

CONNECT for Health Act of 2019

Sens. Schatz (D-HI), Wicker (R-MS), Cardin (D-MD), Thune (R-SD), Warner (D-VA), & Hyde-Smith (R-MS) and Reps. Thompson (D-CA), Welch (D-VT), Schweikert (R-AZ), & Johnson (R-OH)

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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Depression and Bipolar Support Alliance
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Electronic Health Record (EHR) Association
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Federation of State Medical Boards
FreeState Connect
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GO2 Foundation for Lung Cancer
Health Innovation Alliance
Healthcare Association of Hawaii
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Healthcare Leadership Council
Hillrom
InHome Healthcare Services
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Intel
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InTouch Health
The Jewish Federations of North America
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Please contact Meghan O'Toole
(meghan_o'toole@schatz.senate.gov) with questions.