

114TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

To amend titles XVIII and XI of the Social Security Act to promote cost savings and quality care under the Medicare program through the use of telehealth and remote patient monitoring services, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

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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 \_\_\_\_\_

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**A BILL**

To amend titles XVIII and XI of the Social Security Act to promote cost savings and quality care under the Medicare program through the use of telehealth and remote patient monitoring 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” or the  
7 “CONNECT for Health Act”.

1           (b) TABLE OF CONTENTS.—The table of contents of  
2 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—TELEHEALTH AND REMOTE PATIENT MONITORING  
SERVICES “BRIDGE” DEMONSTRATION WAIVERS

Sec. 101. Telehealth and remote patient monitoring services “bridge” demonstration waivers.

TITLE II—TELEHEALTH AND REMOTE PATIENT MONITORING  
SERVICES FURNISHED BY QUALIFYING APM PARTICIPANTS

Sec. 201. Telehealth and remote patient monitoring services furnished by qualifying APM participants.

TITLE III—MEDICARE COVERAGE OF TELEHEALTH AND REMOTE  
PATIENT MONITORING SERVICES

Sec. 301. Remote patient monitoring services for individuals with certain chronic health conditions.

Sec. 302. Allowing telehealth to meet monthly clinician in-person visit requirement for certain home dialysis.

Sec. 303. Allowing stroke evaluation sites and Native American health service facilities as sites eligible for telehealth payment.

Sec. 304. Rural health clinics and Federally qualified health centers authorized to be distant sites.

Sec. 305. Addressing gaps in quality measures for telehealth and remote patient monitoring services.

TITLE IV—USE OF TELEHEALTH AND REMOTE PATIENT MONITORING  
SERVICES TO PROVIDE BASIC BENEFITS UNDER MEDICARE PART C

Sec. 401. Use of telehealth and remote patient monitoring services to provide basic benefits under Medicare part C.

TITLE V—CLARIFICATION REGARDING TELEHEALTH AND REMOTE  
PATIENT MONITORING TECHNOLOGIES PROVIDED TO  
BENEFICIARIES

Sec. 501. Clarification regarding telehealth and remote patient monitoring technologies provided to beneficiaries.

1 **TITLE I—TELEHEALTH AND RE-**  
2 **MOTE PATIENT MONITORING**  
3 **SERVICES “BRIDGE” DEM-**  
4 **ONSTRATION WAIVERS**

5 **SEC. 101. TELEHEALTH AND REMOTE PATIENT MONI-**  
6 **TORING SERVICES “BRIDGE” DEMONSTRA-**  
7 **TION WAIVERS.**

8 Title XVIII of the Social Security Act (42 U.S.C.  
9 1395 et seq.) is amended by adding at the end the fol-  
10 lowing new section:

11 **“SEC. 1899C. TELEHEALTH AND REMOTE PATIENT MONI-**  
12 **TORING SERVICES ‘BRIDGE’ DEMONSTRA-**  
13 **TION WAIVERS.**

14 “(a) IMPLEMENTATION.—

15 “(1) IN GENERAL.—Subject to the succeeding  
16 provisions of this subsection, the Secretary shall so-  
17 licit proposals from, and issue telehealth or remote  
18 patient monitoring services ‘bridge’ demonstration  
19 waivers under this title to, eligible applicants who,  
20 for the duration of time for which the demonstration  
21 waiver would apply, are furnishing telehealth or re-  
22 mote patient monitoring services (as defined in sec-  
23 tion 1861(iii)) to individuals under this title in a  
24 manner that is consistent with the goals of the  
25 Merit-based Incentive Payment System under sec-

1       tion 1848(q), including the goals of quality, resource  
2       utilization, and clinical practice improvement (in-  
3       cluding care coordination and patient engagement),  
4       or the incentive payments for participation in eligible  
5       alternative payment models under section 1833(z).

6               “(2) ELIGIBLE APPLICANT DEFINED.—In this  
7       section, the term ‘eligible applicant’ means the fol-  
8       lowing:

9               “(A) A professional described in section  
10       1848(q)(1)(C)(i)(I).

11              “(B) A qualifying APM participant (as de-  
12       fined in section 1833(z)(2)).

13              “(C) Any other provider, including a pro-  
14       fessional       described       in       section  
15       1848(q)(1)(C)(i)(II), determined appropriate by  
16       the Secretary, and a group that includes such  
17       providers.

18       “(b) DEMONSTRATION WAIVER APPLICATION RE-  
19       QUIREMENTS.—An eligible applicant seeking a demonstra-  
20       tion waiver under this section shall submit an application  
21       to the Secretary on an annual basis that includes the fol-  
22       lowing:

23              “(1) An attestation of the intent of the appli-  
24       cant to use telehealth or remote patient monitoring  
25       services to meet the goals described in subsection

1 (a)(1), and details (as specified by the Secretary) on  
2 how the eligible applicant will use those services to  
3 meet such goals.

4 “(2) An agreement by the applicant to—

5 “(A) submit the information described in  
6 subsection (d) in accordance with such sub-  
7 section; and

8 “(B) cooperate in any audit conducted  
9 under subsection (e) with respect to claims for  
10 telehealth or remote patient monitoring services  
11 furnished by the applicant under the waiver.

12 “(c) WAIVER OF LIMITATIONS FOR TELEHEALTH OR  
13 REMOTE PATIENT MONITORING SERVICES.—

14 “(1) IN GENERAL.—The Secretary shall waive  
15 certain applicable provisions of sections 1834(m)  
16 and 1861(iii) as a condition of payment for tele-  
17 health or remote patient monitoring services for eli-  
18 gible applicants whose application for a demonstra-  
19 tion waiver was approved under this section. The  
20 provisions to be waived under the preceding sentence  
21 include any limitation on what qualifies as an origi-  
22 nating site, any geographic limitation (subject to  
23 State licensing requirements), any limitation on the  
24 use of store-and-forward technologies, or any limita-  
25 tion on the type of health care provider who may

1 furnish such services (provided the provider is a  
2 Medicare enrolled provider).

3 “(2) GENERAL SUPERVISION.—The Secretary  
4 shall permit an eligible applicant whose application  
5 for a demonstration waiver was approved under this  
6 section to furnish telehealth or remote patient moni-  
7 toring services under the general supervision of the  
8 applicant.

9 “(d) ANNUAL SUBMISSION OF DATA.—An eligible ap-  
10 plicant whose application for a demonstration waiver  
11 under this section was approved shall, on an annual basis,  
12 submit to the Secretary—

13 “(1) information requested by the Secretary for  
14 evaluation of the demonstration, including informa-  
15 tion on utilization and expenditures for telehealth or  
16 remote patient monitoring services under the dem-  
17 onstration waiver during the preceding year;

18 “(2) data on applicable quality measures during  
19 the preceding year, consistent with sections 1848  
20 and 1833(z); and

21 “(3) such other information as the Secretary  
22 determines is necessary to complete the report under  
23 subsection (g).

24 “(e) RANDOM AUDITS.—The Secretary shall conduct  
25 audits of randomly selected claims under the demonstra-

1 tion waiver program under this section to ensure that  
2 waivers under the program are being used as intended to  
3 furnish telehealth or remote patient monitoring services.

4 “(f) IMPLEMENTATION.—

5 “(1) SUNSET.—Except as provided in para-  
6 graph (2), the authority to carry out the demonstra-  
7 tion waiver program under this section shall expire  
8 on December 31, 2019.

9 “(2) EXPANSION.—Taking into account the re-  
10 port under subsection (g), the Secretary may,  
11 through rulemaking, expand (including implementa-  
12 tion on a nationwide basis) the duration and the  
13 scope of the demonstration waiver program under  
14 this section, to the extent determined appropriate by  
15 the Secretary, if—

16 “(A) the Secretary determines that such  
17 expansion is expected to—

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

20 “(ii) improve the quality of patient  
21 care without increasing spending;

22 “(B) the Chief Actuary of the Centers for  
23 Medicare & Medicaid Services certifies that  
24 such expansion would reduce (or would not re-

1           sult in any increase in) net program spending  
2           under this title; and

3                   “(C) the Secretary determines that such  
4           expansion would not deny or limit the coverage  
5           or provision of benefits under this title for indi-  
6           viduals.

7           “(g) REPORT TO CONGRESS.—Not later than Decem-  
8   ber 31, 2020, the Chief Actuary of the Centers for Medi-  
9   care & Medicaid Services shall submit to Congress a report  
10   containing an evaluation of the impact of telehealth and  
11   remote patient monitoring services under the demonstra-  
12   tion waiver program on—

13                   “(1) spending under this title; and

14                   “(2) achieving the additional MIPS adjustment  
15   factors for exceptional performance described in sec-  
16   tion 1848(q)(6)(C) and incentive payments for par-  
17   ticipation in eligible alternative payment models de-  
18   scribed in section 1833(z)(1).”.

1 **TITLE II—TELEHEALTH AND RE-**  
2 **MOTE PATIENT MONITORING**  
3 **SERVICES FURNISHED BY**  
4 **QUALIFYING APM PARTICI-**  
5 **PANTS**

6 **SEC. 201. TELEHEALTH AND REMOTE PATIENT MONI-**  
7 **TORING SERVICES FURNISHED BY QUALI-**  
8 **FYING APM PARTICIPANTS.**

9 (a) IN GENERAL.—Title XVIII of the Social Security  
10 Act (42 U.S.C. 1395 et seq.), as amended by section 101,  
11 is amended by adding at the end the following new section:

12 **“SEC. 1899D. TELEHEALTH AND REMOTE PATIENT MONI-**  
13 **TORING SERVICES FURNISHED BY QUALI-**  
14 **FYING APM PARTICIPANTS.**

15 “(a) IN GENERAL.—The Secretary shall waive cer-  
16 tain applicable provisions of section 1834(m) and section  
17 1861(iii) as a condition of payment for telehealth or re-  
18 mote patient monitoring services for a qualifying APM  
19 participant (as defined in section 1833(z)(2)). The provi-  
20 sions to be waived under the preceding sentence include  
21 any limitation on what qualifies as an originating site, any  
22 geographic limitation (subject to State licensing require-  
23 ments), any limitation on the use of store-and-forward  
24 technologies, or any limitation on the type of health care

1 provider who may furnish such services (provided the pro-  
2 vider is a Medicare enrolled provider).

3 “(b) ANNUAL SUBMISSION OF DATA.—A qualifying  
4 APM participant (as so defined) who furnishes telehealth  
5 or remote patient monitoring services under this section  
6 shall, on an annual basis, submit to the Secretary informa-  
7 tion requested by the Secretary for evaluation of the im-  
8 plementation of this section, including information on uti-  
9 lization and expenditures for telehealth or remote patient  
10 monitoring services under this section during the pre-  
11 ceding year and data on any applicable quality measures,  
12 consistent with sections 1848 and 1833(z).

13 “(c) NO INCREASE IN EXPENDITURES.—If the Sec-  
14 retary determines payments for telehealth or remote pa-  
15 tient monitoring services under this section will increase  
16 expenditures under this title, the Secretary shall make ad-  
17 justments to such payments to eliminate such increased  
18 expenditures.”.

19 (b) EFFECTIVE DATE.—The amendment made by  
20 this section shall apply with respect to services furnished  
21 on or after January 1, 2017.

1 **TITLE III—MEDICARE COV-**  
2 **ERAGE OF TELEHEALTH AND**  
3 **REMOTE PATIENT MONI-**  
4 **TORING SERVICES**

5 **SEC. 301. REMOTE PATIENT MONITORING SERVICES FOR**  
6 **INDIVIDUALS WITH CERTAIN CHRONIC**  
7 **HEALTH CONDITIONS.**

8 (a) COVERAGE.—

9 (1) IN GENERAL.—Section 1861(s)(2) of the  
10 Social Security Act (42 U.S.C. 1395x(s)(2)) is  
11 amended—

12 (A) in subparagraph (EE), by striking  
13 “and” at the end;

14 (B) in subparagraph (FF), by inserting  
15 “and” at the end; and

16 (C) by inserting after subparagraph (FF)  
17 the following new subparagraph:

18 “(GG) applicable remote patient monitoring  
19 services for individuals with certain chronic health  
20 conditions (as defined in subsection (iii));”.

21 (2) COVERAGE AS RURAL HEALTH CLINIC SERV-  
22 ICES AND FEDERALLY QUALIFIED HEALTH CENTER  
23 SERVICES.—Section 1861(aa) of the Social Security  
24 Act (42 U.S.C. 1395x(aa)) is amended—

25 (A) in paragraph (1)—

1 (i) in subparagraph (B), by striking “,  
2 and” and inserting a comma;

3 (ii) in subparagraph (C), by inserting  
4 “and” after the comma at the end; and

5 (iii) by inserting after subparagraph  
6 (C) the following new subparagraph:

7 “(D) applicable remote patient monitoring serv-  
8 ices for individuals with certain chronic health condi-  
9 tions (as defined in subsection (iii)),”; and

10 (B) in paragraph (3)—

11 (i) in subparagraph (A), by striking “;  
12 and” and inserting a semicolon;

13 (ii) in subparagraph (B), by striking  
14 the comma and inserting “; and”; and

15 (iii) by inserting after subparagraph  
16 (B) the following new subparagraph:

17 “(C) applicable remote patient monitoring  
18 services for individuals with certain chronic  
19 health conditions (as defined in subsection  
20 (iii)),”.

21 (b) SERVICES DESCRIBED.—Section 1861 of the So-  
22 cial Security Act (42 U.S.C. 1395x) is amended by adding  
23 at the end the following new subsection:

24 “(iii) REMOTE PATIENT MONITORING SERVICES FOR  
25 INDIVIDUALS WITH CERTAIN CHRONIC HEALTH CONDI-

1 TIONS.—(1)(A) The term ‘applicable remote patient moni-  
2 toring services for individuals with certain chronic health  
3 conditions’ means remote patient monitoring services (as  
4 defined in subparagraph (B)) furnished to an applicable  
5 individual (as defined in subparagraph (C)) under general  
6 supervision of the provider, with the exception of those  
7 services covered under subsection (s)(1).

8 “(B) The term ‘remote patient monitoring services’  
9 means personal medical data transmitted from an applica-  
10 ble individual in one location via electronic communica-  
11 tions technologies to an eligible provider (as defined in  
12 subparagraph (D)) in a different location and used by the  
13 eligible provider in furnishing remote patient monitoring  
14 services to such individual that complies with the Federal  
15 regulations (concerning the privacy and security of indi-  
16 vidually identifiable health information) promulgated  
17 under section 264(e) of the Health Insurance Portability  
18 and Accountability Act of 1996, as part of an established  
19 plan of care for that individual that includes the review  
20 and interpretation of that data by an eligible provider.  
21 Such term includes those services furnished in a Federally  
22 qualified health center or a rural health clinic

23 “(C) The term ‘applicable individual’ means an indi-  
24 vidual—

1           “(i) with 2 or more covered chronic conditions  
2           (as defined in paragraph (2)); and

3           “(ii) who has a history of 2 or more hospitaliza-  
4           tions or emergency room visits related to such cov-  
5           ered chronic conditions of the individual in the pre-  
6           ceding 12 months.

7           “(D) The term ‘eligible provider’ means a physician  
8           (as defined in section 1861(r)) or a practitioner described  
9           in section 1842(b)(18)(C).

10          “(E) The Secretary shall establish procedures under  
11          which eligible providers who furnish remote patient moni-  
12          toring services are required to annually submit data on  
13          applicable quality measures under sections 1848 and  
14          1833(z).

15          “(2)(A) For purposes of paragraph (1)(C), subject to  
16          subparagraph (B), the term ‘covered chronic condition’  
17          means—

18                 “(i) a condition that qualifies an individual for  
19                 chronic care management services under section  
20                 1848(b)(8); and

21                 “(ii) any other condition the Secretary may  
22                 specify.

23          “(B) If the Chief Actuary of the Centers for Medicare  
24          & Medicaid Services determines that the inclusion of a  
25          condition described in subparagraph (A) in the definition

1 of the term ‘covered chronic condition’ under such sub-  
2 paragraph will result in increased expenditures under this  
3 title, the Secretary shall make adjustments to such defini-  
4 tion to eliminate such increased expenditures.

5 “(3)(A) Payment may be made under this part for  
6 applicable remote patient monitoring services for individ-  
7 uals with certain chronic health conditions furnished to  
8 an applicable individual during a period of up to 90 days  
9 (beginning with the commencement of such services) and  
10 such additional period as provided for under subparagraph  
11 (B).

12 “(B) The 90-day period described in subparagraph  
13 (A), with respect to an applicable individual, may be re-  
14 newed by the eligible provider who provides chronic care  
15 management services to such individual if the individual  
16 has had one or more hospitalizations, not including emer-  
17 gency room visits, related to the covered chronic conditions  
18 of the individual described in paragraph (1)(C) since the  
19 beginning of such period.”.

20 (c) PAYMENT.—

21 (1) IN GENERAL.—Section 1848(j)(3) of the  
22 Social Security Act (42 U.S.C. 1395w-4(j)(3)) is  
23 amended by inserting “(2)(GG),” after “health risk  
24 assessment),”.

1           (2) RURAL HEALTH CLINIC SERVICES AND FED-  
2           ERALLY QUALIFIED HEALTH CENTER SERVICES.—  
3           Section 1833 of the Social Security Act (42 U.S.C.  
4           13951) is amended by adding at the end the fol-  
5           lowing new subsection:

6           “(aa) PAYMENT FOR APPLICABLE REMOTE PATIENT  
7           MONITORING SERVICES FOR INDIVIDUALS WITH CERTAIN  
8           CHRONIC HEALTH CONDITIONS FURNISHED BY A RURAL  
9           HEALTH CLINIC OR A FEDERALLY QUALIFIED HEALTH  
10          CENTER.—Notwithstanding any other provision of law, in  
11          the case of applicable remote patient monitoring services  
12          for individuals with certain chronic health conditions (as  
13          defined in section 1861(iii)) furnished by a rural health  
14          clinic or a Federally qualified health center under para-  
15          graphs (1) and (3), respectively, of section 1861(aa), pay-  
16          ment shall be made in an amount equal to the national  
17          average payment amount for such service, as determined  
18          by the Secretary, in accordance with section 1848 (without  
19          regard to any adjustment under subsections (a)(5), (a)(7),  
20          (a)(8), (p), or (q) of such section).”.

21          (d) EFFECTIVE DATE.—The amendments made by  
22          this section shall apply to services furnished on or after  
23          January 1, 2017.

1 **SEC. 302. ALLOWING TELEHEALTH TO MEET MONTHLY CLI-**  
2 **NICIAN IN-PERSON VISIT REQUIREMENT FOR**  
3 **CERTAIN HOME DIALYSIS.**

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

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

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

11 (3) by striking “With respect to” and inserting  
12 “(A) With respect to”; and

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

15 “(B) For purposes of subparagraph (A)(ii), an  
16 individual determined to have end stage renal dis-  
17 ease receiving home dialysis may elect to receive the  
18 monthly end stage renal disease-related visits via  
19 telehealth if the individual receives an in-person ex-  
20 amination at least once every three consecutive  
21 months. For purposes of the preceding sentence, a  
22 dialysis facility shall be the originating site at which  
23 the individual is located at the time the service is  
24 furnished via telehealth.”.

25 (b) CONFORMING AMENDMENT.—Section 1881(b)(1)  
26 of such Act (42 U.S.C. 1395rr(b)(1)) is amended by strik-

1 ing “paragraph (3)(A)” and inserting “paragraph  
2 (3)(A)(i)”.

3 (c) EFFECTIVE DATE.—The amendments made by  
4 this subsection shall apply with respect to the monthly fee  
5 or other basis of payment for home dialysis services fur-  
6 nished on or after January 1, 2017.

7 **SEC. 303. ALLOWING STROKE EVALUATION SITES AND NA-**  
8 **TIVE AMERICAN HEALTH SERVICE FACILI-**  
9 **TIES AS SITES ELIGIBLE FOR TELEHEALTH**  
10 **PAYMENT.**

11 (a) STROKE EVALUATION SITES.—Section  
12 1834(m)(4)(C) of the Social Security Act (42 U.S.C.  
13 1395m(m)(4)(C)) is amended—

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

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

18 “(iii) STROKE TELEHEALTH SERV-  
19 ICES.—The originating site requirements  
20 described in clauses (i) and (ii) shall not  
21 apply with respect to services related to the  
22 evaluation or management of an acute  
23 stroke for the purpose of determining opti-  
24 mal acute stroke therapy.”.

1 (b) NATIVE AMERICAN HEALTH SERVICE FACILI-  
2 TIES.—Section 1834(m)(4)(C) of the Social Security Act  
3 (42 U.S.C. 1395m(m)(4)(C)), as amended by subsection  
4 (a), is amended—

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

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

9 “(iv) NATIVE AMERICAN HEALTH  
10 SERVICE FACILITIES.—The originating site  
11 requirements described in clauses (i) and  
12 (ii) shall not apply with respect to a facil-  
13 ity of the Indian Health Service, whether  
14 operated by such Service, or by an Indian  
15 tribe (as that term is defined in section 4  
16 of the Indian Health Care Improvement  
17 Act (25 U.S.C. 1603)) or a tribal organiza-  
18 tion (as that term is defined in section 4  
19 of the Indian Self-Determination and Edu-  
20 cation Assistance Act (25 U.S.C. 450b)),  
21 or a facility of the Native Hawaiian health  
22 care systems authorized under the Native  
23 Hawaiian Health Care Improvement Act  
24 (42 U.S.C. 11701 et seq.).”

1           (c) NO ORIGINATING SITE FACILITY FEE FOR NEW  
2 SITES.—Section 1834(m)(2)(B) of the Social Security Act  
3 (42 U.S.C. 1395m(m)(2)(B)) is amended, in the matter  
4 preceding clause (i), by inserting “(other than an origi-  
5 nating site that is only described in clause (iii) or (iv) of  
6 paragraph (4)(C), and does not meet the requirement for  
7 an originating site under clause (i) of such paragraph)”  
8 after “the originating site”.

9           (d) EFFECTIVE DATE.—The amendments made by  
10 this section shall apply to services furnished on or after  
11 January 1, 2017.

12 **SEC. 304. RURAL HEALTH CLINICS AND FEDERALLY QUALI-**  
13 **FIED HEALTH CENTERS AUTHORIZED TO BE**  
14 **DISTANT SITES.**

15           (a) IN GENERAL.—Section 1834(m) of the Social Se-  
16 curity Act (42 U.S.C. 1395m(m)) is amended—

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

18                       (A) by striking “or a practitioner (de-  
19 scribed in section 1842(b)(18)(C))” and insert-  
20 ing “, a practitioner (described in section  
21 1842(b)(18)(C)), a Federally qualified health  
22 center, or a rural health clinic”; and

23                       (B) by striking “or practitioner” and in-  
24 serting “, practitioner, Federally qualified  
25 health center, or rural health clinic”;

1 (2) in paragraph (2)(A)—

2 (A) by inserting the following after “eligi-  
3 ble telehealth individual”: “or to a Federally  
4 qualified health center or rural health clinic  
5 that serves as a distant site and whose clinician  
6 furnishes a telehealth service to an eligible tele-  
7 health individual”; and

8 (B) by striking “such physician or practi-  
9 tioner” and inserting “such physician, practi-  
10 tioner, Federally qualified health center, or  
11 rural health clinic”; and

12 (3) in paragraph (4)(A), by inserting the fol-  
13 lowing before the period at the end: “and includes  
14 a Federally qualified health center or rural health  
15 clinic whose clinician furnishes a telehealth service to  
16 an eligible individual”.

17 (b) EFFECTIVE DATE.—The amendments made by  
18 this section shall apply to services furnished on or after  
19 January 1, 2017.

20 **SEC. 305. ADDRESSING GAPS IN QUALITY MEASURES FOR**  
21 **TELEHEALTH AND REMOTE PATIENT MONI-**  
22 **TORING SERVICES.**

23 Section 1848(s)(1)(C) of the Social Security Act (42  
24 U.S.C. 1395w-4(s)(1)(C)) is amended—

1           (1) by redesignating clauses (i) through (iv) as  
2           subclauses (I) through (IV), respectively, and in-  
3           denting appropriately;

4           (2) by striking “CONSIDERATION.—In devel-  
5           oping” and inserting “CONSIDERATION.—

6                         “(i) IN GENERAL.—Subject to clause  
7                         (ii), in developing”; and

8           (3) by adding at the end the following new  
9           clause:

10                        “(ii) ADDRESSING GAPS IN MEASURES  
11                        FOR TELEHEALTH AND REMOTE PATIENT  
12                        MONITORING SERVICES.—Consistent with  
13                        this subsection, the Secretary shall ensure  
14                        that the plan identifying measure develop-  
15                        ment priorities and timelines developed  
16                        under this subsection addresses relevant  
17                        gaps in measures with respect to telehealth  
18                        services, remote patient monitoring serv-  
19                        ices, and the use of such services to ad-  
20                        dress health disparities (as described in  
21                        section 1890(b)(1)(B)(ii)) that are not oth-  
22                        erwise addressed through existing quality  
23                        measures.”.

1 **TITLE IV—USE OF TELEHEALTH**  
2 **AND REMOTE PATIENT MONI-**  
3 **TORING SERVICES TO PRO-**  
4 **VIDE BASIC BENEFITS UNDER**  
5 **MEDICARE PART C**

6 **SEC. 401. USE OF TELEHEALTH AND REMOTE PATIENT**  
7 **MONITORING SERVICES TO PROVIDE BASIC**  
8 **BENEFITS UNDER MEDICARE PART C.**

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

11 (1) in subsection (a)(1)(B)(i), by striking “part,  
12 the term” and inserting “part, subject to subsection  
13 (m), the term”; and

14 (2) by adding at the end the following new sub-  
15 section:

16 “(m) USE OF TELEHEALTH AND REMOTE PATIENT  
17 MONITORING SERVICES TO PROVIDE BASIC BENEFITS.—  
18 For plan year 2017 and subsequent plan years, the fol-  
19 lowing shall apply:

20 “(1) IN GENERAL.—An MA plan may elect to  
21 use telehealth or remote patient monitoring services  
22 to provide benefits under the original medicare fee-  
23 for-service program option, including items or serv-  
24 ices furnished to treat medical or behavioral health  
25 conditions.

1           “(2) WAIVER OF LIMITATIONS.—Notwith-  
2 standing any other provision of law, in the case  
3 where an MA plan elects to use telehealth or remote  
4 patient monitoring services to provide such benefits,  
5 with respect to enrollees, such services may be fur-  
6 nished without application of any provision under  
7 section 1834(m) or any other provision of this Act  
8 that applies a limitation on what qualifies as an  
9 originating site, any geographic limitation (subject  
10 to State licensing requirements), any limitation on  
11 the use of store-and-forward technologies, or any  
12 limitation on the type of health care provider who  
13 may furnish such services (provided the provider is  
14 a Medicare enrolled provider).

15           “(3) TREATMENT AS BASIC BENEFITS.—In the  
16 case where an MA plan makes such election under  
17 paragraph (1), the use of such telehealth or remote  
18 patient monitoring services shall be considered part  
19 of the provision of benefits under the original medi-  
20 care fee-for-service program option for purpose of  
21 this part.

22           “(4) AVAILABILITY OF BENEFITS IN PERSON.—  
23 In the case where an MA plan makes such election  
24 under paragraph (1), any benefits provided using

1 such telehealth services shall continue to be made  
2 available in person to enrollees under the plan.

3 “(5) PROVISION OF DATA.—An MA plan that  
4 makes such an election under paragraph (1) with re-  
5 spect to a plan year shall provide to the Secretary  
6 (at such time and in such manner as the Secretary  
7 may specify) data on expenditures and utilization for  
8 telehealth or remote patient monitoring services  
9 under the plan for enrollees during that plan year.”.

10 (b) CLARIFICATION REGARDING INCLUSION IN BID  
11 AMOUNT.—Section 1854(a)(6)(A)(ii)(I) of the Social Se-  
12 curity Act (42 U. S.C. 1395w-24(a)(6)(A)(ii)(I)) is  
13 amended by inserting “, including, for plan year 2017 and  
14 subsequent plan years, the use of telehealth or remote pa-  
15 tient monitoring services to provide such benefits as de-  
16 scribed in section 1852(m)” before the semicolon at the  
17 end.

18 (c) RULE OF CONSTRUCTION.—Nothing in this sec-  
19 tion shall be construed as affecting the furnishing of items  
20 or services under the original Medicare fee-for-service pro-  
21 gram.

1 **TITLE V—CLARIFICATION RE-**  
2 **GARDING TELEHEALTH AND**  
3 **REMOTE PATIENT MONI-**  
4 **TORING TECHNOLOGIES PRO-**  
5 **VIDED TO BENEFICIARIES**

6 **SEC. 501. CLARIFICATION REGARDING TELEHEALTH AND**  
7 **REMOTE PATIENT MONITORING TECH-**  
8 **NOLOGIES PROVIDED TO BENEFICIARIES.**

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

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

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

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

17 “(J) the provision of telehealth or remote  
18 patient monitoring technologies to individuals  
19 under title XVIII by a health care provider for  
20 the purpose of furnishing telehealth or remote  
21 patient monitoring services.”.