

HR 4442

CONNECT for Health Act

Congress: 114 (2015–2017, Ended)

Chamber: House

Policy Area: Health

Introduced: Feb 3, 2016

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Feb 5, 2016)

Official Text: <https://www.congress.gov/bill/114th-congress/house-bill/4442>

Sponsor

Name: Rep. Black, Diane [R-TN-6]

Party: Republican • **State:** TN • **Chamber:** House

Cosponsors (32 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Harper, Gregg [R-MS-3]	R · MS		Feb 3, 2016
Rep. Thompson, Mike [D-CA-5]	D · CA		Feb 3, 2016
Rep. Welch, Peter [D-VT-At Large]	D · VT		Feb 3, 2016
Rep. Blumenauer, Earl [D-OR-3]	D · OR		Feb 9, 2016
Rep. Gabbard, Tulsi [D-HI-2]	D · HI		Feb 9, 2016
Rep. Johnson, Bill [R-OH-6]	R · OH		Feb 9, 2016
Rep. Matsui, Doris O. [D-CA-6]	D · CA		Feb 9, 2016
Rep. Hinojosa, Ruben [D-TX-15]	D · TX		Feb 10, 2016
Rep. Polis, Jared [D-CO-2]	D · CO		Feb 10, 2016
Rep. Carter, Earl L. "Buddy" [R-GA-1]	R · GA		Feb 24, 2016
Rep. Payne, Donald M., Jr. [D-NJ-10]	D · NJ		Feb 25, 2016
Rep. Ashford, Brad [D-NE-2]	D · NE		Mar 3, 2016
Rep. Beatty, Joyce [D-OH-3]	D · OH		Mar 15, 2016
Rep. Higgins, Brian [D-NY-26]	D · NY		Mar 17, 2016
Del. Bordallo, Madeleine Z. [D-GU-At Large]	D · GU		Mar 22, 2016
Rep. Swalwell, Eric [D-CA-15]	D · CA		Mar 23, 2016
Rep. Costello, Ryan A. [R-PA-6]	R · PA		Apr 14, 2016
Rep. Rokita, Todd [R-IN-4]	R · IN		Apr 14, 2016
Rep. Titus, Dina [D-NV-1]	D · NV		Apr 14, 2016
Rep. Garamendi, John [D-CA-3]	D · CA		Apr 19, 2016
Rep. Jenkins, Evan H. [R-WV-3]	R · WV		Apr 19, 2016
Rep. Brady, Robert A. [D-PA-1]	D · PA		May 11, 2016
Rep. Griffith, H. Morgan [R-VA-9]	R · VA		May 11, 2016
Rep. Huffman, Jared [D-CA-2]	D · CA		May 11, 2016
Rep. Loebsack, David [D-IA-2]	D · IA		May 11, 2016
Rep. Meehan, Patrick [R-PA-7]	R · PA		May 11, 2016
Rep. Kirkpatrick, Ann [D-AZ-1]	D · AZ		May 23, 2016
Rep. Fortenberry, Jeff [R-NE-1]	R · NE		May 25, 2016
Rep. Amodei, Mark E. [R-NV-2]	R · NV		Jun 22, 2016
Rep. Peters, Scott H. [D-CA-52]	D · CA		Jul 12, 2016
Rep. Scott, David [D-GA-13]	D · GA		Jul 18, 2016
Rep. Wittman, Robert J. [R-VA-1]	R · VA		Sep 15, 2016

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Feb 5, 2016
Ways and Means Committee	House	Referred to	Feb 5, 2016

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
114 S 2484	Identical bill	Feb 2, 2016: Read twice and referred to the Committee on Finance.

Summary (as of Feb 3, 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 5, 2016:** Referred to the Subcommittee on Health.
- **Feb 3, 2016:** Introduced in House
- **Feb 3, 2016:** Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.