

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.

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## 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

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## 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-

scribed in paragraph (1) shall, on an annual basis, submit to the Secretary information requested by the Secretary for evaluation of the implementation of this subsection, including information on utilization and expenditures for telehealth under this subsection during the preceding year and data on any applicable quality measures, consistent with sections 1848 and 1833(z).”.

(b) EVALUATION AND REPORT.—

(1) EVALUATION.—

(A) IN GENERAL.—The Secretary of Health and Human Services (in this subsection referred to as the “Secretary”) shall conduct an evaluation on the implementation of section 1899(l) of the Social Security Act, as added by subsection (a). Such evaluation shall include an analysis of the utilization of, and expenditures for, telehealth services under such section, including a comparison of the utilization of, and expenditures for, the same services provided in the office setting.

(B) COLLECTION OF DATA.—The Secretary may collect such data as the Secretary determines necessary to carry out the evaluation 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.”.

(b) ORIGINATING SITE REQUIREMENTS.—

(1) IN GENERAL.—Section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)) is amended—

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

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

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

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

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

(2) NO FACILITY FEE IF ORIGINATING SITE 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 INDIVIDUALS WITH STROKE.**  
 2

3 Section 1834(m) of the Social Security Act (42  
 4 U.S.C. 1395m(m)), as amended by section 3(b), is amended 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 described in paragraph (4)(C) shall not apply with  
 10 respect to telehealth services furnished on or  
 11 after January 1, 2018, for purposes of evaluation of an acute stroke, as determined by the  
 12 Secretary, subject to applicable State law requirements, including State licensure requirements.  
 13  
 14  
 15  
 16

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 paragraph.”.  
 24

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

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

“(iii) RURAL HEALTH CLINICS AND  
FEDERALLY QUALIFIED HEALTH CENTERS.—In the case of a service furnished on or after the date that is 6 months after the date of the enactment of the CONNECT for Health Act of 2017, the term ‘originating site’ shall also include any Federally qualified health center and any rural health clinic (as such terms are defined in section 1861(aa)) at which the eligible telehealth individual is located at the time the service is furnished via a telecommunications system, whether or not they are located in an area described in clause (i), insofar as such sites are not otherwise included in the definition of originating site under such clause, subject to applicable State law requirements, including State licensure requirements.”.

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

(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.

○