

# CONNECT for Health Act of 2019

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## The CONNECT for Health Act of 2019 promotes higher quality of care, increased access to care, and reduced spending in Medicare through the expansion of telehealth services.

### Quick Facts

- Numerous studies on telehealth—the use of telecommunications technologies to furnish health care services remotely and in real-time—have shown benefits for quality of care, access to care, and reduced spending. [1]
- Telehealth increases access to care in areas with workforce shortages and for individuals who have barriers to accessing care.
- However, current statutory restrictions—such as geographic and originating site requirements that only permit beneficiaries to receive telehealth services if they are in certain rural areas and at certain clinical sites—create barriers that limit the use of telehealth in Medicare.
- These restrictions result in low utilization of telehealth—only 0.25 percent of Medicare beneficiaries use telehealth services. [2]
- Several provisions of the CONNECT for Health Act of 2017 were enacted in the Bipartisan Budget Act of 2018, and CMS has also made advances in covering remote patient monitoring services and other virtual services.
- **The CONNECT for Health Act of 2019, based on extensive input from stakeholders across the health care system, aims to build on these successes to further advance the use of telehealth in Medicare.**

### Bill Summary

- Sec. 1** – Table of contents.
- Sec. 2** – Findings and sense of Congress.
- Sec. 3** – Provides the HHS Secretary authority to waive telehealth restrictions when certain criteria are met.
- Sec. 4** – Removes geographic restrictions and adds the home as an originating site for mental health services.
- Sec. 5** – Removes geographic restrictions on certain originating sites for emergency medical care services.
- Sec. 6** – Requires CMS' process to add telehealth services to better consider how telehealth can improve access to care.
- Sec. 7** – Removes geographic restrictions on Federally qualified health centers (FQHCs) and rural health clinics (RHCs) and allows FQHCs and RHCs to furnish telehealth services as distant sites.
- Sec. 8** – Removes the geographic and originating site restrictions for facilities of the Indian Health Service or Native Hawaiian Health Care Systems.
- Sec. 9** – Allows for the waiver of telehealth restrictions during national and public health emergencies.
- Sec. 10** – Allows for the use of telehealth in the recertification of a beneficiary for the hospice benefit.
- Sec. 11** – Clarifies that the provision of technologies to a Medicare beneficiary for the purpose of furnishing services using technology is not considered “remuneration” under fraud and abuse laws.
- Sec. 12** – Requires MedPAC to study how different payers cover the home as an originating site and what services would be suitable for the home to be an originating site under Medicare.
- Sec. 13** – Requires an analysis of the impact of telehealth waivers in CMS Innovation Center models.
- Sec. 14** – Authorizes a model to test allowing additional health professionals to furnish telehealth services.
- Sec. 15** – Encourages the CMS Innovation Center to test telehealth models in Medicare.

[1] <https://www.cchpca.org/resources/research-catalogues>

[2] <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Information-on-Medicare-Telehealth-Report.pdf>

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BluePath Health  
Center for Telehealth and e-Health Law  
Centerstone  
Children's Health  
Children's Health Fund  
Children's National Hospital  
CICONIX  
Cleveland Clinic Health System  
College of Healthcare Information Management Executives  
Congress of Neurological Surgeons  
Connected Health Initiative  
Connected Home Living  
Depression and Bipolar Support Alliance  
E-Consult Workgroup  
Electronic Health Record (EHR) Association  
Epic  
Federation of American Hospitals  
Federation of State Medical Boards  
FreeState Connect  
Global Partnership for Telehealth  
GO2 Foundation for Lung Cancer  
Health Innovation Alliance  
Healthcare Association of Hawaii  
Healthcare Information and Management Systems Society (HIMSS)  
Healthcare Leadership Council  
Hillrom  
InHome Healthcare Services  
InSight Telepsychiatry  
Intel  
International OCD Foundation  
InTouch Health  
The Jewish Federations of North America  
Kaiser Permanente  
Lanai Community Health Center  
LeadingAge  
LeadingAge Center for Aging Services Technologies  
Lincare  
Masimo  
Medical Group Management Association  
Michigan Medicine  
National Alliance on Mental Illness  
National Alliance to Advance Adolescent Health  
National Association for Healthcare Quality  
National Association for Home Care & Hospice  
National Association for Rural Mental Health  
National Association for the Support of Long Term Care  
National Association of ACOs  
National Association of Community Health Centers  
National Association of Rural Health Clinics  
National Coalition on Health Care  
National Council for Behavioral Health  
National Council of State Boards of Nursing  
National Health Care for the Homeless Council  
National Health IT Collaborative for the Underserved  
National MS Society  
National Partnership for Hospice Innovation  
National Register of Health Service Psychologists  
National Rural Health Association  
Nemours Children's Health System  
NewYork-Presbyterian  
No Health without Mental Health  
NTCA-The Rural Broadband Association  
OCHIN  
Ochsner Health System  
Oliver Wyman's Health & Life Sciences  
Otsuka America Pharmaceutical  
PATH: the Partnership for Artificial Intelligence, Telemedicine & Robotics in Healthcare  
Personal Connected Health Alliance  
Pillsy  
Providence St. Joseph Health  
Public Health Institute  
PursueCare  
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