICES.—In the case of telehealth services
 12 for which payment would otherwise be made
 13 under this title furnished on or after January
 14 1, 2018, for purposes of this subsection only,

1 the restrictions applicable to the coverage of
2 telehealth services under section 1834(m) de-
3 scribed in subparagraph (B) shall not apply
4 with respect to such services furnished to a
5 Medicare fee-for-service beneficiary assigned to
6 an applicable ACO (as defined in paragraph
7 (2)).

8 “(B) RESTRICTIONS DESCRIBED.—For
9 purposes of this subsection, restrictions applica-
10 ble to the coverage of telehealth services under
11 section 1834(m) shall include requirements re-
12 lating to qualifications for an originating site
13 under paragraph (4)(C)(ii) of such section, any
14 geographic limitations under paragraph
15 (4)(C)(i) of such section (other than applicable
16 State law requirements, including State licen-
17 sure requirements), any limitation on the use of
18 store-and-forward technologies described in
19 paragraph (1) of such section, any limitation on
20 the type of health care provider who may fur-
21 nish such services (other than the requirement
22 that the provider is a Medicare-enrolled pro-
23 vider), or any limitation on specific codes des-
24 ignated as telehealth services that are covered
25 under this title pursuant to such section (pro-

1 vided such codes are clinically appropriate to
2 furnish remotely).

3 “(2) DEFINITION OF APPLICABLE ACO.—In this
4 subsection, the term ‘applicable ACO’ means an
5 ACO participating in a model tested or expanded
6 under section 1115A or under this section—

7 “(A) that operates under a two-sided
8 model—

9 “(i) described in section 425.600(a) of
10 title 42, Code of Federal Regulations; or

11 “(ii) tested or expanded under section
12 1115A; and

13 “(B) for which Medicare fee-for-service
14 beneficiaries are assigned to the ACO using a
15 prospective assignment method, as determined
16 appropriate by the Secretary.

17 “(3) NO ORIGINATING SITE FACILITY FEE FOR
18 NEW SITES.—The Secretary shall not pay an origi-
19 nating site facility fee (as described in paragraph
20 (2)(B) of section 1834(m)) with respect to telehealth
21 services described in paragraph (1) if such services
22 would not have been covered under this title as of
23 the date of enactment of this subsection.

24 “(4) ANNUAL SUBMISSION OF DATA.—An appli-
25 cable ACO that furnishes telehealth services de-

1 scribed in paragraph (1) shall, on an annual basis,
2 submit to the Secretary information requested by
3 the Secretary for evaluation of the implementation
4 of this subsection, including information on utiliza-
5 tion and expenditures for telehealth under this sub-
6 section during the preceding year and data on any
7 applicable quality measures, consistent with sections
8 1848 and 1833(z).”.

9 (b) EVALUATION AND REPORT.—

10 (1) EVALUATION.—

11 (A) IN GENERAL.—The Secretary of
12 Health and Human Services (in this subsection
13 referred to as the “Secretary”) shall conduct an
14 evaluation on the implementation of section
15 1899(l) of the Social Security Act, as added by
16 subsection (a). Such evaluation shall include an
17 analysis of the utilization of, and expenditures
18 for, telehealth services under such section, in-
19 cluding a comparison of the utilization of, and
20 expenditures for, the same services provided in
21 the office setting.

22 (B) COLLECTION OF DATA.—The Sec-
23 retary may collect such data as the Secretary
24 determines necessary to carry out the evalua-
25 tion under this paragraph.

1 (2) REPORT.—Not later than January 1, 2025,
2 the Secretary shall submit to Congress a report con-
3 taining the results of the evaluation conducted under
4 paragraph (1), together with recommendations for
5 such legislation and administrative action as the
6 Secretary determines appropriate.

7 **SEC. 3. EXPANDING ACCESS TO HOME DIALYSIS THERAPY.**

8 (a) IN GENERAL.—Section 1881(b)(3) of the Social
9 Security Act (42 U.S.C. 1395rr(b)(3)) is amended—

10 (1) by redesignating subparagraphs (A) and
11 (B) as clauses (i) and (ii), respectively;

12 (2) in clause (ii), as redesignated by subpara-
13 graph (A), strike “on a comprehensive” and insert
14 “subject to subparagraph (B), on a comprehensive”;

15 (3) by striking “With respect to” and inserting
16 “(A) With respect to”; and

17 (4) by adding at the end the following new sub-
18 paragraph:

19 “(B) For purposes of subparagraph (A)(ii), an indi-
20 vidual determined to have end stage renal disease receiv-
21 ing home dialysis may choose to receive the monthly end
22 stage renal disease-related visits furnished on or after
23 January 1, 2018, via telehealth, if the individual receives
24 a face-to-face visit, without the use of telehealth, at least
25 once every three consecutive months.”.

1 (b) ORIGINATING SITE REQUIREMENTS.—

2 (1) IN GENERAL.—Section 1834(m) of the So-
3 cial Security Act (42 U.S.C. 1395m(m)) is amend-
4 ed—

5 (A) in paragraph (4)(C)(ii), by adding at
6 the end the following new subclauses:

7 “(IX) A renal dialysis facility,
8 but only for purposes of section
9 1881(b)(3)(B).

10 “(X) The home of an individual,
11 but only for purposes of section
12 1881(b)(3)(B).”; and

13 (B) by adding at the end the following new
14 paragraph:

15 “(5) TREATMENT OF HOME DIALYSIS MONTHLY
16 ESRD-RELATED VISIT.—The geographic require-
17 ments described in paragraph (4)(C)(i) shall not
18 apply with respect to telehealth services furnished on
19 or after January 1, 2018, for purposes of section
20 1881(b)(3)(B), at an originating site described in
21 subclause (VI), (IX), or (X) of paragraph
22 (4)(C)(ii), subject to applicable State law require-
23 ments, including State licensure requirements.”.

24 (2) NO FACILITY FEE IF ORIGINATING SITE
25 FOR HOME DIALYSIS THERAPY IS THE HOME.—Sec-

1 tion 1834(m)(2)(B) of the Social Security (42
2 U.S.C. 1395m(m)(2)(B)) is amended—

3 (A) by redesignating clauses (i) and (ii) as
4 subclauses (I) and (II), and indenting appro-
5 priately;

6 (B) in subclause (II), as redesignated by
7 subparagraph (A), by striking “clause (i) or
8 this clause” and inserting “subclause (I) or this
9 subclause”;

10 (C) by striking “SITE.—With respect to”
11 and inserting “SITE.—

12 “(i) IN GENERAL.—Subject to clause
13 (ii), with respect to”; and

14 (D) by adding at the end the following new
15 clause:

16 “(ii) NO FACILITY FEE IF ORIGI-
17 NATING SITE FOR HOME DIALYSIS THER-
18 APY IS THE HOME.—No facility fee shall
19 be paid under this subparagraph to an
20 originating site described in paragraph
21 (4)(C)(ii)(X).”.

22 (c) CONFORMING AMENDMENT.—Section 1881(b)(1)
23 of the Social Security Act (42 U.S.C. 1395rr(b)(1)) is
24 amended by striking “paragraph (3)(A)” and inserting
25 “paragraph (3)(A)(i)”.

1 **SEC. 4. EXPANDING THE USE OF TELEHEALTH FOR INDI-**
2 **VIDUALS WITH STROKE.**

3 Section 1834(m) of the Social Security Act (42
4 U.S.C. 1395m(m)), as amended by section 3(b), is amend-
5 ed by adding at the end the following new paragraph:

6 “(6) TREATMENT OF STROKE TELEHEALTH
7 SERVICES.—

8 “(A) NONAPPLICATION OF ORIGINATING
9 SITE REQUIREMENTS.—The requirements de-
10 scribed in paragraph (4)(C) shall not apply with
11 respect to telehealth services furnished on or
12 after January 1, 2018, for purposes of evalua-
13 tion of an acute stroke, as determined by the
14 Secretary, subject to applicable State law re-
15 quirements, including State licensure require-
16 ments.

17 “(B) NO ORIGINATING SITE FACILITY FEE
18 FOR NEW SITES.—The Secretary shall not pay
19 an originating site facility fee (as described in
20 paragraph (2)(B)) with respect to telehealth
21 services described in subparagraph (A) if the
22 services would not have been covered under this
23 title as of the date of enactment of this para-
24 graph.”.

1 **SEC. 5. INCREASING ACCESS TO DIGITAL TOOLS FOR MEDI-**
 2 **CARE ADVANTAGE ENROLLEES THROUGH**
 3 **TELEHEALTH AND REMOTE PATIENT MONI-**
 4 **TORING.**

5 (a) IN GENERAL.—Section 1852 of the Social Secu-
 6 rity Act (42 U.S.C. 1395w–22) is amended—

7 (1) in subsection (a)(1)(B)(i), by inserting “,
 8 subject to subsection (m),” after “means”; and

9 (2) by adding at the end the following new sub-
 10 section:

11 “(m) PROVISION OF ADDITIONAL TELEHEALTH
 12 BENEFITS AND TREATMENT OF REMOTE PATIENT MONI-
 13 TORING.—

14 “(1) MA PLAN OPTION.—For plan year 2018
 15 and subsequent plan years, subject to the require-
 16 ments of paragraph (3), an MA plan may provide
 17 additional telehealth benefits (as defined in para-
 18 graph (2)) to individuals enrolled under this part.

19 “(2) ADDITIONAL TELEHEALTH BENEFITS DE-
 20 FINED.—

21 “(A) IN GENERAL.—For purposes of this
 22 subsection and section 1854:

23 “(i) DEFINITION.—The term ‘addi-
 24 tional telehealth benefits’ means services
 25 for which benefits are available under part
 26 B, notwithstanding the restrictions applica-

1 ble to the coverage of telehealth services
2 under section 1834(m) described in sub-
3 paragraph (B).

4 “(ii) EXCLUSION OF CAPITAL AND IN-
5 FRASTRUCTURE COSTS AND INVEST-
6 MENTS.—The term ‘additional telehealth
7 benefits’ does not include capital and infra-
8 structure costs and investments relating to
9 such benefits.

10 “(B) RESTRICTIONS DESCRIBED.—For
11 purposes of this subsection, restrictions applica-
12 ble to the coverage of telehealth services under
13 section 1834(m) shall include requirements re-
14 lating to qualifications for an originating site
15 under paragraph (4)(C)(ii) of such section, any
16 geographic limitations under paragraph
17 (4)(C)(i) of such section (other than applicable
18 State law requirements, including State licen-
19 sure requirements), any limitation on the use of
20 store-and-forward technologies described in
21 paragraph (1) of such section, any limitation on
22 the type of health care provider who may fur-
23 nish such services (other than the requirement
24 that the provider is a Medicare-enrolled pro-
25 vider), or any limitation on specific codes des-

1 ignated as telehealth services that are covered
2 under this title pursuant to such section (pro-
3 vided such codes are clinically appropriate to
4 furnish remotely).

5 “(C) PUBLIC COMMENT.—Not later than
6 November 30, 2017, the Secretary shall solicit
7 comments on what types of telehealth services
8 should be considered to meet the definition of
9 additional telehealth benefits under this para-
10 graph.

11 “(3) REQUIREMENTS FOR ADDITIONAL TELE-
12 HEALTH BENEFITS.—The Secretary shall specify re-
13 quirements for the provision or furnishing of addi-
14 tional telehealth benefits, including with respect to
15 the following:

16 “(A) Physician, practitioner, or other
17 health care provider licensure consistent with
18 State law and other requirements such as spe-
19 cific training.

20 “(B) Factors necessary to ensure the co-
21 ordination of such benefits with items and serv-
22 ices furnished in-person.

23 “(C) Such other areas as determined by
24 the Secretary.

1 “(4) ENROLLEE CHOICE.—If an MA plan pro-
2 vides a service as an additional telehealth benefit (as
3 defined in paragraph (2)), an individual enrollee
4 shall have discretion as to whether to receive such
5 service as an additional telehealth benefit.

6 “(5) CONSTRUCTION REGARDING NETWORK AC-
7 CESS ADEQUACY.—Provision of additional telehealth
8 benefits under this subsection shall not be construed
9 as making such benefits available and accessible for
10 purposes of compliance with subsection (d).

11 “(6) TREATMENT UNDER MA.—For purposes of
12 this subsection and section 1854, additional tele-
13 health benefits shall be treated as if they were bene-
14 fits under the original Medicare fee-for-service pro-
15 gram option.

16 “(7) CONSTRUCTION.—Nothing in this sub-
17 section shall be construed as affecting the require-
18 ment under subsection (a)(1) that MA plans provide
19 enrollees with items and services (other than hospice
20 care) for which benefits are available under parts A
21 and B, including benefits available under section
22 1834(m).

23 “(8) CLARIFICATION REGARDING REMOTE PA-
24 TIENT MONITORING SERVICES.—For purposes of
25 this subsection and section 1854, remote patient

1 monitoring services shall be treated as if they were
2 benefits under the original Medicare fee-for-service
3 program option so long as such treatment does not
4 increase the bid amount attributable to such benefits
5 from the amount it would otherwise be, as deter-
6 mined by the Secretary.

7 “(9) PROVISION OF DATA.—An MA plan that
8 provides additional telehealth benefits or remote pa-
9 tient monitoring services with respect to a plan year
10 shall provide to the Secretary (at such time and in
11 such manner as the Secretary may specify) data on
12 expenditures and utilization for telehealth or remote
13 patient monitoring services under the plan for enroll-
14 ees during that plan year.”.

15 (b) CLARIFICATION REGARDING INCLUSION IN BID
16 AMOUNT.—Section 1854(a)(6)(A)(ii)(I) of the Social Se-
17 curity Act (42 U.S.C. 1395w-24(a)(6)(A)(ii)(I)) is
18 amended by inserting “, including, for plan year 2019 and
19 subsequent plan years, the provision of additional tele-
20 health benefits and remote patient monitoring as described
21 in section 1852(m)” before the semicolon at the end.

1 **SEC. 6. COVERAGE OF REMOTE PATIENT MONITORING**
2 **SERVICES FURNISHED TO CERTAIN INDIVID-**
3 **UALS.**

4 (a) IN GENERAL.—Section 1848(b) of the Social Se-
5 curity Act (42 U.S.C. 1395w-4(b)) is amended by adding
6 at the end the following new paragraph:

7 “(12) COVERAGE OF REMOTE PATIENT MONI-
8 TORING SERVICES FURNISHED TO CERTAIN INDIVID-
9 UALS.—

10 “(A) IN GENERAL.—The Secretary shall,
11 subject to subparagraph (B), make payment (as
12 the Secretary determines to be appropriate)
13 under this section for remote patient moni-
14 toring services (as defined in subparagraph
15 (C)(iii)) furnished on or after January 1, 2018,
16 to an applicable individual (as defined in sub-
17 paragraph (C)(i)) by an eligible provider (as de-
18 fined in subparagraph (C)(ii)).

19 “(B) REQUIREMENTS.—The following shall
20 apply with respect to remote patient monitoring
21 services under this paragraph:

22 “(i) Coverage of such remote patient
23 monitoring services shall be in addition to
24 coverage for chronic care management
25 services or transitional care management

1 services furnished to an applicable indi-
2 vidual under this section.

3 “(ii) The Secretary shall consult with
4 public and private stakeholders in deter-
5 mining the amount of payment for remote
6 patient monitoring services under this sec-
7 tion.

8 “(iii) Payment, pricing, and coverage
9 for such remote patient monitoring services
10 may occur through the unbundling, modi-
11 fication, or establishment of certain codes.

12 “(iv) Such remote patient monitoring
13 services (other than those services that are
14 physicians’ services) shall be furnished
15 under the general supervision of an eligible
16 provider.

17 “(C) DEFINITIONS.—In this paragraph:

18 “(i) APPLICABLE INDIVIDUAL.—The
19 term ‘applicable individual’ means an indi-
20 vidual—

21 “(I) receiving chronic care man-
22 agement services or transitional care
23 management services under this sec-
24 tion;

1 “(II) who is in the top five per-
2 cent of Medicare cost utilization and
3 has two or more chronic diseases, as
4 determined on a yearly basis by the
5 Secretary; or

6 “(III) who has any other condi-
7 tion or with respect to an episode of
8 care that the Secretary may specify,
9 so long as the Chief Actuary of the
10 Centers for Medicare & Medicaid
11 Services certifies that providing cov-
12 erage for remote patient monitoring
13 services with respect to such individ-
14 uals would—

15 “(aa) reduce spending under
16 this title without reducing the
17 quality of care; or

18 “(bb) improve the quality of
19 patient care without increasing
20 spending.

21 “(ii) ELIGIBLE PROVIDER.—The term
22 ‘eligible provider’ means a physician (as
23 defined in section 1861(r)) or a practi-
24 tioner described in section 1842(b)(18)(C).

1 “(iii) REMOTE PATIENT MONITORING
2 SERVICES.—The term ‘remote patient
3 monitoring services’ means clinical data
4 transmitted from an applicable individual
5 in one location via electronic communica-
6 tions technologies that are devices as de-
7 fined in section 201(h) of the Federal
8 Food, Drug, and Cosmetic Act to an eligi-
9 ble provider in a different location and
10 used by the eligible provider in furnishing
11 such services to such individual that com-
12 plies with the Federal regulations (con-
13 cerning the privacy and security of individ-
14 ually identifiable health information) pro-
15 mulgated under section 264(c) of the
16 Health Insurance Portability and Account-
17 ability Act of 1996, as part of an estab-
18 lished plan of care for the applicable indi-
19 vidual that includes the review and inter-
20 pretation of that data by an eligible pro-
21 vider. Such term includes those services
22 furnished in a Federally qualified health
23 center or a rural health clinic. Such term
24 shall not include a communication that
25 consists solely of a telephone audio con-

1 versation, facsimile, or electronic text mes-
 2 sage between an eligible provider and the
 3 applicable individual.”.

4 (b) EXPANDING THE USE OF REMOTE PATIENT
 5 MONITORING SERVICES UNDER ALTERNATIVE PAYMENT
 6 MODELS.—Section 1848(b)(12) of the Social Security Act
 7 (42 U.S.C. 1395w-4(b)(12)), as added by subsection (a),
 8 is amended by adding at the end the following new sub-
 9 paragraph:

10 “(D) APPLICATION TO ALTERNATIVE PAY-
 11 MENT MODELS.—For purposes of applying this
 12 paragraph with respect to remote patient moni-
 13 toring services furnished by an eligible provider
 14 participating in an alternative payment model
 15 (as defined in section 1833(z)(3)(C)), the term
 16 ‘applicable individual’ shall mean any bene-
 17 ficiary assigned to the alternative payment
 18 model.”.

19 **SEC. 7. RURAL HEALTH CLINICS AND FEDERALLY QUALI-**
 20 **FIED HEALTH CENTERS.**

21 (a) EXPANSION OF ORIGINATING SITES.—Section
 22 1834(m)(4)(C) of the Social Security Act (42 U.S.C.
 23 1395m(m)(4)(C)) is amended—

24 (1) in clause (i), by striking “The term” and
 25 inserting “Subject to clause (iii), the term”; and

1 (2) by adding at the end the following new
2 clause:

3 “(iii) RURAL HEALTH CLINICS AND
4 FEDERALLY QUALIFIED HEALTH CEN-
5 TERS.—In the case of a service furnished
6 on or after the date that is 6 months after
7 the date of the enactment of the CON-
8 NECT for Health Act of 2017, the term
9 ‘originating site’ shall also include any
10 Federally qualified health center and any
11 rural health clinic (as such terms are de-
12 fined in section 1861(aa)) at which the eli-
13 gible telehealth individual is located at the
14 time the service is furnished via a tele-
15 communications system, whether or not
16 they are located in an area described in
17 clause (i), insofar as such sites are not oth-
18 erwise included in the definition of origi-
19 nating site under such clause, subject to
20 applicable State law requirements, includ-
21 ing State licensure requirements.”.

22 (b) EXPANSION OF DISTANT SITES.—Section
23 1834(m) of the Social Security Act (42 U.S.C. 1395m(m))
24 is amended—

25 (1) in the first sentence of paragraph (1)—

1 (A) by striking “or a practitioner (de-
2 scribed in section 1842(b)(18)(C))” and insert-
3 ing “, a practitioner (described in section
4 1842(b)(18)(C)), a Federally qualified health
5 center, or a rural health clinic”; and

6 (B) by striking “or practitioner” and in-
7 serting “, practitioner, Federally qualified
8 health center, or rural health clinic”;

9 (2) in paragraph (2)(A)—

10 (A) by inserting the following after “eligi-
11 ble telehealth individual”: “or to a Federally
12 qualified health center or rural health clinic
13 that serves as a distant site and furnishes a
14 telehealth service to an eligible telehealth indi-
15 vidual”; and

16 (B) by striking “such physician or practi-
17 tioner” and inserting “such physician, practi-
18 tioner, Federally qualified health center, or
19 rural health clinic”; and

20 (3) in paragraph (4)(A), by inserting the fol-
21 lowing before the period at the end: “and includes
22 a Federally qualified health center or rural health
23 clinic that furnishes a telehealth service to an eligi-
24 ble individual”.

1 (c) EFFECTIVE DATE.—The amendments made by
 2 this section shall apply to services furnished on or after
 3 January 1, 2018.

4 **SEC. 8. ALLOWING NATIVE AMERICAN HEALTH SERVICE**
 5 **FACILITIES AS SITES ELIGIBLE FOR TELE-**
 6 **HEALTH PAYMENT.**

7 (a) IN GENERAL.—Section 1834(m)(4)(C) of the So-
 8 cial Security Act (42 U.S.C. 1395m(m)(4)(C)), as amend-
 9 ed by section 7, is amended—

10 (1) in clause (i), by striking “clause (iii)” and
 11 inserting “clauses (iii) and (iv)”; and

12 (2) by adding at the end the following new
 13 clause:

14 “(iv) NATIVE AMERICAN HEALTH
 15 SERVICE FACILITIES.—The originating site
 16 requirements described in clauses (i) and
 17 (ii) shall not apply with respect to a facil-
 18 ity of the Indian Health Service, whether
 19 operated by such Service, or by an Indian
 20 tribe (as that term is defined in section 4
 21 of the Indian Health Care Improvement
 22 Act (25 U.S.C. 1603)) or a tribal organiza-
 23 tion (as that term is defined in section 4
 24 of the Indian Self-Determination and Edu-
 25 cation Assistance Act (25 U.S.C. 450b)),

1 or a facility of the Native Hawaiian health
 2 care systems authorized under the Native
 3 Hawaiian Health Care Improvement Act
 4 (42 U.S.C. 11701 et seq.).”.

5 (b) NO ORIGINATING SITE FACILITY FEE FOR NEW
 6 SITES.—Section 1834(m)(2)(B) of the Social Security Act
 7 (42 U.S.C. 1395m(m)(2)(B)) is amended, in the matter
 8 preceding clause (i), by inserting “(other than an origi-
 9 nating site that is only described in clause (iv) of para-
 10 graph (4)(C), and does not meet the requirement for an
 11 originating site under clause (i) of such paragraph)” after
 12 “the originating site”.

13 (c) EFFECTIVE DATE.—The amendments made by
 14 this section shall apply to services furnished on or after
 15 January 1, 2018.

16 **SEC. 9. CLARIFICATION REGARDING TELEHEALTH AND RE-**
 17 **MOTE PATIENT MONITORING TECHNOLOGIES**
 18 **PROVIDED TO BENEFICIARIES.**

19 Section 1128A(i)(6) of the Social Security Act (42
 20 U.S.C. 1320a–7a(i)(6)) is amended—

21 (1) in subparagraph (H), by striking “; or” and
 22 inserting a semicolon;

23 (2) in subparagraph (I), by striking the period
 24 at the end and inserting “; or”; and

1 (3) by adding at the end the following new sub-
2 paragraph:

3 “(J) the provision of telehealth or remote
4 patient monitoring technologies to individuals
5 under title XVIII by a health care provider for
6 the purpose of furnishing telehealth or remote
7 patient monitoring services.”.

8 **SEC. 10. ALLOWING TELEHEALTH AND REMOTE PATIENT**
9 **MONITORING SERVICES TO BE INCLUDED IN**
10 **BUNDLED OR GLOBAL PAYMENTS.**

11 Title XVIII of the Social Security Act (42 U.S.C.
12 1395 et seq.) is amended by adding at the end the fol-
13 lowing new section:

14 **“SEC. 1899C. ALLOWING TELEHEALTH AND REMOTE PA-**
15 **TIENT MONITORING SERVICES TO BE IN-**
16 **CLUDED IN BUNDLED OR GLOBAL PAY-**
17 **MENTS.**

18 “Notwithstanding any other provision of this title,
19 the Secretary may include under any bundled or global
20 payment under this title the following:

21 “(1) **TELEHEALTH SERVICES.**—Notwith-
22 standing requirements otherwise applicable under
23 section 1834(m), including any requirements relat-
24 ing to qualifications for an originating site under
25 paragraph (4)(C)(ii) of such section, any geographic

1 limitations under paragraph (4)(C)(i) of such section
2 (other than applicable State law requirements, in-
3 cluding State licensure requirements), any limitation
4 on the use of store-and-forward technologies de-
5 scribed in paragraph (1) of such section, any limita-
6 tion on the type of health care provider who may
7 furnish such services (other than the requirement
8 that the provider is a Medicare-enrolled provider),
9 any items and services for which payment would oth-
10 erwise be made under this title that are furnished
11 using telehealth, or any limitation on specific codes
12 designated as telehealth services that are covered
13 under this title pursuant to section 1834(m) (pro-
14 vided such codes are clinically appropriate to furnish
15 remotely).

16 “(2) REMOTE PATIENT MONITORING SERV-
17 ICES.—Notwithstanding section 1848(b)(12), remote
18 patient monitoring services (as defined in such sec-
19 tion) furnished to any individual under this title.”.

20 **SEC. 11. EXPANDING THE USE OF TELEHEALTH THROUGH**
21 **THE WAIVER OF CERTAIN REQUIREMENTS.**

22 Section 1834(m) of the Social Security Act (42
23 U.S.C. 1395m(m)), as amended by sections 3(b) and 4,
24 is amended by adding at the end the following new para-
25 graph:

1 “(7) AUTHORITY TO WAIVE REQUIREMENTS
2 AND LIMITATIONS IF CERTAIN CONDITIONS MET.—

3 “(A) IN GENERAL.—In the case of tele-
4 health services furnished on or after January 1,
5 2018, the Secretary may waive any restriction
6 applicable to the coverage of telehealth services
7 under this subsection described in subpara-
8 graph (B) with respect to certain providers of
9 services, suppliers, provider groups, sites of
10 care, services, conditions, individuals receiving
11 the services, or States, as determined by the
12 Secretary, if each of the requirements described
13 in subparagraph (C) is met with respect to the
14 waiver.

15 “(B) RESTRICTIONS DESCRIBED.—For
16 purposes of this paragraph, restrictions applica-
17 ble to the coverage of telehealth services under
18 this subsection shall include requirements relat-
19 ing to qualifications for an originating site
20 under paragraph (4)(C)(ii), any geographic lim-
21 itations under paragraph (4)(C)(i) (other than
22 applicable State law requirements, including
23 State licensure requirements), any limitation on
24 the use of store-and-forward technologies de-
25 scribed in paragraph (1), any limitation on the

1 type of health care provider who may furnish
2 such services (other than the requirement that
3 the provider is a Medicare-enrolled provider), or
4 any limitation on specific codes designated as
5 telehealth services that are covered under this
6 title pursuant to this subsection (provided such
7 codes are clinically appropriate to furnish re-
8 motely).

9 “(C) REQUIREMENTS FOR WAIVER.—The
10 requirements described in this subparagraph
11 are, with respect to the waiver of a restriction
12 described in subparagraph (B), the following:

13 “(i) The Secretary determines that
14 the waiver is expected to—

15 “(I) reduce spending under this
16 title without reducing the quality of
17 care; or

18 “(II) improve the quality of pa-
19 tient care without increasing spend-
20 ing.

21 “(ii) The Chief Actuary of the Centers
22 for Medicare & Medicaid Services certifies
23 that such waiver would reduce (or would
24 not result in any increase in) net program
25 spending under this title.

1 “(iii) The Secretary determines that
2 such waiver would not deny or limit the
3 coverage or provision of benefits under this
4 title for individuals.

5 “(D) PUBLIC COMMENT.—The Secretary
6 shall establish a process by which stakeholders
7 may (on at least an annual basis) submit re-
8 quests for a waiver under this paragraph.”.

9 **SEC. 12. EXPANDING THE USE OF TELEHEALTH FOR MEN-**
10 **TAL HEALTH SERVICES.**

11 Section 1834(m) of the Social Security Act (42
12 U.S.C. 1395m(m)), as amended by sections 3(b), 4, and
13 11, is amended by adding at the end the following new
14 paragraph:

15 “(8) TREATMENT OF MENTAL HEALTH SERV-
16 ICES DELIVERED VIA TELEHEALTH.—

17 “(A) IN GENERAL.—Restrictions applicable
18 to the coverage of telehealth services under this
19 subsection described in subparagraph (B) shall
20 not apply with respect to telehealth services
21 that are mental health services (as determined
22 by the Secretary) and are furnished on or after
23 January 1, 2018.

24 “(B) RESTRICTIONS DESCRIBED.—For
25 purposes of this paragraph, restrictions applica-

1 ble to the coverage of telehealth services under
2 this subsection shall include requirements relat-
3 ing to qualifications for an originating site
4 under paragraph (4)(C)(ii), any geographic lim-
5 itations under paragraph (4)(C)(i) (other than
6 applicable State law requirements, including
7 State licensure requirements), any limitation on
8 the use of store-and-forward technologies de-
9 scribed in paragraph (1), any limitation on the
10 type of health care provider who may furnish
11 such services (other than the requirement that
12 the provider is a Medicare-enrolled provider), or
13 any limitation on specific codes designated as
14 telehealth services that are covered under this
15 title pursuant to this subsection (provided such
16 codes are clinically appropriate to furnish re-
17 motely).”.

18 **SEC. 13. HHS EVALUATION AND REPORT ON THE USE OF**
19 **TELEHEALTH AND REMOTE PATIENT MONI-**
20 **TORING UNDER ALL DEMONSTRATION PRO-**
21 **GRAMS AND PILOTS WITH A TELEHEALTH**
22 **WAIVER.**

23 (a) **STUDY.**—The Secretary of Health and Human
24 Services (in this subsection referred to as the “Secretary”)
25 shall conduct an evaluation on the use of telehealth and

1 remote patient monitoring under all programs and pilots
2 under the Medicare program under title XVIII of the So-
3 cial Security Act and the Medicaid program under title
4 XIX of such Act with a waiver of telehealth restrictions
5 otherwise applicable under such titles of the Social Secu-
6 rity Act (42 U.S.C. 1395m(m)). Such evaluation shall in-
7 clude an analysis of the following:

8 (1) The number of providers and payers using
9 telehealth and remote patient monitoring under such
10 programs and pilots.

11 (2) The cost impact among the beneficiaries re-
12 ceiving telehealth and remote patient monitoring
13 under such programs and pilots, including with re-
14 spect to preventable hospitalizations, hospital re-
15 admissions, and emergency room visits, and the total
16 cost of items and services under the Medicare and
17 Medicaid programs.

18 (3) Beneficiary and family caregiver satisfaction
19 with the use of telehealth and remote patient moni-
20 toring under such programs and pilots.

21 (4) A comparison of the utilization of, and ex-
22 penditures for, the same services furnished under
23 the Medicare and Medicaid programs in the office
24 setting.

1 (b) REPORT.—Not later than 2 years after the date
2 of the enactment of this Act, the Secretary shall submit
3 to Congress a report containing the results of the evalua-
4 tion conducted under subsection (a), together with rec-
5 ommendations for such legislation and administrative ac-
6 tion as the Secretary determines appropriate.

7 **SEC. 14. TESTING OF MODELS TO EXAMINE THE USE OF**
8 **TELEHEALTH AND REMOTE PATIENT MONI-**
9 **TORING UNDER THE MEDICARE PROGRAM.**

10 Section 1115A(b)(2) of the Social Security Act (42
11 U.S.C. 1315a(b)(2)) is amended by adding at the end the
12 following new subparagraph:

13 “(D) TESTING MODELS TO EXAMINE USE
14 OF TELEHEALTH AND REMOTE PATIENT MONI-
15 TORING UNDER MEDICARE.—The Secretary
16 shall consider testing under this subsection
17 models to examine the use of telehealth and re-
18 mote patient monitoring under title XVIII.”.

19 **SEC. 15. SENSE OF CONGRESS REGARDING THE REMOTE**
20 **PRACTICE OF MEDICINE.**

21 (a) FINDINGS.—Congress finds that the laws of all
22 50 States and the District of Columbia—

23 (1) consider the practice of medicine to include
24 remote visits; and

1 (2) recognize that any remote practice of medi-
2 cine is governed by the same medical practice stat-
3 utes as in-person care.

4 (b) SENSE OF CONGRESS.—It is the sense of Con-
5 gress that—

6 (1) telemedicine is the delivery of safe, effective,
7 quality health care services, by a health care pro-
8 vider, using technology-based modalities to deliver
9 medical care;

10 (2) States have recognized this by treating tele-
11 medicine as the practice of medicine; and

12 (3) the Medicare program under title XVIII of
13 the Social Security Act should cover the delivery of
14 remote patient services.

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