Current Medicare Policy vs. the CONNECT for Health Act Comparison Chart

The below chart details the differences between current policy and those proposed in the CONNECT for Health Act of 2019 (HR 4932 & S 2741).

POLICY AREA	CURRENT POLICY (Social Security Act)	CONNECT for Health Act of 2019					
		WAIVER OF CERTAIN REQUIREMENTS	MENTAL HEALTH (Sec. 4)	MEDICAL EMERGENCIES (Sec. 5)	FQHCs/RHCs (Sec. 7)	IHS FACILITY (Sec. 8)	NATIONAL EMERGENCY (Sec. 9)
Proposed Effective Date		*Jan. 1, 2021*	*Jan. 1, 2021*	*Jan. 1, 2021*	*Jan. 1, 2021*	*Jan. 1, 2021*	*Immediate upon passage.*
Modality Requirement	*Restricted to live video, except in HI/AK demonstrations.*	*Secretary could waive, if determined to reduce spending and/or improve quality; or furnished in originating sites located in a high-need HPSA.*					*Requirement waived.*
Geographic Requirement	*Must be in a rural HPSA or non-MSAI* [i]	*Secretary could waive, if determined to reduce spending and/or improve quality; or furnished in originating sites located in a high-need HPSA.*	*Exception for mental health services (as defined by the Secretary) from geographic requirement.*	*Exception for medical emergencies from geographic requirements at CAHs, hospitals or SNFs.*	*FQHCs/ RHCs exempt from rural requirement.*	*Provides an exemption for IHS facilities from rural requirement, although they would not be eligible for a facility fee.*	*Requirement waived.*
Originating Site Requirement	*Limited to specific list of medical facilities (the home is eligible for select conditions)* [ii]	*Secretary could waive, if determined to reduce spending and/or improve quality; or furnished in originating sites located in a high-need HPSA.*	*The home would be allowed for mental health services (as defined by the Secretary).*			*Allows a facility of IHS to serve as an originating site.*	*Requirement waived.*

POLICY AREA	CURRENT POLICY (Social Security Act)	CONNECT for Health Act of 2019					
		WAIVER OF CERTAIN REQUIREMENTS	MENTAL HEALTH (Sec. 4)	MEDICAL EMERGENCIES (Sec. 5)	FQHCs/RHCs (Sec. 7)	IHS FACILITY (Sec. 8)	NATIONAL EMERGENCY (Sec. 9)
Provider Type Requirement	*Limited to a physician or practitioner* iii	*Secretary could waive, if determined to reduce spending and/or improve quality; or furnished in originating sites located in a high-need HPSA.*			*FQHCs/RHCs could serve as an eligible distant site provider.*		*Requirement waived.*
Service Requirement	*CMS can specify telehealth services through an established yearly process.*	*Secretary could waive, if determined to reduce spending and/or improve quality; or furnished in originating sites located in a high-need HPSA.*	*Secretary would determine if additional services need to be added.*	*Secretary would determine if additional services need to be added.*			*Requirement waived.*
Other Requirements		*Secretary required to establish process for stakeholders to submit public comment on waiver on an annual basis, and must reassess at least every 3 years.* *HHS Secretary must post information on any waivers on CMS website.*					

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i *Certain exceptions apply for the treatment of acute stroke, ESRD services and treatment for SUD or co-occurring mental health conditions.*

ii *Eligible facilities include: (1) office of physician or practitioner, (2) a critical access hospital, (3) a rural health center, (4) a federally qualified health center, (5) a hospital, (6) a hospital-based or CAH-based renal dialysis center, (7) a skilled nursing facility, (8) a community mental health center, (9) a renal dialysis facility (for ESRD services), (10) the home for ESRD services or treatment for SUD or co-occurring mental health conditions.*

iii *A practitioner is defined as: (1) physician assistant, nurse practitioner or clinical nurse specialist, (2) a certified registered nurse anesthetist, (3) a certified nurse-midwife, (4) a clinical social worker, (5) a clinical psychologist, (6) a registered dietitian or nutrition professional.*