

CONNECT for Health Act of 2017

Introduced by Senators Schatz, Wicker, Cochran, Cardin, Thune, and Warner

Promoting cost savings & quality care in Medicare through telehealth and remote patient monitoring

- The CONNECT for Health Act would **expand the use of telehealth and remote patient monitoring (RPM) services in Medicare**, toward the goal of cost savings and quality care.
- Telehealth is the use of telecommunications technologies to deliver health care, health information, or health education at a distance. Clinical uses include video conferencing, RPM services (use of telecommunications tools to monitor the vital signs of high-risk patients at home), and store-and-forward technologies (asynchronous transfer of medical data for analysis).
- Numerous studies on telehealth and RPM have shown benefits in quality care and cost savings.¹
- Provisions in current statute (42 U.S.C. 1834(m)) constrain telehealth reimbursement by:
 - **Originating site restrictions** – the patient may only be located at certain clinical sites;
 - **Geographic limitations** – the patient may only be located in certain rural areas;
 - **Restrictions on store-and-forward technologies** – only permitted in Alaska and Hawaii;
 - **Limitations on distant site providers** – only Medicare-defined “physicians” and “practitioners” may provide telehealth services; and
 - **Limitations on covered codes** –CMS must define reimbursable telehealth codes.
- Goals for the CONNECT for Health Act include **lifting many of these restrictions while doing so in ways that expose Medicare to less financial risk**, such as through capitated or set payment arrangements.

CONNECT for Health Act of 2017:

- **SECTIONS 2-5: Similar to provisions in the Senate Finance’s Committee’s CHRONIC Care Act**
 - Sec. 2: Accountable care organizations (ACOs)—*lifts 1834(m) restrictions in two-sided risk ACOs.*
 - Sec. 3: Home dialysis—*adds home and dialysis sites as originating sites for home dialysis patients.*
 - Sec. 4: Telestroke—*lifts restrictions for purposes of evaluation of an acute stroke.*
 - Sec. 5: Medicare Advantage—*lifts restrictions within Medicare Advantage with its capitated rates.*
- **SECTIONS 6-9: Revised provisions from the CONNECT for Health Act in the 114th Congress**
 - Sec. 6: Remote patient monitoring (RPM)—*creates a Medicare RPM benefit for certain high-risk/high-cost patients.*
 - Sec. 7: Rural health clinics (RHCs) & Federally-qualified health centers (FQHCs)—*allows these clinics to serve as originating and distant sites.*
 - Sec. 8: Native American sites—*allows certain Native American sites to be originating sites.*
 - Sec. 9: Clarification regarding remuneration—*clarifies that the provision of telehealth or RPM technologies made under Medicare by a health care provider for the purpose of furnishing these services shall not be considered “remuneration.”*
- **SECTIONS 10-15: New provisions in the 115th Congress**
 - Sec. 10: Allowing telehealth and RPM in global/bundled payments—*lifts 1834(m) restrictions in global and bundled payments.*
 - Sec. 11: Direct secretarial authority to lift 1834(m) restrictions when criteria met—*gives HHS Secretary direct authority to lift existing restrictions when certain quality & cost-effectiveness criteria met.*
 - Sec. 12: Expanding telemental health—*secretary may lift restrictions for some mental health services.*
 - Sec. 13: HHS study on use of telehealth and RPM under all demonstration programs and pilots with a telehealth waiver—*seeks to garner data on the use of these technologies when restrictions lifted.*
 - Sec. 14: Direction to Secretary on testing of telehealth and RPM models—*demonstrates congressional intent for the Secretary to evaluate telehealth and RPM in CMMI.*
 - Sec. 15: Sense of Congress regarding the remote practice of medicine.

Endorsements noted on back. Please contact Aimee Grace (aimee_grace@schatz.senate.gov) for questions.

¹ <http://cchpca.org/research-catalogues>

Endorsements

1. ACT | The App Association
2. Alliance for Connected Care
3. Alliance for Home Dialysis
4. American Academy of Neurology
5. American Academy of Sleep Medicine
6. American College of Preventive Medicine
7. American Heart Association
8. AMGA
9. American Medical Association
10. American Nurses Association
11. American Occupational Therapy Association
12. American Osteopathic Association
13. American Physical Therapy Association
14. American Psychiatric Association
15. American Society of Nephrology
16. American Speech-Language-Hearing Association (ASHA)
17. American Telemedicine Association
18. Association for Behavioral Health and Wellness
19. Association for Community Affiliated Plans
20. Baxter
21. Biocom
22. CareSync
23. Cerner
24. Children's Health Fund
25. CHRISTUS Health
26. College of Healthcare Information Management Executives (CHIME)
27. Connected Health Initiative
28. Dogtown Media
29. EPIC Systems
30. Federation of American Hospitals
31. Federation of State Medical Boards (FSMB)
32. Hawaii Medical Service Association
33. Healthcare Leadership Council
34. Healthcare Information and Management Systems Society (HIMSS)
35. Intel
36. Lanai Community Health Center
37. LifeWIRE
38. Medical University of South Carolina – Center for Telehealth
39. MGMA
40. National Association of ACOs
41. National Association of Community Health Centers
42. National Association of Rural Health Clinics
43. National Coalition on Health Care
44. National Council of State Boards of Nursing
45. Personal Connected Health Alliance
46. Qualcomm Incorporated
47. Qualcomm Life
48. Renal Physicians Association
49. Society for Academic Emergency Medicine
50. University of Mississippi Medical Center - Center for Telehealth
51. University of Pittsburgh Medical Center
52. University of Virginia Karen S. Rheuban Center for Telehealth