CONNECT for Health Act of 2019

Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act

BILL SPONSORS:

H.R. 4932: Thompson (D-CA), Welch (D-VT), Johnson (R-OH), Schweikert (R-AZ)
S. 2741: Schatz (D-HI), Wicker (R-MS), Cardin (D-MD), Thune (R-SD), Warner (D-VA), Hyde-Smith (R-MS)

INTENT OF THE BILL:

To amend title XVIII of the Social Security Act to expand access to telehealth services, and for other purposes.

The CONNECT Act's findings section concludes that because it has been found that health care providers can furnish safe, effective, and high-quality health care services through telehealth, and that telehealth can also help with workforce shortages and contribute to the expertise of health care workers through specialty consultations, barriers to the use of telehealth in the Medicare program should be removed.

SUMMARY OF CHANGES TO MEDICARE FEE-FOR-SERVICE POLICY

CURRENT LAW

Medicare currently only reimburses for live-video conferencing telehealth services under very specific circumstances. Store-and-forward, or asynchronous services, is not permitted for reimbursement (except for Federal telemedicine demonstration programs in Alaska or Hawaii). Additionally, current law places specific restrictions on the originating site (i.e. the physical location of the patient), practitioner at the distant site (i.e. the physical location of the practitioner) and types of services that can be delivered.

ORIGINATING SITE REQUIREMENTS	PROVIDER TYPE REQUIREMENTS
• *Provider offices* • *Hospitals* • *Critical access hospitals* • *Rural health clinics* • *Federally qualified health centers* • *Skilled nursing facilities* • *Community mental health centers* • *Hospital-based or critical access hospital-based renal dialysis centers* • *Renal dialysis facility for ESRD-related visits ONLY* • *Home for ESRD-related visits or treatment of substance use disorders (SUD) or co-occurring mental health conditions ONLY* • *Mobile Stroke Unit for treatment of acute stroke ONLY*	• *Physicians* • *Nurse practitioners* • *Physician assistants* • *Nurse midwives* • *Clinical nurse specialists* • *Clinical psychologists and clinical social workers* • *Registered dietitians or nutrition Professionals*

In addition to the above, the originating site must also be located in a rural health professional shortage area or non-metropolitan statistical area, although there are specific exceptions for the treatment of acute stroke, ESRD services and treatment of a SUD or co-occurring mental health condition.

Medicare maintains a list of specific services/CPT codes they will reimburse for via telehealth. Each year, the US Department of Health and Human Services considers submissions for new telehealth-delivered services to be approved. Therefore, the list can change every year.

Some examples of services currently reimbursed by CMS include:

- Emergency department consultations;
- Outpatient visits;
- Nutrition therapy;
- Smoking cessation services
- Psychotherapy; and
- Brief (15 minutes) behavioral counseling for obesity, alcohol misuse, or depression screening.

PROPOSED LEGISLATION

SECTION 3

WAIVER OF CERTAIN REQUIREMENTS

Beginning Jan. 1, 2021, the Secretary would be allowed to waive any restrictions applicable to telehealth services if the Secretary determines that the waiver would not deny or limit the coverage or provision of benefits, and they determine that:

- The waiver is expected to reduce spending without reducing the quality of care or improve quality of care without increasing spending; or
- The waiver would apply to telehealth services furnished in originating sites located in a high need health professional shortage area.

Waived restrictions could include:

- Geographic requirement
- Originating site requirement
- Technology requirement
- Provider type requirement
- Specific Service requirement
- Any other limitation identified by the secretary.

The Secretary would be required to establish a process for stakeholders to submit public comment on the waivers on at least an annual basis, and must periodically reassess each waiver (at least every 3 years) to determine whether the waiver continues to meet conditions applicable.

Additionally, within two years of a waiver being added, and at least biennially thereafter, the Secretary of Health and Human Services would be required to post on the Internet website of CMS:

- The number of beneficiaries receiving telehealth services by reason of each waiver
- The impact of the waivers on expenditures and utilization
- Other outcomes, as determined appropriate by the Secretary

SECTION 4 EXPANDING THE USE OF TELEHEALTH FOR MENTAL HEALTH SERVICE	Beginning Jan. 1, 2021, there would be an exemption from the geographic requirement for eligible beneficiaries receiving mental health services (as defined by the Secretary). The home would also be allowed as an originating site, and the Secretary would be required to consider whether additional services should be added to the services currently reimbursed in CMS.
SECTION 5 EMERGENCY MEDICAL CARE	Beginning Jan. 1, 2021, the geographic requirement would not apply to an eligible telehealth individual receiving treatment for a medical emergency in a critical access hospital, a hospital or skilled nursing facility. The Secretary would also be required to consider whether additional services should be added to the services currently reimbursed in CMS.
SECTION 6 IMPROVING THE PROCESS FOR ADDING TELEHEALTH SERVICES	Requires the Secretary to review the process they use to select the services that are reimbursable when delivered via telehealth, and based on the results of the review implement revisions to the process so that the criteria to add services prioritizes improved access to care through telehealth services and provide detailed guidelines for the evidence and other information that should be included in requests to add telehealth services.
SECTION 7 FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS	Beginning Jan. 1, 2021, FQHCs and RHCs would be an eligible originating site regardless of whether it is located in a rural area. FQHCs and RHCs would also be eligible distant site providers, but only to the extent the codes eligible for reimbursement are services these clinics can claim.
SECTION 8 NATIVE AMERICAN HEALTH SERVICE FACILITIES	Beginning Jan. 1, 2021, the CONNECT Act would provide an exemption from the originating site requirement for a facility of the Indian Health Services, whether operated by such Service, an Indian tribe or a tribal organization, or a facility of the Native Hawaiian Health Care Systems. Facilities that do not meet the rural requirement, would not be eligible for the facility fee.

SECTION 9 NATIONAL EMERGENCY	All telehealth requirements in 1834(m) of the Social Security Act would be waived in the instance of a national emergency.
SECTION 10 RECERTIFICATION FOR HOSPICE CARE	Allows telehealth to be utilized by a hospice physician or nurse practitioner to determine continued eligibility for hospice care. Requires a report be submitted to Congress not later than 3 years after the date of enactment by the Comptroller General evaluating the impact of the amendment on: • The number of beneficiaries recertified for hospice benefit at 180 days and for subsequent benefit periods; • The appropriateness for hospice care of the patients recertified through the use of telehealth; and • Any other factors determined appropriate by the Comptroller General.
SECTION 11 CLARIFICATION FOR FRAUD AND ABUSE LAWS REGARDING TECHNOLOGIES PROVIDED TO BENEFICIARIES	The CONNECT Act would specify that the term "remuneration" does not include the provision of technologies (as defined by the Secretary) by a provider of services or supplier directly to an individual who is entitled to benefits under part A of title XVIII, enrolled under part B of such title, or both, for the purpose of furnishing telehealth services, remote patient monitoring services, or other services furnished through the use of technology (as defined by the Secretary), if the technologies are not offered as part of any advertisement or solicitation and the provision of the technologies meets any other requirements set forth in regulations promulgated by the Secretary. Remunerations are generally prohibited in Medicare if a person knows or should know that it is likely to influence an individual to order or receive from a particular provider, practitioner or supplier any item or service for which payment may be made in Medicare or a State health care program.
SECTION 12 STUDY AND REPORT ON INCREASING ACCESS TO TELEHEALTH SERVICES IN THE HOME	Requires the Medicare Payment Advisory Commission (MEDPAC) to conduct a study and submit a report to Congress not later than 24 months after enactment, on increasing access in the Medicare program to telehealth services in the home. The study must include an analysis on the following: • How different payers allow the home to be an originating site for telehealth services. • Particular types of telehealth services or subgroups of beneficiaries which would benefit from the home being an originating site.

SECTION 13 **ANALYSIS OF TELEHEALTH WAIVER IN ALTERNATIVE PAYMENT MODELS**	Requires the Secretary to conduct an analysis of waivers related to telehealth in their alternative payment models and their impact on quality and spending as part of the required report the Secretary must submit to Congress on the models tested every other year.
SECTION 14 & 15 **MODELS TO ALLOW ADDITIONAL HEALTH PROFESSIONALS & TESTING OF MODELS TO EXAMINE THE USE OF TELEHEALTH**	Adds an alternative payment model that allows certain health professionals (such as physical, speech or occupational therapists) who are not eligible under the current Medicare requirements to furnish telehealth services, to the models the Center for Medicare and Medicaid Innovation (CMI) can choose from when selecting the types of alternative payment models they will test. Models must be expected to reduce program costs while preserving or enhancing the quality of care received by individuals receiving benefits. The Secretary would also be required to consider testing under this subsection models to examine the use of telehealth under Title XVIII (Social Security Act).

IMPACT & ANALYSIS

The changes made through this legislation would be significant, as it would allow the Secretary to waive the majority of requirements currently restricting telehealth reimbursement in Medicare, and allows the Secretary to open up reimbursement to the home in cases where the quality of care or access to services would be improved. However, it should be noted that this would only be an option for the Secretary, and not a requirement.

While the CONNECT Act does provide an exemption from the geographic requirement for beneficiaries receiving mental health services and allows the home to serve as an originating site, it should be noted that the requirements around modality, eligible providers and eligible services would still apply. Additionally, while the home would be eligible, other sites (such as a school or workplace), are still not eligible.

The CONNECT Act also makes FQHCs and RHCs an eligible distant site for telehealth delivered services. This has been a significant barrier for community health centers (CHCs) wanting to provide services to underserved communities, but unable due to the lack of reimbursement in Medicare. Many Medicaid programs have already allowed them to serve as eligible distant sites for exactly this reason.

Center for Connected Health Policy
The National Telehealth Policy Resource Center