

S 787

Telehealth Innovation and Improvement Act of 2017

Congress: 115 (2017–2019, Ended)

Chamber: Senate
Policy Area: Health
Introduced: Mar 30, 2017

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

Latest Action: Read twice and referred to the Committee on Finance. (Mar 30, 2017)

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Sponsor

Name: Sen. Gardner, Cory [R-CO]

Party: Republican • State: CO • Chamber: Senate

Cosponsors (2 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Peters, Gary C. [D-MI]	D · MI		Mar 30, 2017
Sen. Tester, Jon [D-MT]	D · MT		Sep 12, 2017

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Mar 30, 2017

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Telehealth Innovation and Improvement Act of 2017

This bill amends titles XI (General Provisions) and XVIII (Medicare) of the Social Security Act to establish: (1) a telehealth service model, and (2) Medicare payment rules with respect to certain services tested under the model.

The Centers for Medicare & Medicaid Services (CMS) shall test Medicare coverage of expanded telehealth services, as defined by the bill, in conjunction with existing models that test the use of accountable care organizations, bundled payments, and other coordinated care models under Medicare. CMS must: (1) establish a methodology for determining the amounts of payment for such services, and (2) provide for evaluations of the service model by an independent entity.

CMS shall expand the application of a service tested under the model if: (1) the required evaluation demonstrates that the service either reduced Medicare spending without reducing the quality of care or improved the quality of care without increasing spending, and (2) the Chief Actuary of CMS certifies that such expansion would reduce net program spending. A service that meets these requirements is defined by the bill as a "certified enhanced telehealth service."

Medicare payment for a certified enhanced telehealth service shall equal 80% of the lesser of: (1) the actual charge for the service, or (2) the amount determined using the payment methodology established under the test model.

CMS shall pay for such services without regard to a Medicare beneficiary's location or area of residence.

Actions Timeline

- Mar 30, 2017: Introduced in Senate
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