

115TH CONGRESS  
1ST SESSION

# H. R. 2556

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 HOUSE OF REPRESENTATIVES

MAY 19, 2017

Mrs. BLACK (for herself, Mr. WELCH, Mr. HARPER, Mr. THOMPSON of California, Mr. JOHNSON of Ohio, and Ms. MATSUI) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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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 for Health Act of 2017” or the “CON-  
7 NECT for Health Act of 2017”.

1 (b) TABLE OF CONTENTS.—The table of contents of  
 2 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.

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

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

9 “(1) PROVIDING ACOs THE ABILITY TO EXPAND  
 10 THE USE OF TELEHEALTH SERVICES.—

11 “(1) IN GENERAL.—

12 “(A) EXPANDING USE OF TELEHEALTH  
 13 SERVICES.—In the case of telehealth services  
 14 for which payment would otherwise be made

1 under this title furnished on or after January  
2 1, 2018, for purposes of this subsection only,  
3 the restrictions applicable to the coverage of  
4 telehealth services under section 1834(m) de-  
5 scribed in subparagraph (B) shall not apply  
6 with respect to such services furnished to a  
7 Medicare fee-for-service beneficiary assigned to  
8 an applicable ACO (as defined in paragraph  
9 (2)).

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

9                   “(A) that operates under a two-sided  
10           model—

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

13                           “(ii) tested or expanded under section  
14                           1115A; and

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

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

1           “(4) ANNUAL SUBMISSION OF DATA.—An appli-  
2           cable ACO that furnishes telehealth services de-  
3           scribed in paragraph (1) shall, on an annual basis,  
4           submit to the Secretary information requested by  
5           the Secretary for evaluation of the implementation  
6           of this subsection, including information on utiliza-  
7           tion and expenditures for telehealth under this sub-  
8           section during the preceding year and data on any  
9           applicable quality measures, consistent with sections  
10          1848 and 1833(z).”.

11          (b) EVALUATION AND REPORT.—

12                 (1) EVALUATION.—

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

24                         (B) COLLECTION OF DATA.—The Sec-  
25                         retary may collect such data as the Secretary

1 determines necessary to carry out the evalua-  
2 tion under this paragraph.

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

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

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

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

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

17 (3) by striking “With respect to” and inserting  
18 “(A) With respect to”; and

19 (4) by adding at the end the following new sub-  
20 paragraph:

21 “(B) For purposes of subparagraph (A)(ii), an indi-  
22 vidual determined to have end stage renal disease receiv-  
23 ing home dialysis may choose to receive the monthly end  
24 stage renal disease-related visits furnished on or after  
25 January 1, 2018, via telehealth, if the individual receives

1 a face-to-face visit, without the use of telehealth, at least  
2 once every three consecutive months.”.

3 (b) ORIGINATING SITE REQUIREMENTS.—

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

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

9 “(IX) A renal dialysis facility,  
10 but only for purposes of section  
11 1881(b)(3)(B).

12 “(X) The home of an individual,  
13 but only for purposes of section  
14 1881(b)(3)(B).”; and

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

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

1           (2) NO FACILITY FEE IF ORIGINATING SITE  
2           FOR HOME DIALYSIS THERAPY IS THE HOME.—Sec-  
3           tion 1834(m)(2)(B) of the Social Security (42  
4           U.S.C. 1395m(m)(2)(B)) is amended—

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

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

12                  (C) by striking “SITE.—With respect to”  
13                  and inserting “SITE.—

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

16                  (D) by adding at the end the following new  
17                  clause:

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

24           (c) CONFORMING AMENDMENT.—Section 1881(b)(1)  
25 of the Social Security Act (42 U.S.C. 1395rr(b)(1)) is



1 amended by striking “paragraph (3)(A)” and inserting  
2 “paragraph (3)(A)(i)”.

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

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

8 “(6) TREATMENT OF STROKE TELEHEALTH  
9 SERVICES.—

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

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

1 title as of the date of enactment of this para-  
2 graph.”.

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

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

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

11 (2) by adding at the end the following new sub-  
12 section:

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

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

21 “(2) ADDITIONAL TELEHEALTH BENEFITS DE-  
22 FINED.—

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

1           “(i) DEFINITION.—The term ‘addi-  
2           tional telehealth benefits’ means services  
3           for which benefits are available under part  
4           B, notwithstanding the restrictions applica-  
5           ble to the coverage of telehealth services  
6           under section 1834(m) described in sub-  
7           paragraph (B).

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

14          “(B) RESTRICTIONS DESCRIBED.—For  
15          purposes of this subsection, restrictions applica-  
16          ble to the coverage of telehealth services under  
17          section 1834(m) shall include requirements re-  
18          lating to qualifications for an originating site  
19          under paragraph (4)(C)(ii) of such section, any  
20          geographic limitations under paragraph  
21          (4)(C)(i) of such section (other than applicable  
22          State law requirements, including State licen-  
23          sure requirements), any limitation on the use of  
24          store-and-forward technologies described in  
25          paragraph (1) of such section, any limitation on

1 the type of health care provider who may fur-  
2 nish such services (other than the requirement  
3 that the provider is a Medicare-enrolled pro-  
4 vider), or any limitation on specific codes des-  
5 igned as telehealth services that are covered  
6 under this title pursuant to such section (pro-  
7 vided such codes are clinically appropriate to  
8 furnish remotely).

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

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

20 “(A) Physician, practitioner, or other  
21 health care provider licensure consistent with  
22 State law and other requirements such as spe-  
23 cific training.

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

4           “(C) Such other areas as determined by  
5           the Secretary.

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

11          “(5) CONSTRUCTION REGARDING NETWORK AC-  
12          CESS ADEQUACY.—The provision of additional tele-  
13          health benefits under this subsection shall not be  
14          construed as making such benefits available and ac-  
15          cessible for purposes of compliance with subsection  
16          (d).

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

22          “(7) CONSTRUCTION.—Nothing in this sub-  
23          section shall be construed as affecting the require-  
24          ment under subsection (a)(1) that MA plans provide  
25          enrollees with items and services (other than hospice

1 care) for which benefits are available under parts A  
2 and B, including benefits available under section  
3 1834(m).

4 “(8) CLARIFICATION REGARDING REMOTE PA-  
5 TIENT MONITORING SERVICES.—For purposes of  
6 this subsection and section 1854, remote patient  
7 monitoring services shall be treated as if they were  
8 benefits under the original Medicare fee-for-service  
9 program option so long as such treatment does not  
10 increase the bid amount attributable to such benefits  
11 from the amount it would otherwise be, as deter-  
12 mined by the Secretary.

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

21 (b) CLARIFICATION REGARDING INCLUSION IN BID  
22 AMOUNT.—Section 1854(a)(6)(A)(ii)(I) of the Social Se-  
23 curity Act (42 U.S.C. 1395w-24(a)(6)(A)(ii)(I)) is  
24 amended by inserting “, including, for plan year 2019 and  
25 subsequent plan years, the provision of additional tele-

1 health benefits and remote patient monitoring as described  
2 in section 1852(m)” before the semicolon at the end.

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

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

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

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

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

24 “(i) Coverage of such remote patient  
25 monitoring services shall be in addition to

1 coverage for chronic care management  
2 services or transitional care management  
3 services furnished to an applicable indi-  
4 vidual under this section.

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

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

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

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

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

23 “(I) receiving chronic care man-  
24 agement services or transitional care



1 management services under this sec-  
2 tion;

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

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

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

20 “(bb) improve the quality of  
21 patient care without increasing  
22 spending.

23 “(ii) ELIGIBLE PROVIDER.—The term  
24 ‘eligible provider’ means a physician (as

1 defined in section 1861(r)) or a practi-  
2 tioner described in section 1842(b)(18)(C).

3 “(iii) REMOTE PATIENT MONITORING  
4 SERVICES.—The term ‘remote patient  
5 monitoring services’ means clinical data  
6 transmitted from an applicable individual  
7 in one location via electronic communica-  
8 tions technologies that are devices as de-  
9 fined in section 201(h) of the Federal  
10 Food, Drug, and Cosmetic Act to an eligi-  
11 ble provider in a different location and  
12 used by the eligible provider in furnishing  
13 such services to such individual that com-  
14 plies with the Federal regulations (con-  
15 cerning the privacy and security of individ-  
16 ually identifiable health information) pro-  
17 mulgated under section 264(e) of the  
18 Health Insurance Portability and Account-  
19 ability Act of 1996, as part of an estab-  
20 lished plan of care for the applicable indi-  
21 vidual that includes the review and inter-  
22 pretation of that data by an eligible pro-  
23 vider. Such term includes those services  
24 furnished in a Federally qualified health  
25 center or a rural health clinic. Such term

1 shall not include a communication that  
2 consists solely of a telephone audio con-  
3 versation, facsimile, or electronic text mes-  
4 sage between an eligible provider and the  
5 applicable individual.”.

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

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

21 **SEC. 7. RURAL HEALTH CLINICS AND FEDERALLY QUALI-**  
22 **FIED HEALTH CENTERS.**

23 (a) EXPANSION OF ORIGINATING SITES.—Section  
24 1834(m)(4)(C) of the Social Security Act (42 U.S.C.  
25 1395m(m)(4)(C)) is amended—

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

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

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

1 (b) EXPANSION OF DISTANT SITES.—Section  
2 1834(m) of the Social Security Act (42 U.S.C. 1395m(m))  
3 is amended—

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

5 (A) by striking “or a practitioner (de-  
6 scribed in section 1842(b)(18)(C))” and insert-  
7 ing “, a practitioner (described in section  
8 1842(b)(18)(C)), a Federally qualified health  
9 center, or a rural health clinic”; and

10 (B) by striking “or practitioner” and in-  
11 sserting “, practitioner, Federally qualified  
12 health center, or rural health clinic”;

13 (2) in paragraph (2)(A)—

14 (A) by inserting after “eligible telehealth  
15 individual” the following: “or to a Federally  
16 qualified health center or rural health clinic  
17 that serves as a distant site and furnishes a  
18 telehealth service to an eligible telehealth indi-  
19 vidual”; and

20 (B) by striking “such physician or practi-  
21 tioner” and inserting “such physician, practi-  
22 tioner, Federally qualified health center, or  
23 rural health clinic”; and

24 (3) in paragraph (4)(A), by inserting the fol-  
25 lowing before the period at the end: “and includes

1 a Federally qualified health center or rural health  
2 clinic that furnishes a telehealth service to an eligi-  
3 ble individual”.

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

7 **SEC. 8. ALLOWING NATIVE AMERICAN HEALTH SERVICE**  
8 **FACILITIES AS SITES ELIGIBLE FOR TELE-**  
9 **HEALTH PAYMENT.**

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

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

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

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



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

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

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

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

13 Title XVIII of the Social Security Act (42 U.S.C.  
14 1395 et seq.) is amended by adding at the end the fol-  
15 lowing new section:

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

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

23 “(1) TELEHEALTH SERVICES.—Notwith-  
24 standing requirements otherwise applicable under  
25 section 1834(m), including any requirements relat-



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

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

22 **SEC. 11. EXPANDING THE USE OF TELEHEALTH THROUGH**  
23 **THE WAIVER OF CERTAIN REQUIREMENTS.**

24 Section 1834(m) of the Social Security Act (42  
25 U.S.C. 1395m(m)), as amended by sections 3(b) and 4,

1 is amended by adding at the end the following new para-  
2 graph:

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

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

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

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

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

15 “(i) The Secretary determines that  
16 the waiver is expected to—

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

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

23 “(ii) The Chief Actuary of the Centers  
24 for Medicare & Medicaid Services certifies  
25 that such waiver would reduce (or would

1 not result in any increase in) net program  
2 spending under this title.

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

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

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

13 Section 1834(m) of the Social Security Act (42  
14 U.S.C. 1395m(m)), as amended by sections 3(b), 4, and  
15 11, is amended by adding at the end the following new  
16 paragraph:

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

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

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

1 **SEC. 13. HHS EVALUATION AND REPORT ON THE USE OF**  
2 **TELEHEALTH AND REMOTE PATIENT MONI-**  
3 **TORING UNDER ALL DEMONSTRATION PRO-**  
4 **GRAMS AND PILOTS WITH A TELEHEALTH**  
5 **WAIVER.**

6 (a) STUDY.—The Secretary of Health and Human  
7 Services (in this subsection referred to as the “Secretary”)  
8 shall conduct an evaluation on the use of telehealth and  
9 remote patient monitoring under all programs and pilots  
10 under the Medicare program under title XVIII of the So-  
11 cial Security Act and the Medicaid program under title  
12 XIX of such Act with a waiver of telehealth restrictions  
13 otherwise applicable under such titles of the Social Secu-  
14 rity Act (42 U.S.C. 1395m(m)). Such evaluation shall in-  
15 clude an analysis of the following:

16 (1) The number of providers and payers using  
17 telehealth and remote patient monitoring under such  
18 programs and pilots.

19 (2) The cost impact among the beneficiaries re-  
20 ceiving telehealth and remote patient monitoring  
21 under such programs and pilots, including with re-  
22 spect to preventable hospitalizations, hospital re-  
23 admissions, and emergency room visits, and the total  
24 cost of items and services under the Medicare and  
25 Medicaid programs.

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

4           (4) A comparison of the utilization of, and ex-  
5           penditures for, the same services furnished under  
6           the Medicare and Medicaid programs in the office  
7           setting.

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

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

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

20                           “(D) TESTING MODELS TO EXAMINE USE  
21                           OF TELEHEALTH AND REMOTE PATIENT MONI-  
22                           TORING UNDER MEDICARE.—The Secretary  
23                           shall consider testing under this subsection  
24                           models to examine the use of telehealth and re-  
25                           mote patient monitoring under title XVIII.”.

1 **SEC. 15. SENSE OF CONGRESS REGARDING THE REMOTE**  
2 **PRACTICE OF MEDICINE.**

3 (a) FINDINGS.—Congress finds that the laws of all  
4 50 States and the District of Columbia—

5 (1) consider the practice of medicine to include  
6 remote visits; and

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

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

12 (1) telemedicine is the delivery of safe, effective,  
13 quality health care services, by a health care pro-  
14 vider, using technology-based modalities to deliver  
15 medical care;

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

18 (3) the Medicare program under title XVIII of  
19 the Social Security Act should cover the delivery of  
20 remote patient services.

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