

S 2484

CONNECT for Health Act

Congress: 114 (2015–2017, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Feb 2, 2016

Current Status: Read twice and referred to the Committee on Finance.

Latest Action: Read twice and referred to the Committee on Finance. (Feb 2, 2016)

Official Text: <https://www.congress.gov/bill/114th-congress/senate-bill/2484>

Sponsor

Name: Sen. Schatz, Brian [D-HI]

Party: Democratic • **State:** HI • **Chamber:** Senate

Cosponsors (18 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Cardin, Benjamin L. [D-MD]	D · MD		Feb 2, 2016
Sen. Cochran, Thad [R-MS]	R · MS		Feb 2, 2016
Sen. Thune, John [R-SD]	R · SD		Feb 2, 2016
Sen. Warner, Mark R. [D-VA]	D · VA		Feb 2, 2016
Sen. Wicker, Roger F. [R-MS]	R · MS		Feb 2, 2016
Sen. Coons, Christopher A. [D-DE]	D · DE		Feb 25, 2016
Sen. Blunt, Roy [R-MO]	R · MO		Jun 14, 2016
Sen. Kaine, Tim [D-VA]	D · VA		Jun 14, 2016
Sen. Capito, Shelley Moore [R-WV]	R · WV		Jun 15, 2016
Sen. Heinrich, Martin [D-NM]	D · NM		Jun 15, 2016
Sen. Graham, Lindsey [R-SC]	R · SC		Jul 13, 2016
Sen. Leahy, Patrick J. [D-VT]	D · VT		Jul 13, 2016
Sen. Bennet, Michael F. [D-CO]	D · CO		Sep 6, 2016
Sen. Vitter, David [R-LA]	R · LA		Sep 6, 2016
Sen. Daines, Steve [R-MT]	R · MT		Sep 28, 2016
Sen. Gillibrand, Kirsten E. [D-NY]	D · NY		Sep 28, 2016
Sen. Kirk, Mark Steven [R-IL]	R · IL		Sep 28, 2016
Sen. Tester, Jon [D-MT]	D · MT		Sep 28, 2016

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Feb 2, 2016

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 HR 4442	Identical bill	Feb 5, 2016: Referred to the Subcommittee on Health.

Summary (as of Feb 2, 2016)

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

This bill amends titles XI (General Provisions) and XVIII (Medicare) of the Social Security Act to expand and modify the use of telehealth and remote patient monitoring services under Medicare.

The bill establishes a telehealth and remote patient monitoring services "bridge" demonstration waiver program, through which the Centers for Medicare & Medicaid Services (CMS) shall waive certain limitations as a condition of Medicare payment to eligible providers of telehealth services.

CMS shall also waive such limitations as a condition of Medicare payment for telehealth services with respect to providers participating in qualifying alternative payment models.

With regard to individuals with certain chronic conditions, telehealth services shall be covered under Medicare as medical and other health services, rural health clinic services, or federally qualified health center (FQHC) services, as the case may be.

A Medicare beneficiary determined to have end stage renal disease (ESRD) and receiving home dialysis may elect to receive certain required monthly ESRD-related visits via telehealth if the beneficiary receives an in-person examination at least once every three months.

For purposes of Medicare payment for telehealth services: (1) a rural health clinic or FQHC may serve as a distant site whose clinician furnishes such services, and (2) certain requirements for originating sites shall not apply with respect to specified stroke-related services or to specified Native American health service facilities.

A Medicare Advantage (MA) plan may use telehealth services to provide benefits under the original Medicare fee-for-service program option. Specified limitations are waived with regard to such services furnished under an MA plan.

Actions Timeline

- **Feb 2, 2016:** Introduced in Senate
- **Feb 2, 2016:** Read twice and referred to the Committee on Finance.