

114TH CONGRESS
1ST SESSION

S. 1778

To amend title XVIII of the Social Security Act to permit certain Medicare providers licensed in a State to provide telemedicine services to certain Medicare beneficiaries in a different State.

IN THE SENATE OF THE UNITED STATES

JULY 15, 2015

Ms. HIRONO (for herself and Mrs. ERNST) 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 permit certain Medicare providers licensed in a State to provide telemedicine services to certain Medicare beneficiaries in a different State.

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.**

4 This Act may be cited as the “TELEmedicine for
5 MEDicare Act of 2015” or the “TELE-MED Act of
6 2015”.

1 **SEC. 2. PERMITTING CERTAIN MEDICARE PROVIDERS LI-**
 2 **CENSED IN A STATE TO PROVIDE TELEMEDI-**
 3 **CINE SERVICES TO CERTAIN MEDICARE**
 4 **BENEFICIARIES IN A DIFFERENT STATE.**

5 Title XVIII of the Social Security Act (42 U.S.C.
 6 1395 et seq.) is amended by adding at the end the fol-
 7 lowing new section:

8 **“SEC. 1899C. PERMITTING CERTAIN MEDICARE PROVIDERS**
 9 **LICENSED IN A STATE TO PROVIDE TELE-**
 10 **MEDICINE SERVICES TO CERTAIN MEDICARE**
 11 **BENEFICIARIES IN A DIFFERENT STATE.**

12 “(a) IN GENERAL.—In the case of a Medicare par-
 13 ticipating physician or practitioner who is licensed or oth-
 14 erwise legally authorized to provide a health care service
 15 in a State, such physician or practitioner may provide such
 16 a service as a telemedicine service to a Medicare bene-
 17 ficiary who is in a different State, and any requirement
 18 that such physician or practitioner obtain a comparable
 19 license or other comparable legal authorization from such
 20 different State with respect to the provision of such health
 21 care service by such physician or practitioner to such bene-
 22 ficiary shall not apply.

23 “(b) ENFORCEMENT.—With respect to the provision
 24 of a service pursuant to this section, the licensing or au-
 25 thorizing State has jurisdiction to enforce the licensure or
 26 other legal authorization requirements of such primary

1 State, including through disciplinary actions used by such
 2 State as of the day before the date of the enactment of
 3 this section.

4 “(c) PROCESS TO ESTABLISH TELEMEDICINE SERV-
 5 ICE DEFINITION.—Not later than 12 months after the
 6 date of the enactment of this section, the Secretary shall
 7 issue guidance to the States for developing a definition
 8 of the term ‘telemedicine services’ for purposes of applying
 9 this section. For purposes of issuing such guidance, the
 10 Secretary shall solicit input from relevant stakeholders, in-
 11 cluding patients, health care providers, State government
 12 officials, health technology developers, insurers, employ-
 13 ers, licensing boards, community health organizations, and
 14 other Federal agencies.

15 “(d) REPORT.—Not later than 12 months after the
 16 date of the enactment of this section, the Secretary shall
 17 submit to Congress a report on the plans to develop and
 18 expand the use of current and emerging Internet and com-
 19 munications technologies to expand access of Medicare
 20 beneficiaries to health programs.

21 “(e) DEFINITIONS.—For purposes of this section:

22 “(1) MEDICARE BENEFICIARY.—The term
 23 ‘Medicare beneficiary’ means an individual entitled
 24 to benefits under part A or enrolled under part B.

1 “(2) QUALIFYING PHYSICIAN OR PRACTI-
 2 TIONER.—The term ‘Medicare participating physi-
 3 cian or practitioner’ means the following:

4 “(A) A physician (as defined in section
 5 1861(r)) who is a participating physician or
 6 supplier (as defined in section 1842(h)(1)).

7 “(B) A practitioner (as defined in section
 8 1842(b)(18)(C)) who is a participating physi-
 9 cian or supplier (as defined in section
 10 1842(h)(1)).

11 “(f) CONSTRUCTION RELATING TO CONTROLLED
 12 SUBSTANCES ACT.—Nothing in this section may be con-
 13 strued to remove, limit, or otherwise affect any obligation
 14 of a covered health care professional under the Controlled
 15 Substances Act (21 U.S.C. 801 et seq.).

16 “(g) NO EFFECT ON STATE MALPRACTICE LAWS OR
 17 JURISDICTION TO HEAR CIVIL CLAIMS.—Nothing in this
 18 section may be construed to—

19 “(1) replace or supersede any State law regard-
 20 ing negligence or medical malpractice; or

21 “(2) divest any court of its jurisdiction to hear
 22 civil claims arising from a physician’s provision of
 23 telemedicine services.”.

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