

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.

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

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”.

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

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

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

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

“(1) IN GENERAL.—

“(A) EXPANDING USE OF TELEHEALTH
SERVICES.—In the case of telehealth services
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 INDIVIDUALS WITH STROKE.**
4

5 Section 1834(m) of the Social Security Act (42
6 U.S.C. 1395m(m)), as amended by section 3(b), is amended 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 described in paragraph (4)(C) shall not apply with
12 respect to telehealth services furnished on or
13 after January 1, 2018, for purposes of evaluation of an acute stroke, as determined by the
14 Secretary, subject to applicable State law requirements, including State licensure requirements.
15
16
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18

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 ignated 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 tion (as that term is defined in section 4
 2 of the Indian Self-Determination and Edu-
 3 cation Assistance Act (25 U.S.C. 450b)),
 4 or a facility of the Native Hawaiian health
 5 care systems authorized under the Native
 6 Hawaiian Health Care Improvement Act
 7 (42 U.S.C. 11701 et seq.).”.

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

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

19 **SEC. 9. CLARIFICATION REGARDING TELEHEALTH AND RE-**
 20 **MOTE PATIENT MONITORING TECHNOLOGIES**
 21 **PROVIDED TO BENEFICIARIES.**

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

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

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.

