

CONNECT for Health Act

*Introduced by Senators Schatz, Wicker, Cochran, Cardin, Thune, and Warner
and Representatives Black, Welch, Harper, and Thompson*

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 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, remote patient monitoring (RPM) services (use of telecommunications tools to monitor high-risk patients at home), and store-and-forward technologies (asynchronous transfer of medical data for analysis and care).
- 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, but not, for example, physical or occupational therapists; and
 - **Limitations on covered codes** –CMS must define reimbursable telehealth codes.

CONNECT for Health Act solutions

- The CONNECT for Health Act would:
 - Create a **bridge program** to help providers transition to the goals of the Medicare Access and CHIP Reauthorization Act (MACRA) and the Merit-based Incentive Payment System (MIPS) through using telehealth and RPM without most of the aforementioned 1834(m) restrictions;
 - Allow telehealth and RPM to be used by qualifying participants in **alternative payment models**, without most of the aforementioned 1834(m) restrictions;
 - Permit the use of **remote patient monitoring** for certain patients with chronic conditions;
 - Allow, as originating sites, **telestroke evaluation and management sites; Native American health service facilities; and dialysis facilities** for home dialysis patients in certain cases;
 - Permit further telehealth and RPM in **community health centers and rural health clinics**;
 - Allow telehealth and RPM to be **basic benefits in Medicare Advantage**, without most of the aforementioned 1834(m) restrictions; and
 - Clarify 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.”

Potential for cost savings

- The bill includes requirements regarding cost containment, quality measures, and data collection.
- An Avalere analysis² of three of the major provisions of the bill (first three bullets above) showed **\$1.8 billion in savings over 10 years**.

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

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

² Avalere Health. Estimated Federal Impact of Proposed Policy Changes to Expand Medicare Reimbursement of Telehealth and Remote Patient Monitoring. January 11, 2016.

Endorsements

- AARP
- ACT | The App Association
- Airstrip
- Alliance for Aging Research
- Alliance for Connected Care
- Alliance of Community Health Plans (ACHP)
- Alliance for Home Dialysis
- Alzheimer's Foundation of America
- America's Essential Hospitals (AEH)
- America's Health Insurance Plans (AHIP)
- American Academy of Neurology (AAN)
- American Academy of Physician Assistants (AAPA)
- American Association of Diabetes Educators (AADE)
- American Heart Association/ American Stroke Association (AHA)
- American Medical Association (AMA)
- American Medical Group Association (AMGA)
- American Nurses Association (ANA)
- American Occupational Therapy Association (AOTA)
- American Osteopathic Association (AOA)
- American Psychological Association (APA)
- American Society of Nephrology (ASN)
- American Telemedicine Association (ATA)
- American Well
- Anthem
- Association for Ambulatory Behavioral Healthcare
- Association for Behavioral Health and Wellness (ABHW)
- Association for Community Affiliated Plans
- Association of Asian Pacific Community Health Organizations (AAPCHO)
- CAPG
- Cerner
- DaVita
- Federation of State Medical Boards (FSMB)
- Hawaii Medical Service Association (HMSA)
- Health Care Chaplaincy Network
- Healthcare Leadership Council (HLC)
- Healthcare Information and Management Systems Society (HIMSS)
- Intel
- Kaiser Permanente
- LifeWIRE
- NAADAC
- National Alliance on Mental Illness (NAMI)
- National Association for Home Care & Hospice
- National Association for the Support of Long Term Care (NASL)
- National Association of ACOs (NAACOS)
- National Association of Community Health Centers (NACHC)
- National Council for Behavioral Health
- National Council of State Boards of Nursing (NCSBN)
- National Health IT Collaborative for the Underserved
- National Register of Health Service Psychologists
- National Stroke Association
- Personal Connected Health Alliance (PCHA)
- Population Health Alliance
- Prevail Health
- Qualcomm Incorporated (and Qualcomm Life)
- Saturn Care
- SCAN Health Plan
- Telecommunications Industry Association (TIA)
- The ERISA Industry Committee (ERIC)
- The Evangelical Lutheran Good Samaritan Society
- The Jewish Federations of North America
- Third Way
- United Spinal Association
- University of Hawaii Cancer Center
- University of Hawaii John A. Burns School of Medicine
- University of Mississippi Medical Center (UMMC) Center for Telehealth
- University of Pittsburgh Medical Center (UPMC)
- University of Virginia (UVA) Center for Telehealth